

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 02.00PM)	Quotation Fee	Requesting Department	Focal Person
11	(24) IKLAN- QTN/UPP.HRIPAS/2023/ RADIOLOGY	<p>SUPPLY AND DELIVERY MEDICAL CONSUMABLES (DOTAREM AND PRIMOVIST) FOR RADIOLOGY DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL, MINISTRY OF HEALTH (NON- CLUSTERING)</p> <p><u>PLACE OF SUBMISSION:</u> QUOTATION BOX (GROUND FLOOR) MINISTRY OF HEALTH COMMONWEALTH DRIVE BANDAR SERI BEGAWAN, BB 3910 NEGARA BRUNEI DARUSSALAM</p>	30/05/2023	17/06/2023	\$5.00	RADIOLOGY DEPARTMENT, HOSPITAL RAJA ISTERI PENGIRIN ANAK SALEHA.	<p>HJH HASLIENA WATI HJ MOHD SALLEH</p> <p>JURU X-RAY KANAN</p> <p>TEL: 2242424 ext. 6129</p>

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

QUOTATION/TENDER REFERENCE NO:	(24)IKLAN-QTN/UPP.HRIPAS/2023/RADIOLOGY
QUOTATION/TENDER NAME	SUPPLY AND DELIVERY MEDICAL CONSUMABLES (DOTAREM AND PRIMOVIST) FOR RADIOLOGY DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL, MINISTRY OF HEALTH (NON-CLUSTERING)

NO	USER'S REQUIREMENTS			VENDOR'S OFFER					
	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKING SIZE	TOTAL QUANTITY USAGE	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$)
1	MRI Agents for Patient Low Glomerular filtration rate (GFR between 30-60); <ul style="list-style-type: none"> - Gadoteric adic (Dotarem) - 0.5mmol/ml concentration - Solution for injection - Per vial of 10ml - Tenderer to provide brochure and sample of proposed item. 	Per Bottle	600 bottles						
2	MRI contrast agents for imaging and detection of liver lesions; <ul style="list-style-type: none"> - Gadoxetate disodium (Primovist) - 0.25mmol/ml solution for intravascular injection. - Prefilled syringes. - Tenderer to provide brochure and sample of proposed item. 	Per Unit	40 units						
TOTAL PRICE (B\$) FOR ONE (1) YEAR USAGE									

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

Section/Unit		Section/Unit Ref No.:	
Person to Contact	Name :	Tel.No. :	
	E-mail :	Fax No.:	

FOR QUOTATION ONLY

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