

TENDER REF. NO.: KK/255/2026/LAB

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**THE PROVISION OF OUTSOURCING LABORATORY TESTS
FOR NATIONAL HAEMATOLOGY REFERENCE
LABORATORY, DEPARTMENT OF LABORATORY
SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF
THREE (3) MONTHS USAGE**

TENDER FEE : \$30.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 17th 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 AND REQUIREMENTS

TENDER REFERENCE NO.: KK/255/2026/LAB

INVITATION TO TENDER

**THE PROVISION OF OUTSOURCING LABORATORY TESTS FOR NATIONAL HAEMATOLOGY
REFERENCE LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF
HEALTH FOR A PERIOD OF THREE (3) MONTHS USAGE**

USER'S REQUIREMENTS			
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR
	Cytogenetics - Children		
	Chromosome Analysis		
1	a. Peripheral blood	test	5
2	b. Amniotic fluid	test	3
3	c. Fetal blood	test	5
4	d. Product of conception	test	1
5	Chromosome Microarray Analysis	test	5
	FISH with chromosome Analysis	test	
6	a. DiGeorge Region Probe		1
7	b. Williams Region Probe	test	1
	FISH - (METAPHASE) ADD ON		
8	a. DiGeorge Region Probe	test	1
9	b. Williams Region Probe	test	1
	FISH - INTERPHASE DIRECT	test	
10	a. Trisomy 13	test	1
11	e. Aneuploidy Panel (Trisomy 13, 18, 21, X and Y)	test	1
12	f. Aneuploidy Panel (Trisomy 13, 18, 21, X and Y) on paraffin	test	1
	Cytogenetics - Adult	test	
	Cancer Chromosomal Karyotyping	test	
13	a. Bone Marrow	test	20
14	b. Peripheral blood	test	1
15	c. Effusions, CSF	test	1
	FISH Panel		
16	a. FISH Panel Multiple Myeloma	test	4
17	b. FISH Panel Chronic Lymphocytic Leukemia	test	1
18	c. FISH Panel Myelodysplastic Syndrome	test	3
	FISH with chromosomal karyotyping (Add on FISH)	test	
19	a. FISH Add on for 1 probe	test	1
20	b. FISH Add on for 2 probes	test	1
	FISH without chromosomal karyotyping (Interphase FISH)	test	
21	a. FISH Interphase on for 1 probe	test	1
	HLA	test	
	HLA Typing	test	
22	HLA ABC Low resolution	test	15
23	HLA DRB/DQB low resolution		15

	USER'S REQUIREMENTS		
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR
24	HLA ABC high resolution	test	1
25	HLA DRB1 high resolution	test	1
26	HLA DQB1 high resolution	test	1
27	HLA DPB1 high resolution	test	1
28	Add on charge for more than 1 donor HLA Typing	test	2
	HLA Antibody Screen (Panel Reactive Antibody)	test	
29	HLA Class I & II by Flow		5
	HLA Antibody Identification (Donor Specific Antibody)		
30	HLA Class I & II	test	10
	Crossmatch (for HLA)	test	
31	Complement Dependent Cytotoxicity (CDC)	test	6
32	CDC - auto crossmatch	test	1
33	Flow with pronase	test	7
34	HLA-B27 CDC (SCREENING)	test	2
35	HLAB*5701	test	6
	FLOW CYTOMETRY ASSAY - Children		
36	a. Diagnosis/Relapse Phenotyping only	test	1
37	b. Diagnosis/Relapse phenotyping plus identification of MRD markers	test	1
38	c. Identification of MRD Markers only	test	1
39	d. MRD assay		3
	Flow Cytometry - Adult	test	
	Immunophenotyping by Flow Cytometry	test	
40	PNH Panel	test	3
41	HS EMA Binding Test		1
42	Blast Lineage Panel (8CSBL)		10
43	Lymphoma Screening Panel (8LST)	test	4
44	Lymphoma Screening Panel for Small Sample (8SST)	test	1
45	Myeloma/Plasma Cell Dyscrasia Panel (Diagnosis) (8PCDD)	test	3
46	Myeloma/Plasma Cell Dyscrasia Panel (Follow-up) (8PCDM)	test	3
47	B-ALL Panel (8BCP)	test	3
48	B-ALL Panel Follow up Panel (8BCPM)	test	3
49	B-ALL Panel Follow up Panel (post Anti-CD19 therapy/CAR-T) (8BF19)	test	2
50	B-ALL MRD Panel post anti CD-19 immunotherapy (8BM19)	test	1

	USER'S REQUIREMENTS		
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR
51	T-ALL Follow up Panel (8TALL)	test	1
52	Myeloid Neoplasm Basic Panel (Diagnostics) (8AML)	test	1
53	Myeloid Neoplasm/AML Basic Panel (Follow up) (8AMLF)	test	1
54	AML Add-on Panel (8AMLA)	test	1
55	AML Follow up Full Panel (8AML6)	test	1
56	B-CLPD Panel (8BCLP)	test	1
57	T-CLPD Panel (8TCLP)	test	1
58	NK-CLPD Panel (8NKCL)	test	1
59	Flow 1 Myeloma (FLOW1)	test	1
	Molecular - Children	test	
	ALL Diagnostic Recommended package	test	
60	1.1 MRD Screening by Next Generation Sequencing (NGS)	test	1
61	2.1 Oncogene Fusion Screening by RNA Sequencing	test	1
62	3.1.1 Molecular prognostic marker - ALL	test	1
63	4.1 Thiopurine (MP/AZA) Pharmacogenetics	test	1
	1.2 MRD Timepoint		
64	1.2.2 Droplet Digital PCR	test	1
	Oncogene Fusion Transcript (OFT) Screening - NUS	test	
65	2.1 RNA Sequencing (ALL/AML)	test	1
	Molecular Prognostic Markers - NUS	test	
66	3.1 ALL Panel 3.1.1 MPA SALSA P335		1
	Molecular Tests - Adult/General		
67	ABL1 Kinase Domain Mutation Screen	test	1
68	BCR ABL Kinase Domain Mutation	test	1
69	BCR ABL Qualitative	test	5
70	BCR ABL Quantitative	test	5
71	BRAF Mutation Detection	test	1
72	Calreticulin, CALR Exon 9 Mutation Detection	test	1
73	CEBPA Mutation Detection	test	1
74	Cholestasis Panel	test	1
75	Crouzon Syndrome (FGFR 2 & 3)	test	1
76	DiGeorge Syndrome	test	1
77	DNA Analysis of Alpha-Thalassaemia mutation	test	1
78	DNA Analysis of Beta-Thalassaemia mutation	test	1
79	DNA sequencing of Alpha globin genes	test	1

	USER'S REQUIREMENTS		
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR
80	DNA sequencing of Beta globin genes	test	1
81	F1PL1-PDGFR	test	1
82	Fanconi Anaemia	test	1
83	FLT3-NPM1 Mutational Panel	test	1
84	Fragile X	test	1
85	Fraser Syndrome	test	1
86	Friedrich's Ataxia	test	1
87	Gene Mapping (α - Thalassaemia, prenatal)	test	1
88	Gene Mapping (β - Thalassaemia, prenatal)	test	1
89	Haemochromatosis (HFE)	test	1
90	Huntington disease	test	1
91	Immunoglobulin Heavy Chain Gene Rearrangement	test	1
92	JAK2 Exons 12 & 13 Mutation Detection	test	1
93	JAK2 V617F Mutation Detection		10
94	KIT Mutation Detection	test	1
95	KRAS Mutation Detection	test	1
96	Malaria Parasites identification molecular	test	1
97	Marfan Syndrome	test	1
98	Methylenetetrahydrofolate reductase (MTHFR) gene	test	1
99	MPL Exon 10 Mutation Detection	test	2
100	Multiple Endocrine Neoplasia Type 2A/FMTC		1
101	Multiple Endocrine Neoplasia Type 2B	test	1
102	MYD88 L265P Mutation Detection		1
103	Myeloid Neoplasm NGS Panel for Myeloproliferative Neoplasm (MPN)	test	1
104	Myeloid Neoplasm NGS Panel for Acute Myeloid Leukemia (AML)	test	1
105	Myotonic dystrophy	test	1
106	Neurofibromatosis Type 1/Type 2		1
107	NF-1 Gene	test	1
108	Noonan's Syndrome	test	1
109	Pantothenate Kinase Assoc Neurodegeneration	test	1
110	PML RARA	test	1
111	PORCN Gene Mutation	test	1
112	Prader Willi/Angelman Syndrome (MS-PCR)	test	1
113	Rett's Syndrome (MECP2)		1
114	Single Oncogene Fusion	test	1
115	Spinal muscular atrophy		1
116	Spinocerebellar ataxia (SCA) type	test	1
117	Spinocerebellar ataxia screen		1
118	T-Cell Receptor Gene Rearrangement - γ chain	test	1

	USER'S REQUIREMENTS		
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR
119	Tubercous Sclerosis	test	1
120	VNTR		1
	Others	test	
121	PF4 ASSAY	test	1
	COAGULATION SECTION	test	
122	ADAMTS13 Assay	test	1
123	Factor V	test	1
124	Factor V Leiden	test	1
125	Factor V Leiden Mutation	test	1
126	Factor VII	test	1
127	Factor VIII Inhibitor	test	1
128	Factor X	test	2
129	Factor XI	test	2
130	Factor XII	test	2
131	Factor XIII	test	2
132	PTG 2021 Mutation Protrombin Gene	test	1
133	Von Willebrand Factor Activity (Ristocetin Factor)	test	1
134	Von Willebrand Factor Antigen	test	1

NO	SPECIFICATIONS AND REQUIREMENTS					
1	The testing laboratory(ies) shall be accredited (complied to the requirement of ISO 15189) or licensed to perform laboratory testing in accordance to any state statues, regulation, relevant laws, by-laws or guidelines issued by their local Health Authority as well as Brunei Health Authority from time to time.					
2	The vendor shall have necessary in-house facilities to perform required preparations/processes which comply with the requirements specified in ISO 15189 prior sending specimens to the testing laboratory. The Laboratory Services has the right to conduct site visit of the vendor's premise at any given time of the vendor premise.					
3	External Quality Program shall be conducted accordingly and make available upon request. Failure to maintain accreditation or licensure is cause for termination of this agreement.					
4	The Vendor shall provide the Laboratory Services with the copy of supporting documents in both softcopy and hardcopy which include a. Accreditation certificates or licensure of the testing laboratory b. Schedule of accredited tests c. Report of External Proficiency Evaluation					
5	The information on sample type, no tubes required, performing lab(s) and turn-around-time (TAT) must be provided and updated annually as the following format below: <table><tr><td>Name of tests</td><td>Sample type</td><td>No of tube required</td><td>Performing Lab</td><td>TAT</td></tr></table>	Name of tests	Sample type	No of tube required	Performing Lab	TAT
Name of tests	Sample type	No of tube required	Performing Lab	TAT		
6	Vendor shall make their own arrangement to collect specimen together with the requisite form from the designated Laboratories under acceptable condition. Sample must be collected between 8.00 am to 12.00pm every working day. In case of any emergency investigation required, the sample must be collected as and when informed.					
7	The list of testing laboratory(ies) to which the investigation is to be outsourced shall be provided and updated annually as per following format below: <table><tr><td>Name of the Laboratory</td><td>Address of the Laboratory</td><td>Accreditation/ License Number</td><td>Date of expiry of Accreditation/ License</td></tr></table>	Name of the Laboratory	Address of the Laboratory	Accreditation/ License Number	Date of expiry of Accreditation/ License	
Name of the Laboratory	Address of the Laboratory	Accreditation/ License Number	Date of expiry of Accreditation/ License			

8	The information on the methodology of testing, sample collection and handling of the individual quoted tests shall be provided and updated annually as following format below:					
	Name of the tests	Name and address of performing laboratory	Method / Technique used	Specimen requirement (Including special instruction and type of tube used)	Storage, transport and temperature requirements- (Including sensitive tests)	Maximum time required for submission of report to the Laboratory (Turn-around-time TAT)
9	Performing testing laboratories must be agreeable to Laboratory Services and preferred testing lab includes and not limited to; HSA, MAYO CLINIC, NUH, NUHS, NUS, KKH, THOMSON and SGH.					
10	When in any case the quoted testing laboratories are not able to perform the test, vendor is responsible to cover the expenses for the test to be performed on alternative testing lab.					
11	Vendor shall incur <u>all expenses</u> associated for the outsourcing of the quoted tests which include transporting of samples, declaration of samples from the Laboratory Services to the testing laboratory(ies).					
12	The tubes that is available in Laboratory Services are plain, EDTA, sodium citrate, Heparin, Trisodium citrate tube, sterile urine bottle and sterile CSF bottle. Any tubes and/or bottles required for the test other than the above mentioned, shall be supplied by the vendor without extra charges. This include and not limited to EDTA transfix and Sodium Heparin.					
13	Any packing container that is required shall be provided by vendor at no extra charges.					
14	Vendor shall provide leak -proof container for collecting all samples to be outsourced.					
15	Sample shall be transported in leak-proof container to ensure that no damage or displacement of sample occurs during transportation					
16	The vendor shall pack the sample as per requirement of the testing and send to the testing laboratory within the stipulated time considering the integrity of sample.					
17	The Vendor shall be able to show temperature records of the containers at the various collection points. It is their responsibility to maintain the specimens at the required stated temperature.					
18	The Vendor shall be responsible for the safe custody of the sample until being received by the testing Laboratory. The standard specimen custody form shall be used which will be regularly reviewed and approved by Laboratory Services					
19	The conditions and regulations above are subject to changes. There may be amendment from time to time with mutual agreement from both parties during the contract period.					
20	Vendor shall be capable of absorbing the workload throughout the operational contract agreement.					
21	All test reports received from the testing laboratory(ies) shall be kept secured and confidential except as otherwise authorized by law of Brunei Darussalam. Under no circumstances shall any results, reports or data be used for any publication, written statement or advertisement without the written consent of the Head of Laboratory Services.					

22	The results shall be sent by fax or emailed password protected document, and followed by original copy.
23	Two (2) copies of test reports shall be provided out of which one (1) copy should be sent to Head of NHRL via Morphology Section and the second copy should be enclosed with the monthly 'Laboratory Service Summary' and invoice for audit and financial purpose.
24	EXIT CLAUSE: The tender contract shall be automatically terminated even though tender has not yet expired and this shall be in effect due to, but not limited to, the following: 1. When the testing is no longer required or relevant i.e. test is obsolete, to the laboratory or the Department. 2. When the item(s) set out in this tender is/are no longer required by the laboratory or the Department. When the approved budget allocation for this tender contract has been used up before the tender contract expires whereby a renewal of tender shall be submitted by the user for an open advertisement subject to approval by the Mini Tender Board (<i>Lembaga Tawaran Kecil</i>).
25	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).

DELIVERY PERIOD AFTER PO ISSUED	According to the turn-around-time (TAT)	
Lab/Section/Unit	NATIONAL HAEMATOLOGY REFERENCE LABORATORY	
Lab/Section/Unit Ref No.:	DLS/PU/HAE/2026/28/SSAONEOFF	
Person to Contact	Name : Aimi Diyana Binti Haji Gapor	
	E-mail : aimidiyana.gapor@moh.gov.bn	
	Tel.No. : 2242424 ext. 6405	Fax No. : 2220869
FOR ADMINISTRATION USE ONLY		
PPM/PROC Ref.No.	PPM/PROC/2026/>50K/024(NHRL)	
Advertisement Ref. No.		Date :

SECTION 3

TENDER FORM

TENDER REFERENCE NO.: KK/255/2026/LAB

INVITATION TO TENDER

THE PROVISION OF OUTSOURCING LABORATORY TESTS FOR NATIONAL HAEMATOLOGY REFERENCE LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) MONTHS USAGE

QUOTATION/TENDER REFERENCE NO:	
QUOTATION/TENDER NAME	THE PROVISION OF OUTSOURCING LABORATORY TESTS FOR NATIONAL HAEMATOLOGY REFERENCE LABORATORY , DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) MONTHS USAGE. (CLUSTERING)

	USER'S REQUIREMENTS			VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKAGING SIZE	TOTAL QUANTITY OFFERED / YEAR	*COST PER UNIT (B\$)	TOTAL COSTS (B\$)
	Cytogenetics - Children								
	Chromosome Analysis								
1	a. Peripheral blood	test	5						
2	b. Amniotic fluid	test	3						
3	c. Fetal blood	test	5						
4	d. Product of conception	test	1						
5	Chromosome Microarray Analysis	test	5						

	USER'S REQUIREMENTS			VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKAGING SIZE	TOTAL QUANTITY OFFERED / YEAR	*COST PER UNIT (B\$)	TOTAL COSTS (B\$)
	FISH with chromosome Analysis	test							
6	a. DiGeorge Region Probe		1						
7	b. Williams Region Probe	test	1						
	FISH - (METAPHASE) ADD ON								
8	a. DiGeorge Region Probe	test	1						
9	b. Williams Region Probe	test	1						
	FISH - INTERPHASE DIRECT	test							
10	a. Trisomy 13	test	1						
11	e. Aneuploidy Panel (Trisomy 13, 18, 21, X and Y)	test	1						
12	f. Aneuploidy Panel (Trisomy 13, 18, 21, X and Y) on paraffin	test	1						
	Cytogenetics - Adult	test							
	Cancer Chromosomal Karyotyping	test							
13	a. Bone Marrow	test	20						
14	b. Peripheral blood	test	1						
15	c. Effusions, CSF	test	1						

	USER'S REQUIREMENTS			VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKAGING SIZE	TOTAL QUANTITY OFFERED / YEAR	*COST PER UNIT (B\$)	TOTAL COSTS (B\$)
	FISH Panel								
16	a. FISH Panel Multiple Myeloma	test	4						
17	b. FISH Panel Chronic Lymphocytic Leukemia	test	1						
18	c. FISH Panel Myelodysplastic Syndrome	test	3						
	FISH with chromosomal karyotyping (Add on FISH)	test							
19	a. FISH Add on for 1 probe	test	1						
20	b. FISH Add on for 2 probes	test	1						
	FISH without chromosomal karyotyping (Interphase FISH)	test							
21	a. FISH Interphase on for 1 probe	test	1						
	HLA	test							
	HLA Typing	test							
22	HLA ABC Low resolution	test	15						
23	HLA DRB/DQB low resolution		15						
24	HLA ABC high resolution	test	1						

	USER'S REQUIREMENTS			VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKAGING SIZE	TOTAL QUANTITY OFFERED / YEAR	*COST PER UNIT (B\$)	TOTAL COSTS (B\$)
25	HLA DRB1 high resolution	test	1						
26	HLA DQB1 high resolution	test	1						
27	HLA DPB1 high resolution	test	1						
28	Add on charge for more than 1 donor HLA Typing	test	2						
	HLA Antibody Screen (Panel Reactive Antibody)	test							
29	HLA Class I & II by Flow		5						
	HLA Antibody Identification (Donor Specific Antibody)								
30	HLA Class I & II	test	10						
	Crossmatch (for HLA)	test							
31	Complement Dependent Cytotoxicity (CDC)	test	6						
32	CDC - auto crossmatch	test	1						
33	Flow with pronase	test	7						
34	HLA-B27 CDC (SCREENING)	test	2						
35	HLAB*5701	test	6						

	USER'S REQUIREMENTS			VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKAGING SIZE	TOTAL QUANTITY OFFERED / YEAR	*COST PER UNIT (B\$)	TOTAL COSTS (B\$)
	FLOW CYTOMETRY ASSAY - Children								
36	a. Diagnosis/Relapse Phenotyping only	test	1						
37	b. Diagnosis/Relapse phenotyping plus identification of MRD markers	test	1						
38	c. Identification of MRD Markers only	test	1						
39	d. MRD assay		3						
	Flow Cytometry - Adult	test							
	Immunophenotyping by Flow Cytometry	test							
40	PNH Panel	test	3						
41	HS EMA Binding Test		1						
42	Blast Lineage Panel (8CSBL)		10						
43	Lymphoma Screening Panel (8LST)	test	4						
44	Lymphoma Screening Panel for Small Sample (8SST)	test	1						

	USER'S REQUIREMENTS			VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKAGING SIZE	TOTAL QUANTITY OFFERED / YEAR	*COST PER UNIT (B\$)	TOTAL COSTS (B\$)
45	Myeloma/Plasma Cell Dyscrasia Panel (Diagnosis) (8PCDD)	test	3						
46	Myeloma/Plasma Cell Dyscrasia Panel (Follow-up) (8PCDM)	test	3						
47	B-ALL Panel (8BCP)	test	3						
48	B-ALL Panel Follow up Panel (8BCPM)	test	3						
49	B-ALL Panel Follow up Panel (post Anti-CD19 therapy/CAR-T) (8BF19)	test	2						
50	B-ALL MRD Panel post anti CD-19 immunotherapy (8BM19)	test	1						
51	T-ALL Follow up Panel (8TALL)	test	1						
52	Myeloid Neoplasm Basic Panel (Diagnostics) (8AML)	test	1						
53	Myeloid Neoplasm/AML Basic Panel (Follow up) (8AMLF)	test	1						
54	AML Add-on Panel (8AMLA)	test	1						

	USER'S REQUIREMENTS			VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKAGING SIZE	TOTAL QUANTITY OFFERED / YEAR	*COST PER UNIT (B\$)	TOTAL COSTS (B\$)
55	AML Follow up Full Panel (8AML6)	test	1						
56	B-CLPD Panel (8BCLP)	test	1						
57	T-CLPD Panel (8TCLP)	test	1						
58	NK-CLPD Panel (8NKCL)	test	1						
59	Flow 1 Myeloma (FLOW1)	test	1						
	Molecular - Children	test							
	ALL Diagnostic Recommended package	test							
60	1.1 MRD Screening by Next Generation Sequencing (NGS)	test	1						
61	2.1 Oncogene Fusion Screening by RNA Sequencing	test	1						
62	3.1.1 Molecular prognostic marker - ALL	test	1						
63	4.1 Thiopurine (MP/AZA) Pharmacogenetics	test	1						
	1.2 MRD Timepoint								
64	1.2.2 Droplet Digital PCR	test	1						
	Oncogene Fusion Transcript (OFT) Screening - NUS	test							

	USER'S REQUIREMENTS			VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKAGING SIZE	TOTAL QUANTITY OFFERED / YEAR	*COST PER UNIT (B\$)	TOTAL COSTS (B\$)
65	2.1 RNA Sequencing (ALL/AML)	test	1						
	Molecular Prognostic Markers -NUS	test							
66	3.1 ALL Panel 3.1.1 MPA SALSA P335		1						
	Molecular Tests - Adult/General								
67	ABL1 Kinase Domain Mutation Screen	test	1						
68	BCR ABL Kinase Domain Mutation	test	1						
69	BCR ABL Qualitative	test	5						
70	BCR ABL Quantitative	test	5						
71	BRAF Mutation Detection	test	1						
72	Calreticulin, CALR Exon 9 Mutation Detection	test	1						
73	CEBPA Mutation Detection	test	1						
74	Cholestasis Panel	test	1						
75	Crouzon Syndrome (FGFR 2 & 3)	test	1						
76	DiGeorge Syndrome	test	1						

	USER'S REQUIREMENTS			VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKAGING SIZE	TOTAL QUANTITY OFFERED / YEAR	*COST PER UNIT (B\$)	TOTAL COSTS (B\$)
77	DNA Analysis of Alpha-Thalassaemia mutation	test	1						
78	DNA Analysis of Beta-Thalassaemia mutation	test	1						
79	DNA sequencing of Alpha globin genes	test	1						
80	DNA sequencing of Beta globin genes	test	1						
81	F1PL1-PDGFR	test	1						
82	Fanconi Anaemia	test	1						
83	FLT3-NPM1 Mutational Panel	test	1						
84	Fragile X	test	1						
85	Fraser Syndrome	test	1						
86	Friedrich's Ataxia	test	1						
87	Gene Mapping (α - Thalassaemia, prenatal)	test	1						
88	Gene Mapping (β - Thalassaemia, prenatal)	test	1						
89	Haemachromatosis (HFE)	test	1						
90	Huntington disease	test	1						
91	Immunoglobulin Heavy Chain Gene Rearrangement	test	1						
92	JAK2 Exons 12 & 13 Mutation Detection	test	1						

	USER'S REQUIREMENTS			VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKAGING SIZE	TOTAL QUANTITY OFFERED / YEAR	*COST PER UNIT (B\$)	TOTAL COSTS (B\$)
93	JAK2 V617F Mutation Detection		10						
94	KIT Mutation Detection	test	1						
95	KRAS Mutation Detection	test	1						
96	Malaria Parasites identification molecular	test	1						
97	Marfan Syndrome	test	1						
98	Methylenetetrahydrofolate reductase (MTHFR) gene	test	1						
99	MPL Exon 10 Mutation Detection	test	2						
100	Multiple Endocrine Neoplasia Type 2A/FMTC		1						
101	Multiple Endocrine Neoplasia Type 2B	test	1						
102	MYD88 L265P Mutation Detection		1						
103	Myeloid Neoplasm NGS Panel for Myeloproliferative Neoplasm (MPN)	test	1						
104	Myelopid Neoplasm NGS Panel for Acute	test	1						

	USER'S REQUIREMENTS			VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKAGING SIZE	TOTAL QUANTITY OFFERED / YEAR	*COST PER UNIT (B\$)	TOTAL COSTS (B\$)
	Myeloid Leukemia (AML)								
105	Myotonic dystrophy	test	1						
106	Neurofibromatosis Type 1/Type 2		1						
107	NF-1 Gene	test	1						
108	Noonan's Syndrome	test	1						
109	Pantothenate Kinase Assoc Neurodegeneration	test	1						
110	PML RARA	test	1						
111	PORCN Gene Mutation	test	1						
112	Prader Willi/Angelman Syndrome (MS-PCR)	test	1						
113	Rett's Syndrome (MECP2)		1						
114	Single Oncogene Fusion	test	1						
115	Spinal muscular atrophy		1						
116	Spinocerebellar ataxia (SCA) type	test	1						
117	Spinocerebellar ataxia screen		1						
118	T-Cell Receptor Gene Rearrangement - γ chain	test	1						
119	Tubercous Sclerosis	test	1						
120	VNTR		1						
	Others	test							

	USER'S REQUIREMENTS			VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKAGING SIZE	TOTAL QUANTITY OFFERED / YEAR	*COST PER UNIT (B\$)	TOTAL COSTS (B\$)
121	PF4 ASSAY	test	1						
	COAGULATION SECTION	test							
122	ADAMTS13 Assay	test	1						
123	Factor V	test	1						
124	Factor V Leiden	test	1						
125	Factor V Leiden Mutation	test	1						
126	Factor VII	test	1						
127	Factor VIII Inhibitor	test	1						
128	Factor X	test	2						
129	Factor XI	test	2						
130	Factor XII	test	2						
131	Factor XIII	test	2						
132	PTG 2021 Mutation Protrombin Gene	test	1						
133	Von Willebrand Factor Activity (Ristocetin Factor)	test	1						
134	Von Willebrand Factor Antigen	test	1						

NO	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)					
1	The testing laboratory(ies) shall be accredited (complied to the requirement of ISO 15189) or licensed to perform laboratory testing in accordance to any state statues, regulation, relevant laws, by-laws or guidelines issued by their local Health Authority as well as Brunei Health Authority from time to time.						
2	The vendor shall have necessary in-house facilities to perform required preparations/processes which comply with the requirements specified in ISO 15189 prior sending specimens to the testing laboratory. The Laboratory Services has the right to conduct site visit of the vendor's premise at any given time of the vendor premise.						
3	External Quality Program shall be conducted accordingly and make available upon request. Failure to maintain accreditation or licensure is cause for termination of this agreement.						
4	The Vendor shall provide the Laboratory Services with the copy of supporting documents in both softcopy and hardcopy which include a. Accreditation certificates or licensure of the testing laboratory b. Schedule of accredited tests c. Report of External Proficiency Evaluation						
5	The information on sample type, no tubes required, performing lab(s) and turn-around-time (TAT) must be provided and updated annually as the following format below: <table><tr><td>Name of tests</td><td>Sample type</td><td>No of tube required</td><td>Performing Lab</td><td>TAT</td></tr></table>	Name of tests	Sample type	No of tube required	Performing Lab	TAT	
Name of tests	Sample type	No of tube required	Performing Lab	TAT			
6	Vendor shall make their own arrangement to collect specimen together with the requisite form from the designated Laboratories under acceptable condition. Sample must be collected between 8.00 am to 12.00pm every working day. In case of any emergency investigation required, the sample must be collected as and when informed.						
7	The list of testing laboratory(ies) to which the investigation is to be outsourced shall be provided and updated annually as per following format below:						

	<table><tr><td colspan="2">Name of the Laboratory</td><td>Address of the Laboratory</td><td colspan="2">Accreditation/ License Number</td><td colspan="2">Date of expiry of Accreditation/ License</td></tr></table>						Name of the Laboratory		Address of the Laboratory	Accreditation/ License Number		Date of expiry of Accreditation/ License		
Name of the Laboratory		Address of the Laboratory	Accreditation/ License Number		Date of expiry of Accreditation/ License									
8	The information on the methodology of testing, sample collection and handling of the individual quoted tests shall be provided and updated annually as following format below:													
	Name of the tests	Name and address of performing laboratory		Method / Technique used	Specimen requirement (Including special instruction and type of tube used)	Storage, transport and temperature requirements- (Including sensitive tests)		Maximum time required for submission of report to the Laboratory (Turn-around-time TAT)						
9	Performing testing laboratories must be agreeable to Laboratory Services and preferred testing lab includes and not limited to; HSA, MAYO CLINIC, NUH, NUHS, NUS, KKH, THOMSON and SGH.													
10	When in any case the quoted testing laboratories are not able to perform the test, vendor is responsible to cover the expenses for the test to be performed on alternative testing lab.													
11	Vendor shall incur <u>all expenses</u> associated for the outsourcing of the quoted tests which include transporting of samples, declaration of samples from the Laboratory Services to the testing laboratory(ies).													
12	The tubes that is available in Laboratory Services are plain, EDTA, sodium citrate, Heparin, Trisodium citrate tube, sterile urine bottle and sterile CSF bottle. Any tubes and/or bottles required for the test other than the above mentioned, shall be supplied by the vendor without extra charges. This include and not limited to EDTA transfix and Sodium Heparin.													
13	Any packing container that is required shall be provided by vendor at no extra charges.													
14	Vendor shall provide leak -proof container for collecting all samples to be outsourced.													
15	Sample shall be transported in leak-proof container to ensure that no damage or displacement of sample occurs during transportation													
16	The vendor shall pack the sample as per requirement of the testing and send to the testing laboratory within the stipulated time considering the integrity of sample.													

17	The Vendor shall be able to show temperature records of the containers at the various collection points. It is their responsibility to maintain the specimens at the required stated temperature.	
18	The Vendor shall be responsible for the safe custody of the sample until being received by the testing Laboratory. The standard specimen custody form shall be used which will be regularly reviewed and approved by Laboratory Services	
19	The conditions and regulations above are subject to changes. There may be amendment from time to time with mutual agreement from both parties during the contract period.	
20	Vendor shall be capable of absorbing the workload throughout the operational contract agreement.	
21	All test reports received from the testing laboratory(ies) shall be kept secured and confidential except as otherwise authorized by law of Brunei Darussalam. Under no circumstances shall any results, reports or data be used for any publication, written statement or advertisement without the written consent of the Head of Laboratory Services.	
22	The results shall be sent by fax or emailed password protected document, and followed by original copy.	
23	Two (2) copies of test reports shall be provided out of which one (1) copy should be sent to Head of NHRL via Morphology Section and the second copy should be enclosed with the monthly 'Laboratory Service Summary' and invoice for audit and financial purpose.	

24	EXIT CLAUSE: The tender contract shall be automatically terminated even though tender has not yet expired and this shall be in effect due to, but not limited to, the following: 1. When the testing is no longer required or relevant i.e. test is obsolete, to the laboratory or the Department. 2. When the item(s) set out in this tender is/are no longer required by the laboratory or the Department. When the approved budget allocation for this tender contract has been used up before the tender contract expires whereby a renewal of tender shall be submitted by the user for an open advertisement subject to approval by the Mini Tender Board (<i>Lembaga Tawaran Kecil</i>).	
25	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).	

DELIVERY PERIOD AFTER PO ISSUED	According to the turn-around-time (TAT)		
Lab/Section/Unit	NATIONAL HAEMATOLOGY REFERENCE LABORATORY		
Lab/Section/Unit Ref No.:	DLS/PU/HAE/2026/28/SSAONEOFF		
Person to Contact	Name	: Aimi Diyana Binti Haji Gapor	
	E-mail	: aimidiyana.gapor@moh.gov.bn	
	Tel.No.	: 2242424 ext. 6405	Fax No. : 2220869
FOR ADMINISTRATION USE ONLY			
PPM/PROC Ref.No.	PPM/PROC/2026/>50K/024(NHRL)		
Advertisement Ref. No.		Date	: