

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 2.00PM)	Quotation Fee	Requesting Department	Focal Person
4	PPM/PROC/2022/<50/048(PIHM)	<p><b>TO SUPPLY AND DELIVER LABORATORY TEST KITS (HAEMATOLOGY – ROUTINE) FOR PIHM HOSPITAL LABORATORY SERVICES, DEPARTMENT OF LABORATORY, SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF (NINE (9) MONTHS) (CLUSTERING)</b></p> <p><u>PLACE OF SUBMISSION:</u>            QUOTATION BOX (GROUND FLOOR)            MINISTRY OF HEALTH COMMONWEALTH DRIVE            BANDAR SERI BEGAWAN, BB 3910            NEGARA BRUNEI DARUSSALAM</p>	19/10/2022	05/11/2022	\$5.00	JABATAN PERKHIDMATAN MAKMAL, KEMENTERIAN KESIHATAN.	HAJAH JETY NASRIAH BINTI HAJI ABDULLAH  PIHM HOSPITAL LABORATORY SERVICES  TEL: 5221526 ext 211/123

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

<b>QUOTATION/TENDER REFERENCE NO:</b>	
<b>QUOTATION/TENDER NAME</b>	TO SUPPLY AND DELIVER <b>LABORATORY TEST KITS (HAEMATOLOGY - ROUTINE)</b> FOR PIHM HOSPITAL LABORATORY SERVICES, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF <b>(NINE (9) MONTHS)</b> USAGE. <b>(CLUSTERING)</b>

NO	USER'S REQUIREMENTS			VENDOR'S OFFER					
	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / 9 MONTHS	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKAGING SIZE	TOTAL QUANTITY OFFERED / 9 MONTHS	*COST PER UNIT (B\$)	TOTAL COSTS (B\$)
<b>1</b>	<b>FULL BLOOD COUNT REAGENTS</b>								
<b>1A</b>	CELL PACK DCL	20L	<b>40</b>						
<b>1B</b>	SULFOLYSER	500ML X 3	<b>6</b>						
<b>1C</b>	LYSERCELL WNR	5L X 1	<b>10</b>						
<b>1D</b>	FLUOROCCELL WNR	82ML X 2	<b>6</b>						
<b>2</b>	<b>DIFFERENTIAL COUNT REAGENTS</b>								
<b>2A</b>	LYSERCELL WDF	5L X 1	<b>6</b>						
<b>2B</b>	FLUOROCCELL WDF	42ML X 2	<b>6</b>						
<b>3</b>	<b>RETICULOCYTE COUNT REAGENTS</b>								
<b>3A</b>	CELLPACK DFL	1.0L X 1	<b>18</b>						
<b>3B</b>	FLUOROCCELL RET	12ML X 2	<b>12</b>						
<b>4</b>	<b>CONTROLS (WHOLE BLOOD)</b>								
<b>4A</b>	XN CHECK L1	3.0ML X 1 VIAL	<b>40</b>						
<b>4B</b>	XN CHECK L2	3.0ML X 1 VIAL	<b>40</b>						
<b>4C</b>	XN CHECK L3	3.0ML X 1 VIAL	<b>40</b>						
<b>5</b>	<b>ACCESSORY REAGENTS/ CONSUMABLES</b>								
<b>5A</b>	CELL CLEAN AUTO FOR XN	4ML X 20	<b>30</b>						

NO	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
1	All reagent test kits, controls and accessory reagents/consumables must be compatible to the current <b>Fully Automated Haematology Analyser, Sysmex XN-1000.</b>	
2	All reagent test kits supplied throughout this tender shall have a minimum expiry date of six <b>(6) months on delivery.</b> 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.	
3	All reagents are to be delivered directly to the users.	
4	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.	
4	<b>DELIVERY PERIOD:</b> 4-6 weeks (staggered delivery)	<b>(Yes / No)</b> <b>(If No, please specify)</b>
5	<b>PRICE VALIDITY:</b> The quotation shall remain valid for 6 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).	

DELIVERY PERIOD AFTER PO ISSUED	4-6 weeks (staggered delivery)		
Lab/Section/Unit	PIHM Hospital Laboratory Services		
Lab/Section/Unit Ref No.:	DLS/PU/PIHM/2022/B50K/01		
Person to Contact	Name	: HAJAH JETY NASRIAH BINTI HAJI ABDULLAH	
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PPM/PROC Ref.No.	PPM/PROC/2022/<50K/048(PIHM)		
Advertisement Ref. No.		Date	: