

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/227/2024/LAB(TC)	TO SUPPLY AND DELIVER LABORATORY TEST KITS FOR BLOOD GROUPING AND PHENOTYPING TEST FOR BLOOD TRANSFUSION LABORATORY OF BLOOD DONATIONN CENTRE AND DISTRICT HOSPITAL LABORATORIES, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE(3) YEARS	3 YEARS	DEPARTMENT OF LABORATORY SERVICES	\$30.00	29 TH OCT 2024	<p>Ken Teo Shyh Kheng Blood Donation Centre/National Blood Transfusion Reference Laboratory Department of Laboratory Services Ministry of Health Negara Brunei Darussalam Contact No: 2242424 ext: 6622 email: shyhkheng.teo@moh.gov.bn</p>

NOMBOR TAWARAN: KK/227/2024/LAB(TC)

**KEMENTERIAN KESIHATAN
NEGARA BRUNEI DARUSSALAM**

**TO SUPPLY AND DELIVER LABORATORY TEST KITS FOR BLOOD
GROUPING AND PHENOTYPING TEST FOR BLOOD TRANSFUSION
LABORATORY OF BLOOD DONATION CENTRE AND DISTRICT
HOSPITAL LABORATORIES, DEPARTMENT OF LABORATORY
SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE(3)
YEARS**

YURAN TAWARAN: \$30.00

NOMBOR RESIT :

TARIKH TUTUP : HARI SELASA, 29HB OKTOBER 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/227/2024/LAB(TC)

INVITATION TO TENDER

TO SUPPLY AND DELIVER LABORATORY TEST KITS FOR BLOOD GROUPING AND PHENOTYPING TESTS FOR BLOOD TRANSFUSION LABORATORY OF BLOOD DONATION CENTRE AND DISTRICT HOSPITAL LABORATORIES, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS

DELIVERY PERIOD	4-8 WEEKS AND NO LONGER THAN 12 WEEKS
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NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR
A	ABO BLOOD GROUP SYSTEM		
1	Anti-A Monoclonal IgM Antibody for Tube Test	10 x 10 ml	8 Kits
2	Anti-B Monoclonal IgM Antibody for Tube Test	10 x 10 ml	8 Kits
3	Anti-AB Monoclonal IgM Antibody for Tube Test	10 x 10 ml	4 Kits
4	A2 RED CELL SUSPENSION 3% For ABO reverse grouping	1 x 10 ml	10 Kits
5	Anti-A1 LECTIN For determination of A subgroups	1 x 5 ml	3 Kits
B	RH BLOOD GROUP SYSTEM		
6	Anti-D Monoclonal IgG And IgM Antibodies, DVI- for Tube Test	10 x 10 ml	8 Kits
7	Anti-C Monoclonal IgM Antibody	1 x 5 ml	1 Kit
8	Anti-C^w Monoclonal IgM Antibody	1 x 5 ml	2 Kits
9	Anti-c Monoclonal IgM Antibody	1 x 5 ml	1 Kit
10	Anti-E Monoclonal IgM Antibody	1 x 5 ml	1 Kit
11	Anti-e Monoclonal IgM Antibody	1 x 5 ml	1 Kit
12	RHESUS CONTROL For Rh D control	10 x 10 ml	2 Kits

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR
C	KELL BLOOD GROUP SYSTEM		
13	Anti-K Monoclonal IgM antibody	1 x 5 ml	2 Kits
14	Anti-k Monoclonal IgG antibody	1 x 5 ml	2 Kits
15	Anti-Kp^a Polyclonal antibody	1 x 2 ml	2 Kits
16	Anti-Kp^b Polyclonal antibody	1 x 2 ml	2 Kits
D	DUFFY BLOOD GROUP SYSTEM		
17	Anti-Fy^a Polyclonal antibody	1 x 5 ml	3 Kits
18	Anti-Fy^b Monoclonal IgM antibody	1 x 5 ml	3 Kits
E	KIDD BLOOD GROUP SYSTEM		
19	Anti-Jk^a Monoclonal IgM antibody	1 x 5 ml	4 Kits
20	Anti-Jk^b Monoclonal IgM antibody	1 x 5 ml	4 Kits
F	LEWIS BLOOD GROUP SYSTEM		
21	Anti-Le^a Monoclonal antibody	1 x 5 ml	5 Kits
22	Anti-Le^b Monoclonal antibody	1 x 5 ml	5 Kits
G	P BLOOD GROUP SYSTEM		
23	Anti-P1 Monoclonal IgM antibody	1 x 5 ml	2 Kits
H	MNS BLOOD GROUP SYSTEM		
24	Anti-M Monoclonal IgG antibody	1 x 5 ml	4 Kits
25	Anti-N Monoclonal IgG antibody	1 x 5 ml	2 Kits
26	Anti-S Polyclonal antibody	1 x 5 ml	4 Kits
27	Anti-s Polyclonal antibody	1 x 5 ml	3 Kits
28	Anti-Mia Monoclonal IgG antibody	1 x 3ml	5 Kits

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR
I	H BLOOD GROUP SYSTEM		
29	Anti-H Monoclonal IgM antibody	1 x 5 ml	2 Kits
J	IAT/DAT REAGENTS		
30	ANTI-HUMAN GLOBULIN (AHG) (Green colour): Anti-IgG, anti-C3d For direct and indirect antiglobulin test	1 x 10 ml	12 Kits
31	Anti-IgG Monospecific AHG	10 x 10 ml	1 Kit
32	Anti-C3d Monospecific AHG	1 x 3 ml	1 Kit

NO.	SPECIFICATIONS AND REQUIREMENTS
1	All reagent test kits supplied throughout this tender <u>shall</u> have a minimum expiry date of six (6) months on delivery . Should the reagent 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.
2	The test procedure for each reagent is completed in a short period of time (less than one hour).
3	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	Product inserts and MSDS should be provided to the User.
5	International markings: products must be CE marked or equivalent standards that are acceptable to the users.
6	Delivery of consumables should be according to the user schedule (staggered delivery available). Supplier should have other alternative in the case where supplier cannot fulfil the delivery on time.
7	Leaflet, brochure or information related to the named consumables must be attached together with the quotation.
8	User shall have the rights to return any reagent(s), and to be replaced, if found not meeting the acceptance criteria such as, but not limited to, the following: 1. Tampered or damaged packaging 2. Evident of cracks, loose items, damage, soiled, discoloration and abnormality. 3. Items stored pre-delivery and during delivery not in accordance to manufacturer's instructions.
9	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 1 calculated from delivery date 4. Leakage upon delivery
10.0	TRAINING
	Training shall be provided, at no additional cost, as follows:
10.1	On-site training for ALL staff members expected to handle the reagent. Please ensure that adequate time is allocated such that training will take place in small groups to minimize staff shortage in the laboratory.
10.2	Certificate of competence is to be issued to all trainees after completion of training.
10.3	The successful tenderer needs to ensure the key users are updated on any relevant information related to the laboratory testing. They should provide ONE off-site trainings for two (2) key users. 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.
10.4	Successful tenderer shall invite speakers from overseas to give talks or presentations to our local users as part of user training.

NO.	SPECIFICATIONS AND REQUIREMENTS
11	FINANCIAL AGREEMENT
11.1	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.
11.2	Buffer stock of the test kit including reagents, consumables and accessories should be available at the local representative as contingency.
11.3	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.
11.4	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.
12	<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>).
13	<p>DELIVERY PERIOD: Preferably 4-8 weeks after issue of Purchase order not later than 12 weeks</p>
14	<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>

DELIVERY PERIOD AFTER PO ISSUED	Preferably 4-8 weeks after issue of Purchase order not later than 12 weeks		
Lab/Section/Unit	Blood Donation Centre/ National Blood Transfusion Reference Laboratory		
Lab/Section/Unit Ref No.:	DLS/PU/BDC-NBTL/2024/005		
Person to Contact	Name	: Ken Teo Shyh Kheng	
	E-mail	: shyhkheng.teo@moh.gov.bn	
	Tel. No.	: 2242424 ext. 6622	Fax No.:
FOR ADMINISTRATION USE ONLY			
PPM/PROC Ref. No.	PPM/PROC/2024/>50K/022(BDC)		
Advertisement Ref. No.		Date:	

SECTION 3
FORMS TO BE USED

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SCHEDULE 1 - TENDER FORM

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**SCHEDULE 1
TENDER FORM**

To:

TENDER REFERENCE NO: KK/227/2024/LAB(TC)

INVITATION TO TENDER

**TO SUPPLY AND DELIVER LABORATORY TEST KITS FOR BLOOD GROUPING AND PHENOTYPING TESTS FOR BLOOD TRANSFUSION
LABORATORY OF BLOOD DONATION CENTRE AND DISTRICT HOSPITAL LABORATORIES, DEPARTMENT OF LABORATORY SERVICES,
MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS**

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\$)
A	ABO BLOOD GROUP SYSTEM								
1	Anti-A Monoclonal IgM Antibody for Tube Test	10 x 10 ml	8 Kits						

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\$)
2	Anti-B Monoclonal IgM Antibody for Tube Test	10 x 10 ml	8 Kits						
3	Anti-AB Monoclonal IgM Antibody for Tube Test	10 x 10 ml	4 Kits						
4	A2 RED CELL SUSPENSION 3% For ABO reverse grouping	1 x 10 ml	10 Kits						
5	Anti-A1 LECTIN For determination of A subgroups	1 x 5 ml	3 Kits						
B	RH BLOOD GROUP SYSTEM								
6	Anti-D Monoclonal IgG And IgM Antibodies, DVI- for Tube Test	10 x 10 ml	8 Kits						
7	Anti-C Monoclonal IgM Antibody	1 x 5 ml	1 Kit						
8	Anti-C^w Monoclonal IgM Antibody	1 x 5 ml	2 Kits						
9	Anti-c Monoclonal IgM Antibody	1 x 5 ml	1 Kit						
10	Anti-E Monoclonal IgM Antibody	1 x 5 ml	1 Kit						

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\$)
11	Anti-e Monoclonal IgM Antibody	1 x 5 ml	1 Kit						
12	RHESUS CONTROL For Rh D control	10 x 10 ml	2 Kits						
C	KELL BLOOD GROUP SYSTEM								
13	Anti-K Monoclonal IgM antibody	1 x 5 ml	2 Kits						
14	Anti-k Monoclonal IgG antibody	1 x 5 ml	2 Kits						
15	Anti-Kp^a Polyclonal antibody	1 x 2 ml	2 Kits						
16	Anti-Kp^b Polyclonal antibody	1 x 2 ml	2 Kits						
D	DUFFY BLOOD GROUP SYSTEM								
17	Anti-Fy^a Polyclonal antibody	1 x 5 ml	3 Kits						
18	Anti-Fy^b Monoclonal IgM antibody	1 x 5 ml	3 Kits						
E	KIDD BLOOD GROUP SYSTEM								
19	Anti-Jk^a Monoclonal IgM	1 x 5 ml	4 Kits						

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\$)
	antibody								
20	Anti-Jk^b Monoclonal IgM antibody	1 x 5 ml	4 Kits						
F	LEWIS BLOOD GROUP SYSTEM								
21	Anti-Le^a Monoclonal antibody	1 x 5 ml	5 Kits						
22	Anti-Le^b Monoclonal antibody	1 x 5 ml	5 Kits						
G	P BLOOD GROUP SYSTEM								
23	Anti-P1 Monoclonal IgM antibody	1 x 5 ml	2 Kits						
H	MNS BLOOD GROUP SYSTEM								
24	Anti-M Monoclonal IgG antibody	1 x 5 ml	4 Kits						
25	Anti-N Monoclonal IgG antibody	1 x 5 ml	2 Kits						
26	Anti-S Polyclonal antibody	1 x 5 ml	4 Kits						
27	Anti-s Polyclonal antibody	1 x 5 ml	3 Kits						

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\$)
28	Anti-Mia Monoclonal IgG antibody	1 x 3ml	5 Kits						
I	H BLOOD GROUP SYSTEM								
29	Anti-H Monoclonal IgM antibody	1 x 5 ml	2 Kits						
J	IAT/DAT REAGENTS								
30	ANTI-HUMAN GLOBULIN (AHG) (Green colour): Anti-IgG, anti-C3d For direct and indirect antiglobulin test	1 x 10 ml	12 Kits						
31	Anti-IgG Monospecific AHG	10 x 10 ml	1 Kit						
32	Anti-C3d Monospecific AHG	1 x 3 ml	1 Kit						

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
1	All reagent test kits supplied throughout this tender <u>shall</u> have a minimum expiry date of six (6) months on delivery . Should the reagent 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.	
2	The test procedure for each reagent is completed in a short period of time (less than one hour).	
3	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	Product inserts and MSDS should be provided to the User.	
5	International markings: products must be CE marked or equivalent standards that are acceptable to the users.	
6	Delivery of consumables should be according to the user schedule (staggered delivery available). Supplier should have other alternative in the case where supplier cannot fulfil the delivery on time.	
7	Leaflet, brochure or information related to the named consumables must be attached together with the quotation.	
8	User shall have the rights to return any reagent(s), and to be replaced, if found not meeting the acceptance criteria such as, but not limited to, the following: 1. Tampered or damaged packaging 2. Evident of cracks, loose items, damage, soiled, discoloration and abnormality. 3. Items stored pre-delivery and during delivery not in accordance to manufacturer's instructions.	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
9	<p>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:</p> <ol style="list-style-type: none"> 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 1 calculated from delivery date 4. Leakage upon delivery 	
10.0	TRAINING	
	Training shall be provided, at no additional cost, as follows:	
10.1	On-site training for ALL staff members expected to handle the reagent. Please ensure that adequate time is allocated such that training will take place in small groups to minimize staff shortage in the laboratory.	
10.2	Certificate of competence is to be issued to all trainees after completion of training.	
10.3	The successful tenderer needs to ensure the key users are updated on any relevant information related to the laboratory testing. They should provide ONE off-site trainings for two (2) key users. 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.	
10.4	Successful tenderer shall invite speakers from overseas to give talks or presentations to our local users as part of user training.	
11	FINANCIAL AGREEMENT	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
11.1	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.	
11.2	Buffer stock of the test kit including reagents, consumables and accessories should be available at the local representative as contingency.	
11.3	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.	
11.4	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.	
12	<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>). 	
13	<p>DELIVERY PERIOD: Preferably 4-8 weeks after issue of Purchase order not later than 12 weeks</p>	<p>(Yes / No) (If No, please specify)</p>
14	<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>	

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/227/2024/LAB(TC)

INVITATION TO TENDER

TO SUPPLY AND DELIVER LABORATORY TEST KITS FOR BLOOD GROUPING AND PHENOTYPING TESTS FOR BLOOD TRANSFUSION LABORATORY OF BLOOD DONATION CENTRE AND DISTRICT HOSPITAL LABORATORIES, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS

SUBMISSION OF SAMPLE FORM OF (NAME OF TENDERER)

NO.	TEST/REAGENT NAME	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with X)	OFFERED/ NOT OFFERED (indicate as appropriate)
A	ABO BLOOD GROUP SYSTEM			
1	Anti-A Monoclonal IgM Antibody for Tube Test			
2	Anti-B Monoclonal IgM Antibody for Tube Test			
3	Anti-AB Monoclonal IgM Antibody for Tube Test			
4	A2 RED CELL SUSPENSION 3% For ABO reverse grouping			
5	Anti-A1 LECTIN For determination of A subgroups			
B	RH BLOOD GROUP SYSTEM			
6	Anti-D Monoclonal IgG And IgM Antibodies, DVI- for Tube Test			
7	Anti-C Monoclonal IgM Antibody			
8	Anti-C^w Monoclonal IgM Antibody			
9	Anti-c Monoclonal IgM Antibody			
10	Anti-E Monoclonal IgM Antibody			
11	Anti-e Monoclonal IgM Antibody			
12	RHESUS CONTROL For Rh D control			
C	KELL BLOOD GROUP SYSTEM			
13	Anti-K Monoclonal IgM antibody			

NO.	TEST/REAGENT NAME	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with X)	OFFERED/ NOT OFFERED (indicate as appropriate)
14	Anti-k Monoclonal IgG antibody			
15	Anti-Kp^a Polyclonal antibody			
16	Anti-Kp^b Polyclonal antibody			
D	DUFFY BLOOD GROUP SYSTEM			
17	Anti-Fy^a Polyclonal antibody			
18	Anti-Fy^b Monoclonal IgM antibody			
E	KIDD BLOOD GROUP SYSTEM			
19	Anti-Jk^a Monoclonal IgM antibody			
20	Anti-Jk^b Monoclonal IgM antibody			
F	LEWIS BLOOD GROUP SYSTEM			
21	Anti-Le^a Monoclonal antibody			
22	Anti-Le^b Monoclonal antibody			
G	P BLOOD GROUP SYSTEM			
23	Anti-P1 Monoclonal IgM antibody			
H	MNS BLOOD GROUP SYSTEM			
24	Anti-M Monoclonal IgG antibody			
25	Anti-N Monoclonal IgG antibody			
26	Anti-S Polyclonal antibody			
27	Anti-s Polyclonal antibody			
28	Anti-Mia Monoclonal IgG antibody			
I	H BLOOD GROUP SYSTEM			
29	Anti-H Monoclonal IgM antibody			
J	IAT/DAT REAGENTS			
30	ANTI-HUMAN GLOBULIN (AHG) (Green colour): Anti-IgG, anti-C3d For direct and indirect antiglobulin test			
31	Anti-IgG Monospecific AHG			
32	Anti-C3d Monospecific AHG			

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 : _____