

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department	Focal Person
2	PPM/PROC/2024/<50K/002(MYB)	<p><b>THE PROVISION OF OUTSOURCING CLINICAL LABORATORY TESTS FOR NATIONAL MYCOBACTERIA REFERENCE LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH (NON-CLUSTERING)</b></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>	20/03/2024	06/04/2024	\$5.00	JABATAN PERKHIDMATAN MAKMAL, KEMENTERIAN KESIHATAN.	<p>Muhammad Mu'iz Ehsannudin Abu Bakar</p> <p>Makmal Rujukan Mycobacteria Kebangsaan</p> <p>Tel : 2221821 Ext : 139</p>

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

<b>QUOTATION/TENDER REFERENCE NO:</b>	
<b>QUOTATION/TENDER NAME</b>	<b>THE PROVISION OF OUTSOURCING CLINICAL LABORATORY TESTS FOR NATIONAL MYCOBACTERIA REFERENCE LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH (NON- CLUSTERING)</b>

USER'S REQUIREMENTS						VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER (IF ANY)	METHODOLOGY	TAT (days)	TOTAL ESTIMATE USAGE / YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR	*COST PER UNIT (B\$)	TOTAL COSTS (B\$)
1	INTEFERON GAMMA RELEASE ASSAY	QUANTIFERON- TB GOLD IN- TUBE (QIAGEN)	Immunoassay	07	100						

NO	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
1	The testing laboratory 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.	



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	Tests results must be available within the agreed turn-around-time (TAT) stated in the Appendix. Days refer to number of working days.										
6	Vendor shall make his own arrangement to collect specimen together with the requisite form from the designated Laboratories under acceptable condition. Sample must be collected between 9.30 to 11.00am and 2.30 to 3.30 pm every working day. For fasting month, collection is done between 10am -1.00 pm once 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 or as required by client, as following format below: <table><tr><td>Name of the tests</td><td>Name and address of performing laboratory</td><td>Method / Technique used</td><td>Specimen requirement (Including special instruction and type of tube used)</td><td>Storage, transport and temperature requirements- (Including sensitive tests)</td><td>Maximum time required for submission of report to the Laboratory (Turn-around-time TAT)</td></tr></table>					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)
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9	For Quantiferon Assay, the Vendor is required to provide the followings : i. Quantiferon tubes and biohazard plastic bags										

	ii. Provide specimen collection pamphlet for the phlebotomists and procedures/ instructions to the laboratory service.	
10	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).	
11	Vendor is also responsible to have an alternative testing laboratory in ANY CASE that the appointed laboratory could not accept the testing. The criteria for this laboratory still applies similar to the appointed laboratory.	
12	Any <b>packing container including Category A and B (where applicable)</b> that is required shall be provided by vendor at no extra charges.	
13	Vendor shall provide leak -proof container for collecting all samples to be outsourced.	
14	Sample shall be transported in leak-proof container to ensure that no damage or displacement of sample occurs during transportation	
15	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. If this is not possible, the two (2) NMRL staff shall be trained and competent in Category A packaging from a certified company.	
16	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.	
17	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 the Department of Laboratory Services	
18	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.	
19	Vendor shall be capable of absorbing the workload throughout the operational contract agreement.	
20	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 Director of Laboratory Services.	



21	The results shall be emailed password protected document (preliminary results), and followed by original copy for the final results.	
22	Three (3) copies of test reports shall be provided out of which two (2) copies should be sent to Head of the concerned laboratory of the Department of Laboratory Services and the third copy should be enclosed with the monthly 'Laboratory Service Summary' for audit and financial purpose.	
23	<b>DELIVERY PERIOD:</b> Mengikut TAT yang ditetapkan ; 7 hari	(Yes / No) (If No, please specify)
24	<b>PRICE VALIDITY:</b> The quotation shall remain valid for <b>6 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).	

<b>DELIVERY PERIOD AFTER PO ISSUED</b>		<b>Mengikut TAT yang ditetapkan</b>	
Lab/Section/Unit		MAKMAL RUJUKAN MYCOBACTERIA KEBANGSAAN	
Lab/Section/Unit Ref No.:		DLS/PU/MYB/2024/2-50K/01	
Person to Contact		Name : MUHAMMAD MU'IZ EHSANNUDIN ABU BAKAR	
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		Tel.No. : 2221821 Ext 139	Fax No. :
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