BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 2.00PM)	Quotation Fee	Requesting Department	Focal Person
	DRPS/QTN/161/2022	1. ABSOLUTE ALCOHOL 99.99% ORAL SOLUTION	16/11/2022	022 03/12/2022	\$5.00	JABATAN PERKHIDMATAN FARMASI	
		QUANTITY: 44 x 1 LITRE					
11		2. SODIUM CHLORIDE 3% INTRAVENOUS INFUSION BP x 500ML —					LENNY MARLIANI BINTI HAJI RAMLI PHARMACIST, DRUG TEL: 2393298 EXT
000000000000000000000000000000000000000		QUANTITY: 650 x 28's			A POPPAR ST TO	TAIN INST	228
		PLACE OF SUBMISSION: QUOTATION BOX (GROUND FLOOR) MINISTRY OF HEALTH COMMONWEALTH DRIVE BANDAR SERI BEGAWAN, BB 3910 NEGARA BRUNEI DARUSSALAM					

QTN REF: DRPS/QTN/ 161 /2022

SUPPLY AND DELIVERY OF MEDICINES FOR THE DEPARTMENT OF PHARMACEUTICAL SERVICES

		CONTRACTOR	BRAND	ORIGIN	UNIT PRICE	TOTAL PRICE
1. A	Absolute Alcohol 99.99% for oral solution	44 x 1Litre				
pi ai in	Colpidem 5mg oral solid preparation oreferably scored tablet (to provide artwork of box and digital picture of drug in the event unable to submit physical sample)	650 x 28's				

DELIVERY PERIOD:

First order 2 months, subsequent order ex-stock

DELAY AND LIQUIDATED DAMAGES:

If the Supplier fails or is unable to deliver the Goods or any parts thereof on the Delivery Date within the time specified, the Government shall be entitled, without prejudice to claim from the Supplier by way of liquidated damages for each day of such delay, a sum of equal to one percent (1%) of the price of the Goods as stated in the relevant Purchase Order in respect of the delayed delivery, provided that the total liquidated damages shall not exceed the Purchase Order Price.

PRICE VALIDITY:

The quotation shall remain valid for 6 MONTHS from the final date for the submission of the quotation, during which no supplier may withdraw his/her quotation. Where the price validity differs from that required by the Government i.e. 6 months, the LONGER VALIDITY PERIOD will be taken as the final validity period.

QTN REF: DRPS/QTN/ 161 /2022

SUPPLY AND DELIVERY OF MEDICINES FOR THE DEPARTMENT OF PHARMACEUTICAL SERVICES

		TERMS AND CONDITIONS	
a .	Tenderer must be registered with the Ministry of Health	Acknowledgement:	Company's Official Stamp
b.	Please fill in the QUOTATION FORM completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form may cause DISQUALIFICATION OF QUOTATION	Company Ref. No.: I hereby certify the above quote to be correct. Signature:	
C.	Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF QUOTATION	Name:	
d.	Delivery Period: FIRST ORDER 2 MONTHS, SUBSEQUENT ORDER EX- STOCK	Designation:	
е.	Please do not use TIPPEX for amendment	Date:	
The qu which	EVALIDITY: uotation shall remain valid for 6 MONTHS from the final da no supplier may withdraw his/her quotation. Where the p	rice validity differs from that required by the	

TOTAL AND A TOTAL	Items	Sample Submitted Indicate √	Sample NOT submitted Indicate X	Not offered Indicate -
1/	Absolute Alcohol 99.99% for oral solution	Park Condition in the second	i Proposition de la constantina del constantina de la constantina de la constantina del constantina de la constantina de la constantina del constantin	
2/	Zolpidem 5mg oral solid preparation preferably scored tablet (to provide artwork of box and digital picture of drug in the event unable to submit physical sample)			

We understand as stated in the Terms and Conditions that offers without samples shall not be considered.

Thank you.	

Name:	
Position:	
Company	

Please submit the Form to the Drug Procurement the latest ONE WEEK after closing of Quotation Advertisement.

Please stamp the Form with your company chop.

QTN REF: DRPS/QTN/161/2022

Requirements	Enter Response Here
Presentation	
Vendor is to submit: i. Details of the pack size and packaging offered. ii. Clear colour-printed photo images of the product offered with supplier's / tenderer's official stamp. Photo images must show label details of the primary and secondary packaging including name / brand of item, strength and form / preparation, from all sides/angles. iii. High resolution photo images of the following • For tablets / capsules: • Appearance of individual tablets / capsules; • If the item is in strip pack, the back and front of the strip • For Injections: • Appearance of individual vial / ampoule / syringe	
Minimum of 24 months on receipt unless the item has short expiry (e.g. vaccines) or agreed to be accepted by MoH prior to bringing in the stock. Please indicate the product shelf-life.	
Samples	
Vendor is required to submit sample in untampered original pack including package insert, which must be enclosed during the packaging process at manufacturer level at the point of submission. (For Controlled drugs and Psychotropic drugs see 'Presentation')	

Requirements	Enter Response Here
Certificate of Analysis	And the first street of the st
A copy of the product's Certificate of Analysis (CoA) is to be submitted. A copy of the product's Certificate of Analysis is required to accompany each consignment supplied. The CoA should match the product sample submitted.	
Storage condition	
The storage labelling should be in accordance with ASEAN stability guideline and should be based on the stability evaluation of the drug product.	
Specific temperature for storage condition should be ndicated. Terms such as "ambient conditions", "room emperature" or "does not require any special storage condition" will not be considered unless stability studies are provided.	
New Product	
Where the product offered has never been supplied to the Ministry of Health, Brunei, detailed information (to be provided in electronic copy on CD-ROM) on the product is to be submitted. The information required include, but not limited to, the following:	
(i) Bioequivalence studies (Generic products) and / or Clinical studies	
(ii) Stability studies (iii) Source for raw material / Active pharmaceutical ingredient	
(iv) Source & Certificate of Analysis for finished products (iv) Sales record to local and overseas customers presented as the quantities sold to each country per year	
(v) A copy of the Summary of Product Characteristics/Package Insert (vi) Declaration of source of animal origin and alcohol	
content (if any). (vii) Good Manufacturing Practice (GMP) certificate (viii) Batch release certificate or certificate of origin (for blood products)	
(ix) Certificate of suitability, where applicable	

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Registration with Brunei Darussalam Medicines **Control Authority (BDMCA)** A copy of any of the following: Product Licence Certificate Log of submission for registration of the product Letter of authorization from product licence holder, if applicable Preference will be given to medicinal products already: Registered with the BDMCA. Submitted for registration with the BDMCA. Product currently / previously supplied to Ministry of Health, Brunei Vendor is to submit letter of justification on price increase if the same product has been previous supplied to Ministry of Health from the same supplier / distributor Applicable to product manufactured in Australia (NEW) Vendor is to provide the following: 1. Manufacturer details 2. Source on the manufacturer details 3. If unable to provide no. 1 and 2, hardcopy of declaration letter stating that the principal is responsible to inform/update any drug-related issues (e.g. drug recalls etc.) for the offered product should any reports/issues arise in Australia 4. A copy of Wholesaler's License Certificate of the principal supplying the product. **Local content & Tax Compliance Certificate** Vendor is to provide a copy of the latest content of the company as well as the updated tax compliance certificate, if applicable Cold chain items Vendor is to provide records of temperature readings during shipment until point of delivery at State Medical Store

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	Special requirement For successful tenderer, vendor is to provide a batch release certificate or certificate of origin (for blood products) for every batch and consignment
	Product Registration No. in any of the *reference countries
	Please state if applicable.
	Product which is registered by at least two drug regulatory agencies in any of the reference countries* will be given preference.
	*The reference countries are Australia, Canada, Malaysia, Singapore, United Kingdom, European Union, and the United States of America

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