REFERENCE OF TENDER	DESCRIPTION OF TENDER	TIME PERIOD OF TENDER	DEPARTMENT/ DIVISION/UNIT REQUESTING TENDER	FEES	CLOSING DATE NOT LATER THAN 12.00AM	FOCAL PERSON
KK/64/2022/LAB(TC)	TO SUPPLY AND DELIVER COAGULATION REAGENTS WITH EQUIPMENT RENTAL FOR NATIONAL HAEMATOLOGY REFERENCE LABORATORY, RIPAS HOSPITAL, PMMPMHAMB HOSPITAL LABORATORY, SSB HOSPITAL LABORATORY AND PIHM HOSPITAL LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE	5 YEARS	DEPARTMENT OF LABORATORY SERVICES	$500.00	23RD APRIL 2024	Hjh Sarinah binti Haji Ahmad Coagulation Section Department of Laboratory Services Ministry of Health Negara Brunei Darussalam Contact No.: 2242424 ext 6045 e-mail: sarinah.ahmad@moh.gov.bn

NOMBOR TAWARAN: KK/64/2024/LAB(TC)

KEMENTERIAN KESIHATAN
NEGARA BRUNEI DARUSSALAM

TO SUPPLY AND DELIVER COAGULATION REAGENTS WITH EQUIPMENT RENTAL FOR NATIONAL HAEMATOLOGY REFERENCE LABORATORY, RIPAS HOSPITAL, PMMPMHAMB HOSPITAL LABORATORY, SSB HOSPITAL LABORATORY AND PIHM HOSPITAL LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE

YURAN TAWARAN : $500.00

NOMBOR RESIT :

TARIKH TUTUP : HARI SELASA, 23HB APRIL 2024

JAM : 2.00 PETANG

KEPADA :

PENGERUSI LEMBAGA TAWARAN KECIL
PETI TAWARAN, TINGKAT BAWAH
BANGUNAN KEMENTERIAN KESIHATAN
COMMONWEALTH DRIVE
BANDAR SERI BEGAWAN BB 3910
NEGARA BRUNEI DARUSSALAM

(CLUSTERING)

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO: KK/64/2024/LAB(TC)

INVITATION TO TENDER

TO SUPPLY AND DELIVER COAGULATION REAGENTS WITH EQUIPMENT RENTAL FOR NATIONAL HAEMATOLOGY REFERENCE LABORATORY, RIPAS HOSPITAL, PMMPMHAMB HOSPITAL LABORATORY, SSB HOSPITAL LABORATORY AND PIHM HOSPITAL LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE

DELIVERY PERIOD AFTER PO ISSUED	**PREFERABLY 4-8 WEEKS AND NO LONGER THAN 12 WEEKS**

1. SUPPLY OF REAGENTS

1.1 To supply reagents and associated consumables (calibrators, controls, accessories and consumables) for the tests listed below.

APPENDIX A: SUMMARY OF UNIT PRICE OF REAGENT KIT
(To be completed by Vendor for submission)

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR
1	PROTHROMBIN TIME (PT) REAGENTS, RECOMBIPLASTIN 2G (20ML)		FOR 114,070 TESTS
1A	RIPAS HOSPITAL LAB	Any packing size	90,695 TESTS
1B	SSB HOSPITAL LAB	Any packing size	9,350 TESTS
1C	PMMPMHAMB HOSPITAL LAB	Any packing size	9,350 TESTS
1D	PIHM HOSPITAL LAB	Any packing size	4,675 TESTS
2	ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT) REAGENTS		FOR 85,260 TESTS
2A	RIPAS HOSPITAL LAB	Any packing size	70,470 TESTS
2B	SSB HOSPITAL LAB	Any packing size	6,960 TESTS
2C	PMMPMHAMB HOSPITAL LAB	Any packing size	5220 TESTS
2D	PIHM HOSPITAL LAB	Any packing size	2,610 TESTS
3	D-DIMER		FOR 4,557 TESTS
3A	RIPAS HOSPITAL LAB	Any packing size	3,255 TESTS
3B	SSB HOSPITAL LAB	Any packing size	651 TESTS
3C	PMMPMHAMB HOSPITAL LAB	Any packing size	651 TESTS

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR
3D	PIHM HOSPITAL LAB		-
4	FIBRINOGEN	Any packing size	1000 TESTS
5	THROMBIN TIME (TT)	Any packing size	240 TESTS
6A	LUPUS ANTICOAGULANT SCREEN	Any packing size	1,260TESTS
6B	LUPUS ANTICOAGULANT CONFIRM	Any packing size	1,260 TESTS
7	ANTITHROMBIN	Any packing size	888 TESTS
8	PROTEIN C	Any packing size	814TESTS
9	PROTEIN S (FREE)	Any packing size	765 TESTS
10A	VON WILLEBRAND FACTOR	Any packing size	800 TESTS
10B	VON WILLEBRAND FACTOR ACTIVITY/ RICOF	Any packing size	768 TESTS
11	FACTOR VIII ASSAY	Any packing size	840 TESTS
12	FACTOR IX ASSAY	Any packing size	1,200 TESTS
13	ANTI-XA ASSAY	Any packing size	1,265 TESTS
14	DIRECT THROMBIN INHIBITOR ASSAY	Any packing size	567 TESTS
15**	CONTROLS AND OTHER ADDITIONAL REAGENTS		FOR THE ABOVE TESTS
15A	PT QUALITY CONTROL Normal Control Assayed Low Abnormal Control Assayed High Abnormal Control Assayed	Any packing size	RIPAS/SSBH/PMMH/PIHMH: RUN THRICE DAILY
15B	APTT QUALITY CONTROLS Normal Control Assayed Low Abnormal Control Assayed High Abnormal Control Assayed	Any packing size	RIPAS/SSBH/PMMH/PIHMH: RUN THRICE DAILY
15C	D-DIMER QUALITY CONTROLS	Any packing size	RIPAS: RUN TWICE DAILY SSBH/PMMH/: RUN ONCE DAILY
15D	SPECIAL TEST CONTROL: SPECIAL TEST LEVEL 1 SPECIAL TEST LEVEL 2	Any packing size	FOR THE ABOVE TESTS
15E	LUPUS ANTICOAGULANT NEGATIVE CONTROL	Any packing size	FOR THE ABOVE TESTS
15F	LUPUS ANTICOAGULANT POSITIVE CONTROL	Any packing size	FOR THE ABOVE TESTS
15G	LMW HEPARIN CONTROL	Any packing size	FOR THE ABOVE TESTS
15H	RIVAROXABAN CONTROL	Any packing size	FOR THE ABOVE TESTS
15I	APIXABAN CONTROL	Any packing size	FOR THE ABOVE TESTS
15J	UF HEPARIN CONTROL	Any packing size	FOR THE ABOVE TESTS

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR
15K	DABIGATRAN CONTROL	Any packing size	FOR THE ABOVE TESTS
15L	CALIBRATION PLASMA	Any packing size	FOR THE ABOVE TESTS
15M	HEPARIN CALIBRATORS	Any packing size	FOR THE ABOVE TESTS
15N	RIVAROXABAN CALIBRATORS	Any packing size	FOR THE ABOVE TESTS
15O	APIXABAN CALIBRATORS	Any packing size	FOR THE ABOVE TESTS
15P	DABIGATRAN CALIBRATORS	Any packing size	FOR THE ABOVE TESTS
15Q	D-DIMER CALIBRATORS	Any packing size	FOR THE ABOVE TESTS
16**	CONSUMABLES/ACCESSORIES	Any packing size	FOR THE ABOVE TESTS
16A	CUVETTE STRIPS	Any packing size	FOR THE ABOVE TESTS
16B	RINSE SOLUTION	Any packing size	FOR THE ABOVE TESTS
16C	CLEANING SOLUTION	Any packing size	FOR THE ABOVE TESTS

***Cost per test should include the kit, control, calibrator and accessories/consumables required to run the test.**

****For items 15 & 16, price shall be inclusive in the above tests items 1-14. Please state the item descriptions, catalogue number and brand, packaging size and total quantity offered per year.**

NO.	SPECIFICATIONS AND REQUIREMENTS	
1.0	**PROVISION OF EQUIPMENT**	
1.1	Supply, deliver, install and commission **Two (2) units of new fully automated high throughput** Coagulation Analyser for **National Haematology Reference Laboratory, RIPAS Hospital** which can be made available 24 hours a day with minimum daily start-up time. Both units preferably are linked to a middleware.	
1.2	**One (1) unit of new fully automated medium throughput Coagulation Analyser and one (1) backup unit of fully automated medium throughput Coagulation Analyser** for **Laboratory Service, SSBH Hospital** which can be made available 24 hours a day with minimum daily start-up time. The backup unit is for all districts. Vendor is responsible for the transportation and installation of the backup unit at the other sites when needed.	
1.3	**One (1) unit of new fully automated medium throughput Coagulation Analyser and one (1) backup unit of fully automated medium throughput Coagulation Analyser** for **Laboratory Service, PMMPMHAMB Hospital** which can be made available 24 hours a day with minimum daily start-up time. The backup unit is for all districts. Vendor is responsible for the transportation and installation of the backup unit at the other sites when needed.	
1.4	**One (1) unit of new fully automated medium throughput Coagulation Analyser** for Laboratory Service, **PIHM Hospital** which can be made available 24 hours a day with minimum daily start-up time. In the event analyzer breakdown, vendor is responsible for the transportation of samples to National Haematology Reference Laboratory.	
1.5	Vendor should provide all seven (7) analyzers with bidirectional interface which include all necessary costs to link to LIS server.	
1.6	The analyzers, including the data manager, should be protected by an un-interrupted power supply (UPS) with minimum half an hour of backup power.	
1.7	The analysers must fully comply with FDA and CE MARK requirements.	
1.8	Analyzers must be able to accept all standard size tubes for coagulation assays.	
2.0	**EQUIPMENT & TECHNICAL SPECIFICATION**	
2.1	**Main System**. Vendor to provide **two (2) different specifications** of Coagulation Analysers according to the table below and fill in the necessary information;	
2.1.1	**Two (2) units of new fully automated closed tube sampling system, high throughput Coagulation Analyser**	
2.1.1.1	Methods of testing	Clotting, chromogenic and immunological
2.1.1.2	**High Throughput**	PT – minimum 200 tests per hour or 200 samples/hr APTT – minimum 150 tests per hour or 150 samples/hr PT/APTT – minimum 150 tests per hour or 75 samples/hr (please state the throughput)
2.1.1.3	Closed-tube sampling	Required
2.1.1.4	Continuous sample and reagent loading	Required

NO.	SPECIFICATIONS AND REQUIREMENTS	
2.1.1.5	Continuous operation	Required
2.1.1.6	QC statistic & L-J plots	Required
2.1.1.7	Capable of performing automatic daily Quality Control	Required
2.1.1.8	Checks for sample aspiration clog	Required
2.1.1.9	Haemolysed/Icteric/Lipaemic check	Required (back-up unit optional)
2.1.1.10	Detection of tubes fill height	Required
2.1.1.11	LCD Colour Touch screen monitor	Required
2.1.1.12	Onboard reagents barcode reader	Required
2.1.1.13	Barcoded reagents	Required
2.1.1.14	Factor parallelism	Required
2.1.1.15	Capable of running STAT samples	Required
2.1.1.16	Real time reagent monitoring (test status, reagent stability etc)	Required
2.1.1.17	Rerun and reflex testing	Required
2.1.1.18	Reaction-curves display	Required
2.1.1.19	Program for Quality control monitoring	Required
2.1.1.20	Autovalidation of test results	Required
2.1.1.21	System for logging Events	Required
2.1.1.22	Report for Audit trail	Required
2.1.1.23	Bidirectional interface	Required
2.1.1.24	Data backup capability	Required
2.1.1.25	Laser Printer (inclusive of printer toner)	Required
2.1.2	**Five (5) units of fully automated closed tube sampling system, medium throughput Coagulation Analyser**	
	SPECIFICATIONS AND REQUIREMENTS	

NO.	SPECIFICATIONS AND REQUIREMENTS	
2.1.2.1	Methods of testing	Clotting, chromogenic and immunological
2.1.2.2	**Medium Throughput**	PT – minimum 90 tests per hour or 90 samples/hr APTT – minimum 90 tests per hour or 90 samples/hr PT/APTT – minimum 90 tests per hour or 45 samples/hr (please state the throughput)
2.1.2.3	Closed-tube sampling	Required
2.1.2.4	Continuous sample and reagent loading	Required
2.1.2.5	Continuous operation	Required
2.1.2.6	QC statistic & L-J plots	Required
2.1.2.7	Capable of performing automatic daily Quality Control	Required
2.1.2.8	Checks for sample aspiration clog	Required
2.1.2.9	Haemolysed/Icteric/Lipaemic check	Required (back-up unit optional)
2.1.2.10	Detection of tubes fill height	Required
2.1.2.11	LCD Colour Touch screen monitor	Required
2.1.2.12	Onboard reagents barcode reader	Required
2.1.2.13	Barcoded reagents	Required
2.1.2.14	Factor parallelism	Required
2.1.2.15	Capable of running STAT samples	Required
2.1.2.16	Real time reagent monitoring (test status, reagent stability etc)	Required
2.1.2.17	Rerun and reflex testing	Required
2.1.2.18	Reaction-curves display	Required
2.1.2.19	Program for Quality control monitoring	Required
2.1.2.20	Autovalidation of test results	Required
2.1.2.21	System for logging Events	Required

NO.	SPECIFICATIONS AND REQUIREMENTS	
2.1.2.22	Report for Audit trail	Required
2.1.2.23	Bidirectional interface	Required
2.1.2.24	Data backup capability	Required
2.1.2.25	Laser Printer (inclusive of printer toner) Required	
	Reagent System	
2.2.1	Long duration onboard reagent stability would be an advantage. Please state reagent stability.	
2.2.2	All reagent test kits supplied throughout this tender must have a shelf life of six (6) months. Any reagent test kit with shelf life less than six months may be rejected by the User unless prior agreement with user has been obtained.	
2.2.3	Proposed number of kits supplied should be site specific according to the statistics provided by the different sites.	
2.2.4	Proposed number of kits supplied for low volume tests (eg. D-dimer) should take into account the number of requests received and the stability of reagent onboard.	
2.2.5	Proposed estimate of Quality control materials to be provided should take into account the frequency and the number of run per day.	
	Sampling System	
2.2.6	Positive sample identification is required. Vendor should ensure that the analyzers are able to accept barcode formats used by the Laboratory Information System.	
2.2.7	All analyzers should have closed-tube sampling capability for minimum operator handling.	
2.2.8	Level sensing for primary sample tubes (between 1ml and 4ml) is required and preferably compatible with present tubes currently in use. Describe the method for identifying tubes/specimen that do not (or cannot) have barcodes.	
3.0	**SERVICE AND AFTER SALES SUPPORT**	
3.1	All reagent test kits / consumables supplied throughout this tender shall have a minimum expiry date of six (6) **months 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.	
3.2	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.	
3.3	Staggered delivery every 3 months period directly to the User.	
3.4	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 2. Leakage upon delivery 3. Items stored pre-delivery not in accordance to manufacturer's instructions	

NO.	SPECIFICATIONS AND REQUIREMENTS
	4. Expiry date not meeting requirement
3.5	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: 1. Tampered or damaged packaging 2. Evident of leakage or damaged products 3. Expired products that are evidently less than the requirement mentioned in para 4.1 calculated from delivery date 4. Leakage upon delivery
3.6	Vendor shall submit samples of the offered items directly to the Users no later than 7 days after the Closing Date of this advertisement or as required by the Users.
3.7	Please supply details of the arrangement for 24-hour service support. There should preferably be remote diagnostic facility available. This should include the number of engineers and application specialist, their qualification/training with the system, response time during office hours, after office hours, weekdays and weekends.
3.8	The supplier SHALL be responsible for the preventive maintenance (Weekly, Monthly, and Quarterly as needed) and breakdown maintenance of the analyzers. Any breakdown should be quickly attended to within 2 hours.
3.9	A copy of service report must be submitted to the laboratory whenever service work is done on the instrument.
3.10	Spare parts SHALL be supplied by the supplier should any replacement is required during preventive and breakdown maintenance.
3.11	Vendor shall aid the user with verification of a comprehensive methods performance for all of the tests listed above including, but not limited to, precision, accuracy, linearity, sensitivity, specificity, carryover, limit of detection or as required by the User depending on the nature of testing. Report of the verification study shall be submitted to the User for approval by the Director of Laboratory Services.
3.12	In the event of test results cannot be produced due to equipment failure or unavailable reagent supplies within the specified turnaround time, the vendor shall arrange and bear all costs for analysis of tests to an accredited laboratory (ISO 15189).
3.13	Vendor should provide enough external storage device which can be used as data backup system for patient data from the analyzers.
4.0	**ENVIRONMENTAL AND INFRASTRUCTURE REQUIREMENTS**
4.1	The system shall occupy space not more than the present system in the laboratory. If any renovation (electrical and/or environmental) is required, costs shall be borne by Vendor.
4.2	Should any renovation is required, Vendor shall comply with the Ministry's procedure for infection control risk assessment (ICRA), implementation and monitoring as set out in the document titled Construction and/or Renovation, Maintenance, Repair and Demolition in the Health Care Setting.
4.3	Power and water requirements: No or low water consumption. If water is required, state how much and what purity, with provision of water purification system included. Please provide specification for power requirement. All costs for installing electrical and water requirements shall be borne by the Vendor. All the electrical wires shall be covered with PVC trunk properly for safety precautions.
4.4	Temperature and humidity requirement: preferably 22 – 28 ^{o}C and up to 80% relative humidity.
4.5	Floor area and drainage requirements: preferably adaptable to present facilities.
4.6	Heat and noise generation: preferably less than 7,000 BTU per unit and ≤ 65 dBA at the front of the unit while at full operation.

NO.	SPECIFICATIONS AND REQUIREMENTS
4.7	Low generation of hazardous chemical or biological waste.
4.8	If biological liquid waste is generated, the supplier shall provide the following for suitable waste containers; i. Two waste containers shall be capped, have an inlet and outlet, easy to handle and do not hold more than 15L of liquid waste ii. When the production of waste liquid is more than 15L/day, a direct waste pipe shall be installed. A pre-dilution container shall be provided with easy access to add disinfectant and dispose of waste liquid. A preventive pipe shall be installed to prevent overflowing liquid waste from the waste containers Proper guidelines to disinfect the liquid waste that is acceptable to ISO 15189 shall be provided
4.9	The successful vendor shall keep the area behind of the equipment tidy and clean at all times. All wires and cables shall be properly covered using PVC trunk, flexible wire and cable cover or equivalent that is acceptable to the laboratory.
5.0	**MISCELLANEOUS**
6.0	**LITERATURE**
6.1	To supply one (1) CD or one (1) set of hard copy of the Operating Manual and Service Manual including circuit diagrams of the equipment shall be provided upon commissioning.
6.2	To supply the laboratory with one (1) set of Material Safety Data Sheet (MSDS)
6.3	To supply hardcopy of maintenance log with list of details of daily, weekly or scheduled maintenance
7.0	**TRAINING -** Training shall be provided, at no additional cost, as follows:
7.1	On-site training for ALL staff members expected to handle the machine. Please ensure that adequate time is allocated such that training will take place in small groups to minimize staff shortage in the laboratory.
7.2	Certificate of competence is to be issued to all trainees after completion of training.
7.3	The successful tenderer needs to ensure the key users are updated on any relevant information related to the laboratory testing. They shall provide ONE off-site training for two (2) key users per year of contract. All expenses for attending the training shall be borne by the vendor; full registration, air ticket, daily allowance, accommodation, transport to and from the airport and place of training. Training may be in the form of operator's training, workshop, congress, international conference including 3rd-party conference, or other forms of training that is deemed appropriate and relevant
7.4	Inviting speakers from overseas to give talks or presentations to the users on topics related to the laboratory testing as part of users' continuous education. Certificate of attendance is to be issued to all trainees after completion of training
8	**FINANCIAL AGREEMENT**
8.1	A rental agreement is required over a period of five (5) years for the provision of the reagent kits as per estimated total costs for this contract. However, contract agreement shall be terminated when total expenditures of supplies exceed the estimated total costs regardless of five (5) years contract.
8.2	Supply of the test kit including reagents, consumables and accessories is based on the number of kits required in the Purchase Order according to an agreed schedule period.

NO.	SPECIFICATIONS AND REQUIREMENTS
8.3	Buffer stock of the test kit including reagents, consumables and accessories should be available at the local representative as contingency.
8.4	The equipment supplied should include reagents, consumables, calibrators, maintenance record sheet, maintenance cleaning kit and quality control for initially setting up of the instruments.
8.5	Should there be any discontinuity of reagents due to non-compliance in the manufacturing of reagents; the vendor must be able to provide an alternative so that the test requests are still available for the customers.
8.6	All costs incurred for the supply and delivery of test kit including reagents, consumables and accessories, equipment and other accessories required by the tender will be borne by the successful vendor.
8.7	**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 department. 2. When the item(s) set out in this tender is/are no longer required by the laboratory or the Department. 3. 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 (*Lembaga Tawaran Kecil*).
9	**DELIVERY PERIOD:** Preferably 4 – 8 weeks and no later than 12 weeks after issue of Purchase Order
10	**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).

* 6 months validity required for <$50K or 12 months for >$50K

NO.	GENERAL SPECIFICATIONS
A	**Model & Brand**
B	**Country of Origin**
C	**Total Price Per Test (CIF): B$**
D	**Price Ranking:**
E	**Where marketed**
F	**Year of Manufacture**
G	**Warranty:**
H	**Delivery Time:**
I	**Power Requirements:**
J	**Battery Back-up:**
K	**International Safety Standard:**
L	**Technical Support:**
M	**Equipment Whole Life Support**
N	**Dimensions (WxHxD) cm:**
O	**Weight (kg):**
P	**User Manuals**
Q	**Service Manuals**
R	**Spare-parts & Consumables Listing**
S	**Technical Training On-Site:**
T	**Site Requirements:**

*To all participating companies, please fill in the table above along with your other documents during submission of tender.

DELIVERY PERIOD AFTER PO ISSUED	**Preferably 4-8 weeks and no longer than 12 weeks**	
Lab/Section/Unit	DLS/PU/NHRL/COAGULATION SECTION	
Lab/Section/Unit Ref No.:	DLS/PU/NHRL/2024/04/COAG	
Person to Contact	Name : Hjh Sarinah Hj Ahmad	
	E-mail : sarinah.ahmad@moh.gov.bn	
	Tel. No. : 2242424 ext.6045	Fax No. : 2220869
FOR ADMINISTRATION USE ONLY		
PPM/PROC Ref.No.	PPM/PROC/2024/>50k/004(NHRL)	
Advertisement Ref. No.		Date :

SECTION 3

FORMS TO BE USED

CONTENTS

SCHEDULE 1

TENDER FORM

To:

TENDER REFERENCE NO: KK/64/2024/LAB(TC)

INVITATION TO TENDER

TO SUPPLY AND DELIVER COAGULATION REAGENTS WITH EQUIPMENT RENTAL FOR NATIONAL HAEMATOLOGY REFERENCE LABORATORY, RIPAS HOSPITAL, PMMPMHAMB HOSPITAL LABORATORY, SSB HOSPITAL LABORATORY AND PIHM HOSPITAL LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE

TENDER OF (*name of tenderer*) _____

Company/Business Registration No _____

Tender Closing Date _____

DELIVERY PERIOD	

1. SUPPLY OF REAGENTS

1.1 To supply reagents and associated consumables (calibrators, controls, accessories and consumables) for the tests listed below.

APPENDIX A: SUMMARY OF UNIT PRICE OF REAGENT KIT
(To be completed by Vendor for submission)

	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$)	TOTAL COSTS (B$)
1	PROTHROMBIN TIME (PT) REAGENTS, RECOMBIPLASTIN 2G (20ML)		FOR 114,070 TESTS						
1A	RIPAS HOSPITAL LAB	Any packing size	90,695 TESTS						
1B	SSB HOSPITAL LAB	Any packing size	9,350 TESTS						
1C	PMMPMHAMB HOSPITAL LAB	Any packing size	9,350 TESTS						
1D	PIHM HOSPITAL LAB	Any packing size	4,675 TESTS						
2	ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT) REAGENTS		FOR 85,260 TESTS						
2A	RIPAS HOSPITAL LAB	Any packing size	70,470 TESTS						
2B	SSB HOSPITAL LAB	Any packing size	6,960 TESTS						
2C	PMMPMHAMB HOSPITAL LAB	Any packing size	5220 TESTS						
2D	PIHM HOSPITAL LAB	Any packing size	2,610 TESTS						

	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$)	TOTAL COSTS (B$)
3	D-DIMER		FOR 4,557 TESTS						
3A	RIPAS HOSPITAL LAB	Any packing size	3,255 TESTS						
3B	SSB HOSPITAL LAB	Any packing size	651 TESTS						
3C	PMMPMHAMB HOSPITAL LAB	Any packing size	651 TESTS						
3D	PIHM HOSPITAL LAB		-						
4	FIBRINOGEN	Any packing size	1000 TESTS						
5	THROMBIN TIME (TT)	Any packing size	240 TESTS						
6A	LUPUS ANTICOAGULANT SCREEN	Any packing size	1,260TESTS						
6B	LUPUS ANTICOAGULANT CONFIRM	Any packing size	1,260 TESTS						
7	ANTITHROMBIN	Any packing size	888 TESTS						

	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$)	TOTAL COSTS (B$)
8	PROTEIN C	Any packing size	814TESTS						
9	PROTEIN S (FREE)	Any packing size	765 TESTS						
10A	VON WILLEBRAND FACTOR	Any packing size	800 TESTS						
10B	VON WILLEBRAND FACTOR ACTIVITY/ RICOF	Any packing size	768 TESTS						
11	FACTOR VIII ASSAY	Any packing size	840 TESTS						
12	FACTOR IX ASSAY	Any packing size	1,200 TESTS						
13	ANTI-XA ASSAY	Any packing size	1,265 TESTS						
14	DIRECT THROMBIN INHIBITOR ASSAY	Any packing size	567 TESTS						
15**	CONTROLS AND OTHER ADDITIONAL REAGENTS		FOR THE ABOVE TESTS						
15A	PT QUALITY CONTROL Normal Control Assayed Low Abnormal Control Assayed High Abnormal Control Assayed	Any packing size	RIPAS/SSBH/PMMH/PIHMH: RUN THRICE DAILY						

	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$)	TOTAL COSTS (B$)
15B	APTT QUALITY CONTROLS Normal Control Assayed Low Abnormal Control Assayed High Abnormal Control Assayed	Any packing size	RIPAS/SSBH/PMMH/PIHMH: RUN THRICE DAILY						
15C	D-DIMER QUALITY CONTROLS	Any packing size	RIPAS: RUN TWICE DAILY SSBH/PMMH/: RUN ONCE DAILY						
15D	SPECIAL TEST CONTROL: SPECIAL TEST LEVEL 1 SPECIAL TEST LEVEL 2	Any packing size	FOR THE ABOVE TESTS						
15E	LUPUS ANTICOAGULANT NEGATIVE CONTROL	Any packing size	FOR THE ABOVE TESTS						
15F	LUPUS ANTICOAGULANT POSITIVE CONTROL	Any packing size	FOR THE ABOVE TESTS						
15G	LMW HEPARIN CONTROL	Any packing size	FOR THE ABOVE TESTS						
15H	RIVAROXABAN CONTROL	Any packing size	FOR THE ABOVE TESTS						
15I	APIXABAN CONTROL	Any packing size	FOR THE ABOVE TESTS						
15J	UF HEPARIN CONTROL	Any packing size	FOR THE ABOVE TESTS						

	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$)	TOTAL COSTS (B$)
15K	DABIGATRAN CONTROL	Any packing size	FOR THE ABOVE TESTS						
15L	CALIBRATION PLASMA	Any packing size	FOR THE ABOVE TESTS						
15M	HEPARIN CALIBRATORS	Any packing size	FOR THE ABOVE TESTS						
15N	RIVAROXABAN CALIBRATORS	Any packing size	FOR THE ABOVE TESTS						
15O	APIXABAN CALIBRATORS	Any packing size	FOR THE ABOVE TESTS						
15P	DABIGATRAN CALIBRATORS	Any packing size	FOR THE ABOVE TESTS						
15Q	D-DIMER CALIBRATORS	Any packing size	FOR THE ABOVE TESTS						
16**	CONSUMABLES/ACCESSORIES	Any packing size	FOR THE ABOVE TESTS						
16A	CUVETTE STRIPS	Any packing size	FOR THE ABOVE TESTS						
16B	RINSE SOLUTION	Any packing size	FOR THE ABOVE TESTS						

	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$)	TOTAL COSTS (B$)
16C	CLEANING SOLUTION	Any packing size	FOR THE ABOVE TESTS						

***Cost per test should include the kit, control, calibrator and accessories/consumables required to run the test.**

****For items 15 & 16, price shall be inclusive in the above tests items 1-14. Please state the item descriptions, catalogue number and brand, packaging size and total quantity offered per year.**

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
1.0	**PROVISION OF EQUIPMENT**	
1.1	Supply, deliver, install and commission **Two (2) units of new fully automated high throughput** Coagulation Analyser for **National Haematology Reference Laboratory, RIPAS Hospital** which can be made available 24 hours a day with minimum daily start-up time. Both units preferably are linked to a middleware.	
1.2	**One (1) unit of new fully automated medium throughput Coagulation Analyser and one (1) backup unit of fully automated medium throughput Coagulation Analyser** for **Laboratory Service, SSBH Hospital** which can be made available 24 hours a day with minimum daily start-up time. The backup unit is for all districts. Vendor is responsible for the transportation and installation of the backup unit at the other sites when needed.	
1.3	**One (1) unit of new fully automated medium throughput Coagulation Analyser and one (1) backup unit of fully automated medium throughput Coagulation Analyser** for **Laboratory Service, PMMPMHAMB Hospital** which can be made available 24 hours a day with minimum daily start-up time. The backup unit is for all districts. Vendor is responsible for the transportation and installation of the backup unit at the other sites when needed.	
1.4	**One (1) unit of new fully automated medium throughput Coagulation Analyser** for Laboratory Service, **PIHM Hospital** which can be made available 24 hours a day with minimum daily start-up time. In the event analyzer breakdown, vendor is responsible for the transportation of samples to National Haematology Reference Laboratory.	
1.5	Vendor should provide all seven (7) analyzers with bidirectional interface which include all necessary costs to link to LIS server.	
1.6	The analyzers, including the data manager, should be protected by an un-interrupted power supply (UPS) with minimum half an hour of backup power.	
1.7	The analysers must fully comply with FDA and CE MARK requirements.	
1.8	Analyzers must be able to accept all standard size tubes for coagulation assays.	

NO.	SPECIFICATIONS AND REQUIREMENTS		VENDOR'S OFFER (PLEASE STATE)
2.0	**EQUIPMENT & TECHNICAL SPECIFICATION**		
2.1	**Main System**. Vendor to provide **two (2) different specifications** of Coagulation Analysers according to the table below and fill in the necessary information;		
2.1.1	**Two (2) units of new fully automated closed tube sampling system, high throughput Coagulation Analyser**		
2.1.1.1	Methods of testing	Clotting, chromogenic and immunological	
2.1.1.2	**High Throughput**	PT – minimum 200 tests per hour or 200 samples/hr APTT – minimum 150 tests per hour or 150 samples/hr PT/APTT – minimum 150 tests per hour or 75 samples/hr (please state the throughput)	
2.1.1.3	Closed-tube sampling	Required	
2.1.1.4	Continuous sample and reagent loading	Required	
2.1.1.5	Continuous operation	Required	
2.1.1.6	QC statistic & L-J plots	Required	
2.1.1.7	Capable of performing automatic daily Quality Control	Required	
2.1.1.8	Checks for sample aspiration clog	Required	
2.1.1.9	Haemolysed/Icteric/Lipaemic check	Required (back-up unit optional)	

NO.	SPECIFICATIONS AND REQUIREMENTS		VENDOR'S OFFER (PLEASE STATE)
2.1.1.10	Detection of tubes fill height	Required	
2.1.1.11	LCD Colour Touch screen monitor	Required	
2.1.1.12	Onboard reagents barcode reader	Required	
2.1.1.13	Barcoded reagents	Required	
2.1.1.14	Factor parallelism	Required	
2.1.1.15	Capable of running STAT samples	Required	
2.1.1.16	Real time reagent monitoring (test status, reagent stability etc)	Required	
2.1.1.17	Rerun and reflex testing	Required	
2.1.1.18	Reaction-curves display	Required	
2.1.1.19	Program for Quality control monitoring	Required	
2.1.1.20	Autovalidation of test results	Required	
2.1.1.21	System for logging Events	Required	
2.1.1.22	Report for Audit trail	Required	
2.1.1.23	Bidirectional interface	Required	

NO.	SPECIFICATIONS AND REQUIREMENTS		VENDOR'S OFFER (PLEASE STATE)
2.1.1.24	Data backup capability	Required	
2.1.1.25	Laser Printer (inclusive of printer toner)	Required	
2.1.2	**Five (5) units of fully automated closed tube sampling system, medium throughput Coagulation Analyser**		
	SPECIFICATIONS AND REQUIREMENTS		
2.1.2.1	Methods of testing	Clotting, chromogenic and immunological	
2.1.2.2	**Medium Throughput**	PT – minimum 90 tests per hour or 90 samples/hr APTT – minimum 90 tests per hour or 90 samples/hr PT/APTT – minimum 90 tests per hour or 45 samples/hr (please state the throughput)	
2.1.2.3	Closed-tube sampling	Required	
2.1.2.4	Continuous sample and reagent loading	Required	
2.1.2.5	Continuous operation	Required	
2.1.2.6	QC statistic & L-J plots	Required	
2.1.2.7	Capable of performing automatic daily Quality Control	Required	
2.1.2.8	Checks for sample aspiration clog	Required	

NO.	SPECIFICATIONS AND REQUIREMENTS		VENDOR'S OFFER (PLEASE STATE)
2.1.2.9	Haemolysed/Icteric/Lipaemic check	Required (back-up unit optional)	
2.1.2.10	Detection of tubes fill height	Required	
2.1.2.11	LCD Colour Touch screen monitor	Required	
2.1.2.12	Onboard reagents barcode reader	Required	
2.1.2.13	Barcoded reagents	Required	
2.1.2.14	Factor parallelism	Required	
2.1.2.15	Capable of running STAT samples	Required	
2.1.2.16	Real time reagent monitoring (test status, reagent stability etc)	Required	
2.1.2.17	Rerun and reflex testing	Required	
2.1.2.18	Reaction-curves display	Required	
2.1.2.19	Program for Quality control monitoring	Required	
2.1.2.20	Autovalidation of test results	Required	
2.1.2.21	System for logging Events	Required	
2.1.2.22	Report for Audit trail	Required	

NO.	SPECIFICATIONS AND REQUIREMENTS		VENDOR'S OFFER (PLEASE STATE)
2.1.2.23	Bidirectional interface	Required	
2.1.2.24	Data backup capability	Required	
2.1.2.25	Laser Printer (inclusive of printer toner) Required		
	Reagent System		
2.2.1	Long duration onboard reagent stability would be an advantage. Please state reagent stability.		
2.2.2	All reagent test kits supplied throughout this tender must have a shelf life of six (6) months. Any reagent test kit with shelf life less than six months may be rejected by the User unless prior agreement with user has been obtained.		
2.2.3	Proposed number of kits supplied should be site specific according to the statistics provided by the different sites.		
2.2.4	Proposed number of kits supplied for low volume tests (eg. D-dimer) should take into account the number of requests received and the stability of reagent onboard.		
2.2.5	Proposed estimate of Quality control materials to be provided should take into account the frequency and the number of run per day.		
	Sampling System		
2.2.6	Positive sample identification is required. Vendor should ensure that the analyzers are able to accept barcode formats used by the Laboratory Information System.		
2.2.7	All analyzers should have closed-tube sampling capability for minimum operator handling.		
2.2.8	Level sensing for primary sample tubes (between 1ml and 4ml) is required and preferably compatible with present tubes currently in use. Describe the method for identifying tubes/specimen that do not (or cannot) have barcodes.		
3.0	**SERVICE AND AFTER SALES SUPPORT**		

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
3.1	All reagent test kits / consumables supplied throughout this tender shall have a minimum expiry date of six (6) **months 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.	
3.2	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.	
3.3	Staggered delivery every 3 months period directly to the User.	
3.4	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 2. Leakage upon delivery 3. Items stored pre-delivery not in accordance to manufacturer's instructions 4. Expiry date not meeting requirement	
3.5	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: 1. Tampered or damaged packaging 2. Evident of leakage or damaged products 3. Expired products that are evidently less than the requirement mentioned in para 4.1 calculated from delivery date 4. Leakage upon delivery	
3.6	Vendor shall submit samples of the offered items directly to the Users no later than 7 days after the Closing Date of this advertisement or as required by the Users.	
3.7	Please supply details of the arrangement for 24-hour service support. There should preferably be remote diagnostic facility available. This should include the number of engineers and application specialist, their qualification/training with the system, response time during office hours, after office hours, weekdays and weekends.	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
3.8	The supplier SHALL be responsible for the preventive maintenance (Weekly, Monthly, and Quarterly as needed) and breakdown maintenance of the analyzers. Any breakdown should be quickly attended to within 2 hours.	
3.9	A copy of service report must be submitted to the laboratory whenever service work is done on the instrument.	
3.10	Spare parts SHALL be supplied by the supplier should any replacement is required during preventive and breakdown maintenance.	
3.11	Vendor shall aid the user with verification of a comprehensive methods performance for all of the tests listed above including, but not limited to, precision, accuracy, linearity, sensitivity, specificity, carryover, limit of detection or as required by the User depending on the nature of testing. Report of the verification study shall be submitted to the User for approval by the Director of Laboratory Services.	
3.12	In the event of test results cannot be produced due to equipment failure or unavailable reagent supplies within the specified turnaround time, the vendor shall arrange and bear all costs for analysis of tests to an accredited laboratory (ISO 15189).	
3.13	Vendor should provide enough external storage device which can be used as data backup system for patient data from the analyzers.	
4.0	**ENVIRONMENTAL AND INFRASTRUCTURE REQUIREMENTS**	
4.1	The system shall occupy space not more than the present system in the laboratory. If any renovation (electrical and/or environmental) is required, costs shall be borne by Vendor.	
4.2	Should any renovation is required, Vendor shall comply with the Ministry's procedure for infection control risk assessment (ICRA), implementation and monitoring as set out in the document titled Construction and/or Renovation, Maintenance, Repair and Demolition in the Health Care Setting.	
4.3	Power and water requirements: No or low water consumption. If water is required, state how much and what purity, with provision of water purification system included. Please provide specification for power requirement. All costs for installing electrical and water requirements shall be borne by the Vendor. All the electrical wires shall be covered with PVC trunk properly for safety precautions.	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
4.4	Temperature and humidity requirement: preferably 22 – 28 ^{o}C and up to 80% relative humidity.	
4.5	Floor area and drainage requirements: preferably adaptable to present facilities.	
4.6	Heat and noise generation: preferably less than 7,000 BTU per unit and ≤ 65 dBA at the front of the unit while at full operation.	
4.7	Low generation of hazardous chemical or biological waste.	
4.8	If biological liquid waste is generated, the supplier shall provide the following for suitable waste containers; i. Two waste containers shall be capped, have an inlet and outlet, easy to handle and do not hold more than 15L of liquid waste ii. When the production of waste liquid is more than 15L/day, a direct waste pipe shall be installed. A pre-dilution container shall be provided with easy access to add disinfectant and dispose of waste liquid. A preventive pipe shall be installed to prevent overflowing liquid waste from the waste containers Proper guidelines to disinfect the liquid waste that is acceptable to ISO 15189 shall be provided	
4.9	The successful vendor shall keep the area behind of the equipment tidy and clean at all times. All wires and cables shall be properly covered using PVC trunk, flexible wire and cable cover or equivalent that is acceptable to the laboratory.	
5.0	**MISCELLANEOUS**	
6.0	**LITERATURE**	
6.1	To supply one (1) CD or one (1) set of hard copy of the Operating Manual and Service Manual including circuit diagrams of the equipment shall be provided upon commissioning.	
6.2	To supply the laboratory with one (1) set of Material Safety Data Sheet (MSDS)	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
6.3	To supply hardcopy of maintenance log with list of details of daily, weekly or scheduled maintenance	
7.0	**TRAINING -** Training shall be provided, at no additional cost, as follows:	
7.1	On-site training for ALL staff members expected to handle the machine. Please ensure that adequate time is allocated such that training will take place in small groups to minimize staff shortage in the laboratory.	
7.2	Certificate of competence is to be issued to all trainees after completion of training.	
7.3	The successful tenderer needs to ensure the key users are updated on any relevant information related to the laboratory testing. They shall provide ONE off-site training for two (2) key users per year of contract. All expenses for attending the training shall be borne by the vendor; full registration, air ticket, daily allowance, accommodation, transport to and from the airport and place of training. Training may be in the form of operator's training, workshop, congress, international conference including 3rd-party conference, or other forms of training that is deemed appropriate and relevant	
7.4	Inviting speakers from overseas to give talks or presentations to the users on topics related to the laboratory testing as part of users' continuous education. Certificate of attendance is to be issued to all trainees after completion of training	
8	**FINANCIAL AGREEMENT**	
8.1	A rental agreement is required over a period of five (5) years for the provision of the reagent kits as per estimated total costs for this contract. However, contract agreement shall be terminated when total expenditures of supplies exceed the estimated total costs regardless of five (5) years contract.	
8.2	Supply of the test kit including reagents, consumables and accessories is based on the number of kits required in the Purchase Order according to an agreed schedule period.	
8.3	Buffer stock of the test kit including reagents, consumables and accessories should be available at the local representative as contingency.	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
8.4	The equipment supplied should include reagents, consumables, calibrators, maintenance record sheet, maintenance cleaning kit and quality control for initially setting up of the instruments.	
8.5	Should there be any discontinuity of reagents due to non-compliance in the manufacturing of reagents; the vendor must be able to provide an alternative so that the test requests are still available for the customers.	
8.6	All costs incurred for the supply and delivery of test kit including reagents, consumables and accessories, equipment and other accessories required by the tender will be borne by the successful vendor.	
8.7	**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 department. 2. When the item(s) set out in this tender is/are no longer required by the laboratory or the Department. 3. 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 (*Lembaga Tawaran Kecil*).	
9	**DELIVERY PERIOD:** Preferably 4 – 8 weeks and no later than 12 weeks after issue of Purchase Order	**(Yes / No)** **(If No, please specify)**
10	**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).	

* 6 months validity required for <$50K or 12 months for >$50K

NO.	GENERAL SPECIFICATIONS	VENDOR'S OFFER
A	**Model & Brand**	
B	**Country of Origin**	
C	**Total Price Per Test (CIF): B$**	
D	**Price Ranking:**	(leave blank)
E	**Where marketed**	
F	**Year of Manufacture**	
G	**Warranty:**	
H	**Delivery Time:**	
I	**Power Requirements:**	
J	**Battery Back-up:**	
K	**International Safety Standard:**	

NO.	GENERAL SPECIFICATIONS	VENDOR'S OFFER
L	**Technical Support:**	
M	**Equipment Whole Life Support**	
N	**Dimensions (WxHxD) cm:**	
O	**Weight (kg):**	
P	**User Manuals**	
Q	**Service Manuals**	
R	**Spare-parts & Consumables Listing**	
S	**Technical Training On-Site:**	
T	**Site Requirements:**	

*To all participating companies, please fill in the table above along with your other documents during submission of tender.

1. We offer and undertake on your acceptance of our Tender to supply and deliver the above mentioned goods 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 **TWELVE (12)** 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_____

_____ Tenderer's official stamp:

[Signature of authorised officer of Tenderer]

Name:

Designation:

SCHEDULE 2 - 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:

- *Supply & Delivery Of Laboratory Equipment, Test Kits and Consumables.*

(d) Other information which is considered relevant

SCHEDULE 3 – SUB-CONTRACTS

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

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

SCHEDULE 4 – COMPANY'S BACKGROUND

4.1 Each of the companies involved in this tender, including Contractor and sub-contractor(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 (as the case may be).

SCHEDULE 5 – REFERENCES

5.1 Tenderers shall submit a list of customers in Table 5.1 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

Customer Name and Address	Customer Type (Govt or Quasi Govt)*	Contact Person	Title	Contact Number, Fax Number and E-mail Address

***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.**

5.2 The Ministry of Health shall treat all the information submitted under this schedule in strict confidence.

5.3 The Ministry of Health reserves the right to contact the references for tender assessment purposes.

SCHEDULE 6 - SUBMISSION OF SAMPLE

6.1 Tenderers shall submit the Submission of Sample form below in respect of the items specified in this tender.

6.2 Samples of the items to be submitted shall be:

a) identical in packing and manufacture to the items to be offered by the Tenderer; and

b) marked with the corresponding item number of the tender.

SUBMISSION OF SAMPLE FORM

To:

TENDER REFERENCE NO: KK/64/2024/LAB(TC)

INVITATION TO TENDER
TO SUPPLY AND DELIVER COAGULATION REAGENTS WITH EQUIPMENT RENTAL FOR NATIONAL HAEMATOLOGY REFERENCE LABORATORY, RIPAS HOSPITAL, PMMPMHAMB HOSPITAL LABORATORY, SSB HOSPITAL LABORATORY AND PIHM HOSPITAL LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE

SUBMISSION OF SAMPLE FORM OF (*NAME OF TENDERER*)

NO.	TEST/REAGENT NAME	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with ✕)	OFFERED/ NOT OFFERED (indicate as appropriate)
1	PROTHROMBIN TIME (PT) REAGENTS, RECOMBIPLASTIN 2G (20ML)			
1A	RIPAS HOSPITAL LAB			
1B	SSB HOSPITAL LAB			
1C	PMMPMHAMB HOSPITAL LAB			
1D	PIHM HOSPITAL LAB			
2	ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT) REAGENTS			
2A	RIPAS HOSPITAL LAB			
2B	SSB HOSPITAL LAB			
2C	PMMPMHAMB HOSPITAL LAB			
2D	PIHM HOSPITAL LAB			
3	D-DIMER			
3A	RIPAS HOSPITAL LAB			
3B	SSB HOSPITAL LAB			
3C	PMMPMHAMB HOSPITAL LAB			

NO.	TEST/REAGENT NAME	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with ✕)	OFFERED/ NOT OFFERED (indicate as appropriate)
3D	PIHM HOSPITAL LAB			
4	FIBRINOGEN			
5	THROMBIN TIME (TT)			
6A	LUPUS ANTICOAGULANT SCREEN			
6B	LUPUS ANTICOAGULANT CONFIRM			
7	ANTITHROMBIN			
8	PROTEIN C			
9	PROTEIN S (FREE)			
10A	VON WILLEBRAND FACTOR			
10B	VON WILLEBRAND FACTOR ACTIVITY/ RICOF			
11	FACTOR VIII ASSAY			
12	FACTOR IX ASSAY			
13	ANTI-XA ASSAY			
14	DIRECT THROMBIN INHIBITOR ASSAY			
15**	CONTROLS AND OTHER ADDITIONAL REAGENTS			
15A	PT QUALITY CONTROL Normal Control Assayed Low Abnormal Control Assayed High Abnormal Control Assayed			
15B	APTT QUALITY CONTROLS Normal Control Assayed Low Abnormal Control Assayed High Abnormal Control Assayed			
15C	D-DIMER QUALITY CONTROLS			
15D	SPECIAL TEST CONTROL: SPECIAL TEST LEVEL 1 SPECIAL TEST LEVEL 2			
15E	LUPUS ANTICOAGULANT NEGATIVE CONTROL			

NO.	TEST/REAGENT NAME	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with ✕)	OFFERED/ NOT OFFERED (indicate as appropriate)
15F	LUPUS ANTICOAGULANT POSITIVE CONTROL			
15G	LMW HEPARIN CONTROL			
15H	RIVAROXABAN CONTROL			
15I	APIXABAN CONTROL			
15J	UF HEPARIN CONTROL			
15K	DABIGATRAN CONTROL			
15L	CALIBRATION PLASMA			
15M	HEPARIN CALIBRATORS			
15N	RIVAROXABAN CALIBRATORS			
15O	APIXABAN CALIBRATORS			
15P	DABIGATRAN CALIBRATORS			
15Q	D-DIMER CALIBRATORS			
16**	CONSUMABLES/ACCESSORIES			
16A	CUVETTE STRIPS			
16B	RINSE SOLUTION			
16C	CLEANING SOLUTION			

We understand as stated in the Instructions to Tenderers that Tenders without samples shall not be considered.

_____ Tenderer's official stamp:
[signature of authorized officer of Tenderer]
Name:
Designation:
Date:

FOR OFFICE USE

Date of receipt : _____

Receiving Officer : _____