

REFERENCE OF TENDER	DESCRIPTION OF TENDER	TIME PERIOD OF TENDER	DEPARTMENT/ DIVISION/UNIT REQUESTING TENDER	FEES	CLOSING DATE NOT LATER THAN 2.00PM	FOCAL PERSON
KK/168/2024/LAB(TC)	THE PROVISION OF OUTSOURCING CLINICAL MOLECULAR LABORATORY TESTS FOR NATIONAL REFERENCE HAEMATOLOGY LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE(3) YEARS USAGE	3 YEARS	DEPARTMENT OF LABORATORY SERVICES	\$50.00	27 TH AUG 2024	<p><i>Aimi Diyana binti Haji Gapor</i> <i>National Haematology Reference Laboratory</i> <i>Department of Laboratory Services</i> <i>Ministry of Health</i> <i>Negara Brunei Darussalam</i> <i>email:</i> <i>aimidiyana.gapor@moh.gov.bn</i></p>

NOMBOR TAWARAN: KK/168/2024/LAB(TC)

**KEMENTERIAN KESIHATAN
NEGARA BRUNEI DARUSSALAM**

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

YURAN TAWARAN: \$50.00

NOMBOR RESIT :

TARIKH TUTUP : HARI SELASA, 27HB OGOS 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/168/2024/LAB(TC)

INVITATION TO TENDER

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

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE/YEAR
1	DNA Fragment Analysis for NUS samples (Test for DNA fragment analysis for AML/ALL Panel done in NUS)	test	10
2	Chromosomal Microarray Assay CMA (Amniotic Fluid)	test	1
3	FLOW (FLOW2/3)	test	5
4	GATA2 Myeloid Tumour Panel	test	1
5	HLA B51	test	1
6	Kleihauer Test	test	1
7	NICE BASIC	test	50
8	NICE LITE	test	10
9	NICE TWIN	test	10
10	NICE PREMIUM	test	5
11	MOLECULAR Centonephro Panel	test	1
12	MOLECULAR CAKUT Panel	test	1

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE/YEAR
13	MOLECULAR Cornelia Delange Syndrome	test	1
14	MOLECULAR Comprehensive Cardiac Screening	test	50
15	MOLECULAR Imperfecta & Bone Fragility Test	test	5
16	MOLECULAR Nephrotic FSGS Panel	test	1
17	MOLECULAR MODY Panel	test	5
18	MOLECULAR Very Long Chain Fatty Acid	test	3
19	MOLECULAR Spinal Muscular Atrophy	test	2
20	MOLECULAR Whole Genome Sequencing	test	1
21	MOLECULAR Whole Genome Sequencing (Prenatal)	test	1
22	Genetic Counselling	test	2
23	Processing Fee for NUS (when full test unable to be completed but DNA/RNA had been processed and extracted).	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 border="1" data-bbox="272 824 1404 887"> <thead> <tr> <th data-bbox="272 824 501 887">Name of tests</th> <th data-bbox="501 824 729 887">Sample type</th> <th data-bbox="729 824 956 887">No of tube required</th> <th data-bbox="956 824 1174 887">Performing Lab</th> <th data-bbox="1174 824 1404 887">TAT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </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 NHRL 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 border="1" data-bbox="272 1104 1404 1167"> <thead> <tr> <th data-bbox="272 1104 501 1167">Name of the Laboratory</th> <th data-bbox="501 1104 697 1167">Address of the Laboratory</th> <th data-bbox="697 1104 1007 1167">Accreditation/ License Number</th> <th data-bbox="1007 1104 1404 1167">Date of expiry of Accreditation/ License</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </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: <table border="1" data-bbox="272 1267 1404 1480"> <thead> <tr> <th data-bbox="272 1267 384 1480">Name of the tests</th> <th data-bbox="384 1267 555 1480">Name and address of performing laboratory</th> <th data-bbox="555 1267 719 1480">Method / Technique used</th> <th data-bbox="719 1267 916 1480">Specimen requirement (Including special instruction and type of tube used)</th> <th data-bbox="916 1267 1150 1480">Storage, transport and temperature requirements- (Including sensitive tests)</th> <th data-bbox="1150 1267 1404 1480">Maximum time required for submission of report to the Laboratory (Turn-around-time TAT)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </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)						
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 at no extra charges. Vendor shall inform the Department in writing of any changes to agreed testing laboratories and must first be agreed by the end user.												
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.												

NO.	SPECIFICATIONS AND REQUIREMENTS
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 following international safety standards.
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	Three (3) copies of test reports shall be provided out of which two (2) copies should be sent to NHRL of the Laboratory Services and the third 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. 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 (<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).

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

DELIVERY PERIOD AFTER PO ISSUED	Not applicable	
Lab/Section/Unit	NATIONAL HAEMATOLOGY REFERENCE LABORATORY (NHRL)	
Lab/Section/Unit Ref No.:	DLS/PU/HAE/2023/28 SSA V2	
Person to Contact	Name : Aimi Diyana Binti Haji Gapor	
	E-mail : aimidiyana.gapor@moh.gov.bn	
	Tel. No. : 2242424 ext. 6045	Fax No.: 2220869
FOR ADMINISTRATION USE ONLY		
PPM/PROC Ref. No.	PPM/PROC/2023/>50K/039(HAE)	
Advertisement Ref. No.		Date:

SECTION 3
FORMS TO BE USED

CONTENTS

SCHEDULE 1 - TENDER FORM

SCHEDULE 2 - INFORMATION SUMMARY

SCHEDULE 3 - SUB-CONTRACTS

SCHEDULE 4 - COMPANY BACKGROUND

SCHEDULE 5 - REFERENCES

SCHEDULE 6 - SUBMISSION OF SAMPLE

SCHEDULE 7 - LETTER OF DECLARATION

SCHEDULE 1
TENDER FORM

To:

TENDER REFERENCE NO: KK/168/2024/LAB(TC)

INVITATION TO TENDER

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

TENDER OF (*name of tenderer*) _____

Company/Business Registration No _____

Tender Closing Date _____

DELIVERY PERIOD	
------------------------	--

NO.	USER'S REQUIREMENTS			VENDOR'S OFFER					
	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	DNA Fragment Analysis for NUS samples (Test for DNA fragment analysis for AML/ALL Panel done in NUS)	TEST	10						
2	Chromosomal Microarray Assay CMA (Amniotic Fluid)	TEST	1						

NO.	USER'S REQUIREMENTS			VENDOR'S OFFER					
	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	FLOW (FLOW2/3)	TEST	5						
4	GATA2 Myeloid Tumour Panel	TEST	1						
5	HLA B51	TEST	1						
6	Klehaiuer Test	TEST	1						
7	NICE BASIC	TEST	50						
8	NICE LITE	TEST	10						
9	NICE TWIN	TEST	10						
10	NICE PREMIUM	TEST	5						
11	MOLECULAR Centonephro Panel	TEST	1						
12	MOLECULAR CAKUT Panel	TEST	1						
13	MOLECULAR Cornelia Delange Syndrome	TEST	1						
14	MOLECULAR Comprehensive Cardiac Screening	TEST	50						

NO.	USER'S REQUIREMENTS			VENDOR'S OFFER					
	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\$)
15	MOLECULAR Imperfecta & Bone Fragility Test	TEST	5						
16	MOLECULAR Nephrotic FSGS Panel	TEST	1						
17	MOLECULAR MODY Panel	TEST	5						
18	MOLECULAR Very Long Chain Fatty Acid	TEST	3						
19	MOLECULAR Spinal Muscular Atrophy	TEST	2						
20	MOLECULAR Whole Genome Sequencing	TEST	1						
21	MOLECULAR Whole Genome Sequencing (Prenatal)	TEST	1						
22	Genetic Counselling	TEST	2						
23	Processing Fee for NUS (when full test unable to be completed but DNA/RNA had been processed and extracted).	TEST	1						
TOTAL PRICE (B\$)									

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 border="1" data-bbox="280 847 1426 906"> <thead> <tr> <th data-bbox="280 847 510 906">Name of tests</th> <th data-bbox="510 847 734 906">Sample type</th> <th data-bbox="734 847 965 906">No of tube required</th> <th data-bbox="965 847 1196 906">Performing Lab</th> <th data-bbox="1196 847 1426 906">TAT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </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 NHRL 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 border="1" data-bbox="280 1129 1426 1189"> <thead> <tr> <th data-bbox="280 1129 497 1189">Name of the Laboratory</th> <th data-bbox="497 1129 712 1189">Address of the Laboratory</th> <th data-bbox="712 1129 1016 1189">Accreditation/ License Number</th> <th data-bbox="1016 1129 1426 1189">Date of expiry of Accreditation/ License</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </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: <table border="1" data-bbox="280 1289 1426 1383"> <thead> <tr> <th data-bbox="280 1289 394 1383">Name of the tests</th> <th data-bbox="394 1289 562 1383">Name and address of performing</th> <th data-bbox="562 1289 734 1383">Method / Technique used</th> <th data-bbox="734 1289 936 1383">Specimen requirement (Including</th> <th data-bbox="936 1289 1173 1383">Storage, transport and temperature</th> <th data-bbox="1173 1289 1426 1383">Maximum time required for submission of</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name of the tests	Name and address of performing	Method / Technique used	Specimen requirement (Including	Storage, transport and temperature	Maximum time required for submission of							
Name of the tests	Name and address of performing	Method / Technique used	Specimen requirement (Including	Storage, transport and temperature	Maximum time required for submission of									

NO.	SPECIFICATIONS AND REQUIREMENTS						VENDOR'S OFFER (PLEASE STATE)
		laboratory		special instruction and type of tube used)	requirements- (Including sensitive tests)	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 at no extra charges. Vendor shall inform the Department in writing of any changes to agreed testing laboratories and must first be agreed by the end user.						
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 following international safety standards.						
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.						

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
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	Three (3) copies of test reports shall be provided out of which two (2) copies should be sent to NHRL of the Laboratory Services and the third copy should be enclosed with the monthly 'Laboratory Service Summary" and invoice for audit and financial purpose.	
24	<p>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:</p> <ol style="list-style-type: none"> 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. 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 (<i>Lembaga Tawaran Kecil</i>). 	
25	<p>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).</p>	

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

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 _____

[Signature of authorised officer of Tenderer]

Name:

Designation:

Tenderer's official stamp:

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/168/2024/LAB(TC)

INVITATION TO TENDER

THE PROVISION OF OUTSOURCING CLINICAL MOLECULAR LABORATORY TESTS FOR NATIONAL REFERENCE HAEMATOLOGY LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEAR 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	DNA Fragment Analysis for NUS samples (Test for DNA fragment analysis for AML/ALL Panel done in NUS)			
2	Chromosomal Microarray Assay CMA (Amniotic Fluid)			
3	FLOW (FLOW2/3)			
4	GATA2 Myeloid Tumour Panel			
5	HLA B51			
6	Kleihauer Test			
7	NICE BASIC			
8	NICE LITE			
9	NICE TWIN			
10	NICE PREMIUM			
11	MOLECULAR Centonephro Panel			
12	MOLECULAR CAKUT Panel			
13	MOLECULAR Cornelia Delange Syndrome			
14	MOLECULAR Comprehensive Cardiac Screening			
15	MOLECULAR Imperfecta & Bone Fragility Test			
16	MOLECULAR Nephrotic FSGS Panel			
17	MOLECULAR MODY Panel			

NO.	TEST/REAGENT NAME	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with ✕)	OFFERED/ NOT OFFERED (indicate as appropriate)
18	MOLECULAR Very Long Chain Fatty Acid			
19	MOLECULAR Spinal Muscular Atrophy			
20	MOLECULAR Whole Genome Sequencing			
21	MOLECULAR Whole Genome Sequencing (Prenatal)			
22	Genetic Counselling			
23	Processing Fee for NUS (when full test unable to be completed but DNA/RNA had been processed and extracted).			

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 : _____