| BIL | Quotation Reference           | Description  | Advertisement<br>Date | Closing Date (Not Later Than 09.00AM) | Quotation<br>Fee | Requesting<br>Department                            | Focal Person  |
|-----|-------------------------------|--|-----------------------|---------------------------------------|------------------|---|---|
| 4   | PPM/PROC/2024/<50K/004(NCMRL) | TO SUPPLY AND DELIVER CHLAMYDIA TEST KITS AND CONSUMABLE FOR NATIONAL CLINICAL MICROBIOLOGY REFERENCE LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF ONE (1) YEARS USAGE (CLUSTERING) | 20/03/2024            | 06/04/2024                            | \$5.00           | JABATAN PERKHIDMATAN MAKMAL, KEMENTERIAN KESIHATAN. | Nur Sabrina @<br>Balqis binti Haji<br>Abd Salam<br>National Clinical<br>Microbiology<br>reference<br>Laboratory<br>Tel: 2242424 Ext<br>: 6329 |
|     |                               | PLACE OF SUBMISSION: QUOTATION BOX (GROUND FLOOR) MINISTRY OF HEALTH COMMONWEALTH DRIVE BANDAR SERI BEGAWAN, BB 3910 NEGARA BRUNEI DARUSSALAM  |                       |                                       |                  |   |   |

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

| QUOTATION/TENDER<br>REFERENCE NO: |  |
|-----------------------------------|--|
| QUOTATION/TENDER<br>NAME          | TO SUPPLY AND DELIVER CHLAMYDIA TEST KITS AND CONSUMABLE FOR NATIONAL CLINICAL MICROBIOLOGY REFERENCE LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF ONE (1) YEAR USAGE. (CLUSTERING) |

|    | USER'S REQUIREMENTS                             |  |                                      | VENDOR'S OFFER                       |   |                   |  |                            |                         |
|----|---|--|--------------------------------------|--------------------------------------|---|-------------------|--|----------------------------|-------------------------|
| NO | ITEM DESCRIPTIONS<br>AND SPECIFICATIONS         | PACKAGING<br>SIZE                                | TOTAL<br>ESTIMATE<br>USAGE /<br>YEAR | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/<br>CATALOGUE<br>NUMBER<br>AND BRAND | PACKAGING<br>SIZE | TOTAL<br>QUANTITY<br>OFFERED /<br>YEAR | *COST<br>PER UNIT<br>(B\$) | TOTAL<br>COSTS<br>(B\$) |
| 1  | Chlamydia Rapid Test<br>Cassette (Swab/Urine)   | 20 tests/kit                                     | 120 kits                             |                                      |   |                   |  |                            |                         |
| 2  | Dry Transport Swabs W/PS<br>Applicator          | 1000 pcs/case                                    | 4 case<br>(4000 pcs)                 |                                      |   |                   |  |                            |                         |
| 3  | Positive and Negative<br>Controls for Chlamydia | 1 set<br>(1 positive & 1<br>negative<br>control) | 6 sets                               |                                      |   |                   |  |                            |                         |

| NO  | SPECIFICATIONS AND REQUIREMENTS  | VENDOR'S OFFER<br>(PLEASE STATE) |
|-----|--|----------------------------------|
| 1.0 | CHLAMYDIA RAPID TEST CASSETTE (SWAB/URINE)   |                                  |
| 1.1 | Test is intended for the qualitative detection of Chlamydia antigen in female cervical swab, male urethral swab and male urine specimens |                                  |

|     | Test contains Chlamydia antibody coated particles and chlamydia                 |  |
|-----|---|--|
| 1.2 | antibodies coated membrane  |  |
|     | Test kit must include test cassettes, extraction tubes, sterile female          |  |
| 1.3 | cervical swabs, workstation, extraction reagent 1, extraction reagent           |  |
| 1.3 | 2, package insert and dropper tips.   |  |
|     | No ovtra reagent proporation peopled  |  |
| 1.4 | No extra reagent preparation needed.  |  |
| 1.5 | Test cassette can be stored at room temperature                                 |  |
| 1.6 | Results can be read visually  |  |
|     |   |  |
| 2.0 | DRY TRANSPORT SWAB WITH PS APPLICATOR   |  |
| 2.1 | Tamper evident tube seal maintains product integrity and ensures first time use |  |
|     | hirst time use  |  |
| 2.2 | Large pre-attached label with lot number and expiry date for                    |  |
| 2.2 | recording sample information  |  |
| 2.3 | Sterilised by radiation   |  |
|     | Sterile swabs supplied in polypropylene round bottom tube                       |  |
| 2.4 | (diameter 13 x 150mm) with polyethylene stopper                                 |  |
|     | Shaft material: Snappable PS  |  |
| 2.5 | Shaft length: Approximately 150mm   |  |
|     | Tip material: Rayon   |  |
|     | Suitable for most specimens, such as from throat, vaginal, skin and             |  |
| 2.6 | wound specimens   |  |
| 2.7 | Bulk packed, 250 pieces per inner pack  |  |
| 2.0 |   |  |
| 2.8 | Swabs can be used together with item no.1.                                      |  |

| 3.0 | POSITIVE AND NEGATIVE CONTROLS FOR CHLAMYDIA   |  |
|-----|--|--|
| 3.1 | Must include a positive control and negative control swabs.  |  |
| 3.2 | Can be stored at room temperature or refrigerated.   |  |
| 3.3 | The controls contain freeze-dried preservative   |  |
| 3.4 | Can be used together with item no.1  |  |
| 4.0 | SERVICE AND AFTER SALES SUPPORT  |  |
| 4.1 | All reagent test kits / consumables supplied throughout this tender shall have a minimum expiry date of six (6) on delivery. Should the reagent or consumable be urgently needed, provision of a reagent test kit or consumable with expiry date of less than six (6) months should be first agreed by the User of the particular laboratory before delivery is made.  |  |
| 4.2 | Letter of Undertaking (LOU) shall be produced upon each delivery of test kit or consumable with expiry date of less than six (6) months and vendor shall declare in the LOU that unused, unopened, expired kits will be replaced accordingly. For items which are known to have short expiry date such as those containing red blood cells, list down all such items and vendor shall declare in this tender submission of such items and shall be exempted from submitting LOU upon delivery. |  |
| 4.3 | Staggered delivery every 3 months period directly to the User.   |  |
| 4.4 | Product inserts and MSDS shall be provided to the User.  |  |
| 4.5 | International markings: products must be CE marked or equivalent standards that are acceptable to the users.   |  |
| 4.6 | Successful vendor shall provide Certificate of Analysis (CoA) for the reagents.  |  |
| 4.7 | User shall have the rights to refuse delivery of items that do not meet the acceptance criteria such as, but not limited to, the following:  1. Tampered or damaged box  |  |

|     | <ul><li>2. Leakage upon delivery</li><li>3. Items stored pre-delivery not in accordance to manufacturer's</li></ul>                      |  |
|-----|--|--|
|     | instructions   |  |
|     | Expiry date not meeting requirement  |  |
|     | User shall have the rights to return any items, and to be replaced at  |  |
|     | no extra cost, if found not meeting the acceptance criteria upon   |  |
|     | opening a pack such as, but not limited to, the following:   |  |
| 4.8 | Tampered or damaged packaging  |  |
|     | Evident of leakage or damaged products     Fyriand products that are evidently less than the requirement.                                |  |
| -   | Expired products that are evidently less than the requirement mentioned in para 4.1 calculated from delivery date                        |  |
|     | Leakage upon delivery  |  |
|     | Vendor shall submit samples of the offered items directly to the Users   |  |
| 4.9 | no later than 7 days after the Closing Date of this advertisement or   |  |
|     | as required by the Users.  |  |
| 5.0 | FINANCIAL AGREEMENT  |  |
|     | Supply of the test kit including reagents, consumables and/or  |  |
| E 4 | accessories is based on the number of kits required in the Purchase  |  |
| 5.1 | Order according to an agreed schedule period as stated in para 4.3.  |  |
|     | Supplier should have other alternative in the case where supplier  |  |
|     | cannot fulfil the delivery on time.  Buffer stock of the test kit including reagents, consumables and                                    |  |
| 5.2 | accessories shall be available at the local representative as  |  |
|     | contingency.   |  |
|     | Should there be any discontinuity of reagents / consumables due to   |  |
| 5.3 | non-compliance in the manufacturing of reagents; the vendor must   |  |
|     | be able to provide an alternative so that the test requests / services   |  |
|     | are still available for the customers.   |  |
|     | 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 |  |
| 5.4 | limited to, the following:   |  |
| 5.4 | When the testing is no longer required or relevant i.e. test is  |  |
|     | obsolete, to the laboratory or the Department.   |  |
| 1   | 0 18/1 11 11 1 1 1 1   |  |
|     | <ol><li>When the item(s) set out in this tender is/are no longer<br/>required by the laboratory or the Department.</li></ol>             |  |

|     | 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> ). |                         |
|-----|--|-------------------------|
| 5.5 | DELIVERY PERIOD:   | (Yes / No)              |
| 0.0 | Preferably 4 – 8 weeks and no later than 12 weeks after issue of Purchase Order  | (If No, please specify) |
|     | PRICE VALIDITY:  |                         |
|     | The quotation shall remain valid for 6 MONTHS from the final date  |                         |
| 5.6 | for the submission of the quotation and no supplier may withdraw   |                         |
| 5.0 | 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 | 4-8 weeks and no longer than 12 weeks            |   |                   |  |  |
|---------------------------------|--|---|-------------------|--|--|
| Lab/Section/Unit                | NATIONA  | NATIONAL CLINICAL MICROBIOLOGY REFERENCE LABORATORY |                   |  |  |
| Lab/Section/Unit Ref No.:       | DLS/PU/M   | DLS/PU/MIC/2024/U50K/01_CHLAMYDIA                   |                   |  |  |
|                                 | Name   | Name : NUR' SABRINA @ BALQIS BINTI HJ ABD SALAM     |                   |  |  |
| Person to Contact               | E-mail : NURSABRINA.SALAM@MOH.GOV.BN @MOH.GOV.BN |   |                   |  |  |
|                                 | Tel.No.  | : 2242424 ext. 6329                                 | Fax No. : 2220869 |  |  |
| FOR ADMINISTRATION USE ONLY     | FOR ADMINISTRATION USE ONLY                      |   |                   |  |  |
| PPM/PROC Ref.No.                | PPM/PROC/  |   |                   |  |  |
| Advertisement Ref. No.          | Date :   |   |                   |  |  |