

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 2.00PM)	Quotation Fee	Requesting Department	Focal Person
1	(46) JPR/QTN/2022	<p align="center">SUPPLY AND DELIVERY OF MEDICAL CONSUMABLE ITEM (ULTRA FILTER U9000) FOR DEPARTMENT OF RENAL SERVICES FOR A PERIOD OF ONE (1) YEAR</p> <p align="center"><u>PLACE OF SUBMISSION:</u> QUOTATION BOX (GROUND FLOOR) MINISTRY OF HEALTH COMMONWEALTH DRIVE BANDAR SERI BEGAWAN, BB 3910 NEGARA BRUNEI DARUSSALAM</p>	27/12/2022	14/01/2023	\$5.00	<p align="center">JABATAN PERKHIDMATAN RENAL, KEMENTERIAN KESIHATAN, BANGUNAN PUSAT DIALISIS RIMBA, JALAN KAMPONG RIMBA, GADONG.</p>	<p align="center">SITI MARDIYAH BINTI HAJI BESAR</p> <p align="center">PMK KETUA PEGAWAI EKSEKUTIF</p> <p align="center">TEL: 2457694 ext. 319</p>

SPECIFICATIONS AND REQUIREMENTS

QUOTATION REFERENCE NO: (46)JPR/QTN/2022

SUPPLY AND DELIVERY OF MEDICAL CONSUMABLE ITEM (ULTRA FILTER U9000) FOR DEPARTMENT OF RENAL SERVICES FOR A PERIOD OF ONE (1) YEAR

ITEM NO.	DESCRIPTION	ESTIMATED ANNUAL USAGE	BUFFER STOCK REQUIRED	PACK SIZE	SHELF LIFE	BRAND OFFERED	UNIT PRICE	TOTAL PRICE
1	<p>ULTRA FILTER U9000</p> <p>Features:</p> <ul style="list-style-type: none"> • Purification of water for dialysis • Preparation of ultrapure dialysis fluid • Preparation of substitution fluid for on-line HDF/HF • High bacterial and endotoxin retention capabilities • Convenient disinfection 	170 units	34 units	Box of 16's	Minimum 1½ years shelf life			

DELIVERY PERIOD:

2 to 4 weeks upon confirmation of Purchase Order or earlier delivery period is preferable

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 the written consent of the suppliers.

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TERMS AND CONDITIONS			
a.	Tenderer must be registered with the Ministry of Health	<i>Acknowledgement:</i> <i>Company Ref. No.:</i> I hereby certify the above quote to be correct. Signature: Name: Designation: Date:	Company's Official Stamp
b.	Please fill in the QUOTATION FORM completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form <u>may</u> cause DISQUALIFICATION OF QUOTATION		
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		
d.	Tenderers shall submit the samples in respect of the items specified in this quotation		
e.	Delivery Period: 2 to 4 weeks upon confirmation of Purchase Order or earlier delivery period is preferable		
f.	Please do not use TIPPEX for amendment		