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/312/2022/LAB(TC)	TO SUPPLY AND DELIVER LABORATORY REAGENTS AND CONSUMABLES FOR USE WITH AUTOMATED MICROBIAL IDENTIFICATION/ANTIBIOTIC SUSCEPTIBILITY TESTING ANALYSER WITH EQUIPMENT RENTAL FOR NATIONAL CLINICAL MICROBIOLOGY REFERENCE LABORATORY AND DISTRICT LABORATORIES, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE	5 YEARS	DEPARTMENT OF LABORATORY SERVICES	$500.00	13th DECEMBER 2022	Jauharatud Dini binti Suhaimi Microbiology Laboratory Department of Laboratory Services Ministry of Health Negara Brunei Darussalam Contact No.: 2242424 EXT 6510 e-mail: dini.suhaimi@moh.gov.bn

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO: KK/312/2022/LAB(TC)

INVITATION TO TENDER
TO SUPPLY AND DELIVER LABORATORY REAGENTS AND CONSUMABLES FOR USE WITH AUTOMATED MICROBIAL IDENTIFICATION/ANTIBIOTIC SUSCEPTIBILITY TESTING ANALYSER WITH EQUIPMENT RENTAL FOR NATIONAL CLINICAL MICROBIOLOGY REFERENCE LABORATORY AND DISTRICT LABORATORIES, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE

DELIVERY PERIOD AFTER PO ISSUED	**8-12 WEEKS AFTER ISSUE OF P.O.**

1. SUPPLY OF REAGENTS

1.1 To supply reagents and associated consumables (calibrators, controls, accessories and consumables) for the tests listed below.

APPENDIX A: SUMMARY OF UNIT PRICE OF REAGENT KIT
(To be completed by Vendor for submission)

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE/YEAR
1	**Gram Negative Identification Cards** • Species-level identification of clinically important Gram-negative bacilli. • Able to identify more than 150 fermentative and non-fermentative Gram-negative bacilli.	**20 CARDS/BOX OR EQUIVALENT**	**15,000 CARDS OR 750 BOXES**
2	**Gram Positive Identification Cards** • Species-level identification of clinically important Gram-positive bacteria. • Able to identify up to 120 Gram-positive pathogens.	**20 CARDS/BOX OR EQUIVALENT**	**3,400 CARDS OR 170 BOXES**

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE/YEAR
3	**Yeast Identification Cards** • Species-level identification of pathogenic yeasts • Able to identify up to 50 yeasts	**20 CARDS/BOX OR EQUIVALENT**	**200 CARDS OR 10 BOXES**
4	**Fastidious Bacteria Identification Cards** • Species-level identification of Neisseria spp., Haemophilus spp., and other fastidious microorganisms. • Able to identifiy more than 25 microorganisms	**20 CARDS/BOX OR EQUIVALENT**	**8 BOXES**
5	**Anaerobic and Coryneform Bacteria Identification cards** • Species-level identification of medically-relevant anaerobic and coryneform bacteria. • Able to identify approximately 90 anaerobic and coryneform bacteria	**20 CARDS/BOX OR EQUIVALENT**	**160 CARDS OR 8 BOXES**
6	**Gram Negative Antibiotic Susceptibility Testing Card A** • To determine the susceptibility of clinically significant aerobic Gram-negative bacilli to antimicrobial agents. • Antimicrobic contents of card: Amoxicillin/Clavulanic Acid, Ampicillin, Ampicillin/Sulbactam, Cefepime, Cefotaxime, Cefoxitin, Ceftazidime, Ceftriaxone, Cefuroxime, Ciprofloxacin, ESBL, Gentamicin, Imipenem, Meropenem, Piperacillin/Tazobactam, Trimethoprim/Sulfamethoxazole	**20 CARDS/BOX OR EQUIVALENT**	**14,000 CARDS OR 700 BOXES**
7	**Gram Negative Antibiotic Susceptibility Testing Card B** • To determine the susceptibility of clinically significant aerobic gram-negative bacilli to antimicrobial agents • Antimicrobic contents of card: Amikacin, Amoxicillin/Clavulanic Acid, Ampicillin, Cefepime, Cefotaxime, Ceftazidime, Cefuroxime, Ciprofloxacin, Ertapenem, ESBL, Gentamicin, Imipenem, Meropenem, Piperacillin/Tazobactam, Trimethoprim/Sulfamethoxazole	**20 CARDS/BOX OR EQUIVALENT**	**100 CARDS OR 5 BOXES**
8	**Gram Negative Antibiotic Susceptibility Testing Card C** • To determine the susceptibility of clinically significant aerobic gram-negative bacilli to antimicrobial agents • Antimicrobic contents of card: Amikacin, Amoxicillin/Clavulanic Acid, Ampicillin,	**20 CARDS/BOX OR EQUIVALENT**	**3,000 CARDS OR 150 BOXES**

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE/YEAR
	Cefazolin, Cefepime, Ceftazidime, Ceftriaxone, Ciprofloxacin, Ertapenem, ESBL, Fosfomycin, Gentamicin, Nitrofurantoin, Piperacillin/Tazobactam, Trimethoprim/Sulfamethoxazole		
9	**Gram Positive Antibiotic Susceptibility Testing Card A** • To determine the susceptibility of Staphylococcus spp., Enterococcus spp., and S. agalactiae to antimicrobial agents. • Antimicrobic contents of card: Ampicillin, Benzylpenicillin, Cefoxitin Screen, Ciprofloxacin, Clindamycin, Erythromycin, Gentamicin, Gentamicin High Level (Synergy), Inducible Clindamycin Resistance, Levofloxacin, Linezolid, Moxifloxacin, Nitrofurantoin, Oxacillin, Quinupristin/Dalfopristin, Rifampicin, Streptomycin High Level (Synergy), Tetracycli96ne, Tigecycline, Trimethoprim/Sulfamethoxazole and Vancomycin	**20 CARDS/BOX OR EQUIVALENT**	**2,400 CARDS OR 120 BOXES**
10	**Gram Positive Antibiotic Susceptibility Testing Card B** • To determine the susceptibility of S. pneumoniae, beta-hemolytic Streptococcus, and Viridans Streptococcus to antimicrobial agents • Antimicrobic contents of card: Ampicillin, Benzylpenicillin, Cefotaxime, Ceftriaxone, Chloramphenicol, Clindamycin, Erythromycin, Gentamicin, Inducible Clindamycin Resistance, Levofloxacin, Linezolid, Moxifloxacin, Rifampicin, Teicoplanin, Tetracycline, Tigecycline, Trimethoprim/Sulfamethoxazole and Vancomycin	**20 CARDS/BOX OR EQUIVALENT**	**300 CARDS OR 15 BOXES**
11	**Yeast Antibiotic Susceptibility Testing card** • To determine the susceptibility of clinically significant yeasts to antifungal agents. • Antimicrobic contents of card: Amphotericin B, Caspofungin, Fluconazole, Flucytosine, Micafungin and Voriconazole.	**20 CARDS/BOX OR EQUIVALENT**	**200 CARDS OR 10 BOXES**
12	**0.45% Saline Bottle** • Prepared saline solution for preparing organism suspension for use with existing microbial ID/AST system. • It should work with the adjustable volume saline dispenser available in the laboratory. • Packaging: 1L per bottle	**12 BOTTLES/BOX OR EQUIVALENT**	**144 BOTTLES OR 12 BOXES**

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE/YEAR
13	**0.45% Saline Bag** • Prepared saline solution for microbial ID/AST card suspension. • No additional dilutions required. • Must work with the Pipettor/Diluter Accessory Kit (item no. 15) • Packaging: 1L per bag	**14 BAGS/BOX OR EQUIVALENT**	**154 BAGS OR 11 BOXES**
14	**Unsensitised tubes** • Clear test tubes for ID and AST tests • Dimension: 12 mm x 75 mm • Tubes must fit nicely in the Densitometer instrument being offered.	**2000 PIECES/BOX OR EQUIVALENT**	**48,000 PIECES OR 24 BOXES**
15	**Pipettor/diluter accessory kit** • Contains pipettor with tubing and transfer pipettes for automated processing of susceptibility cards. • These pipettors automatically dispenses saline into susceptibility tube while pipette straws automatically transfer aliquot of identification suspension into susceptibility suspension • No cross-contamination • Packaging: 350 pipette tips per kit	**350 PIPETTE TIPS/KIT OR EQUIVALENT**	**49,700 PIECES OR 142 KITS**

NO.	SPECIFICATIONS AND REQUIREMENTS
1.0	**PROVISION OF EQUIPMENT**
1.1	Supply, deliver, install and commission free of charge to the government **two (2) rental units of Automated Microbial Identification (ID) with Antibiotic Susceptibility Testing (AST) analysers** to National Clinical Microbiology Reference Laboratory, Raja Isteri Pengiran Anak Saleha Hospital. Fully describe the specifications of the instrument being offered and the component parts. The supplier should be responsible to provide FREE OF CHARGE the necessary consumables for the component parts of the equipments if required.
1.2	Supply, deliver, install and commission free of charge to the government **one (1) rental unit of Automated Microbial Identification (ID) with Antibiotic Susceptibility Testing (AST) compact analyser** to Microbiology Laboratory, Suri Seri Begawan Hospital. Fully describe the specifications of the instrument being offered and the component parts. The supplier should be responsible to provide FREE OF CHARGE the necessary consumables for the component parts of the equipments if required.
1.3	Supply, deliver, install and commission free of charge to the government **three (3) rental units of Automated Portable McFarland Densitometers** to National Clinical Microbiology Reference Laboratory, RIPAS Hospital and **one (1) rental unit of Automated Portable McFarland Densitometer** to Microbiology Laboratory, Suri Seri Begawan Hospital. Fully describe the specifications of the instrument being offered and the component parts. The supplier should be responsible to provide FREE OF CHARGE the necessary consumables for the component parts of the equipments if required.
2.0	**EQUIPMENT SPECIFICATION**
2.1	**Automated Microbial ID/AST Analyser** 1. The system must provide fully automated microbial identification and antibiotic susceptibility testing that provides rapid, reliable and accurate results for clinically relevant bacterial isolates. 2. System must work on colorimetric technology for identification and susceptibility testing. 3. The system must have the capacity to accommodate more than 100 tests (either 100 ID and/or AST tests), at any time. 4. The system has an option for preparation of sample worklist outside the main equipment. 5. Inoculum for AST should be prepared by the equipment and the transfer of cards from one chamber to other should be done by the equipment. 6. The system must have a bar code scanning device for test card identification and specimen number entry.
2.2	**Automated Microbial ID/AST Compact Analyser** 1. The system must provide fully automated microbial identification and antibiotic susceptibility testing that provides rapid, reliable and accurate results for clinically relevant bacterial isolates. 2. System must work on colorimetric technology for identification and susceptibility testing. 3. The system must have the capacity to accommodate a minimum of 60 tests (either 60 ID and/or AST tests), at any time. 4. Inoculum for AST should be prepared by the equipment and the transfer of cards from one chamber to other should be done by the equipment. 5. The system must have a bar code scanning device for test card and specimen number entry. 6. The system shall have a microbiology data management system **(intelligent microbiology middleware)** for data analysis, data backup and data storage as well as statistical report generation to support microbiology laboratory for ID/AST activities, and to enhance lab efficiency. **Intelligent Microbiology Middleware** 1. Web-based access and have at least 2 user licenses.

NO.	SPECIFICATIONS AND REQUIREMENTS
	2. The system shall have operation monitoring dashboards that provide **real-time workload and allow users to enter manual ID/AST results.** 3. The system shall provide rich connectivity with other diagnostic equipments and help manage them through a unified interface. 4. Monitor network with **real-time status alerts & alarms** for all connected systems 5. The system shall have a statistical reporting module that can provide statistical and trending reports based on the data as well as lab efficiency reports. 6. With the statistical reporting modules available, the reports can be generated, when required, from the data information from all connected instruments, from all locations through the middleware.
2.3	**Automated Portable McFarland Densitometer** 1. System should come with an automated portable instrument (comprising of a base with touchscreen interface and a pod) intended for use to measure optical density of a microorganism suspension, where it provides values in McFarland units, proportional to the microorganism concentrations. 2. The pod should have a minimum of four hours of continuous battery life before it requires a charge (if standalone) 3. The instrument automatically enters Power Save mode when a test tube is not inserted into the Pod after the configured amount of time. 4. The base unit of the instrument can be connected to the system's PC to automatically transmit information (McFarland values) via USB, with just a press of the button on the Pod. 5. The instrument should be compatible with the Automated Microbial ID/AST analysers and test cards and should be used to ensure suspensions are within acceptable range. 6. The McFarland reference standards used for calibration of the instrument (before using) should have no expiry date. 7. The instrument shall notify the user if the McFarland value is within or out of range.
3.0	**TECHNICAL SPECIFICATIONS**
3.1	**Automated Microbial ID/AST Analyser** 1. Emission Wavelengths: 660nm, 568nm, 428nm LED (or as relevant to offered equipment) 2. Connections: 2 instruments can be connected to the same PC 3. Vacuum (Filler) Minimum Level: 0.89 PSIA ± 0.06 PSIA 4. Incubator Temperature: 35.5 °C ± 1 °C average 5. Dimensions: 140 x 71 x 67cm (or shall fit existing space) 6. Weight: Maximum 160kg 7. Electrical Requirements: 220 / 240VAC (50-60Hz) 8. Environmental Requirements: Operating ambient temperature range of 20˚C to 30˚C 9. Operating Humidity Range: 20% to 80% 10. Heat Dissipated: 512 BTU/Hr. (nominal) 11. Altitude: up to 2,000m
3.2	**Automated Microbial ID/AST Compact Analyser** 1. Emission Wavelengths: 660nm, 588nm, 428nm LED (or as relevant to offered equipment) 2. Vacuum (Filler) Minimum Level: 0.89 PSIA ± 0.06 PSIA 3. Incubator Temperature: 35.5 °C ± 1 °C average 4. Dimensions: 100 x 71 x 67cm (or shall fit existing space) 5. Weight: Maximum 120kg 6. Electrical Requirements: 220 / 240VAC (50-60Hz) 7. Environmental Requirements: Operating ambient temperature range of 20˚C to 30˚C 8. Operating Humidity Range: 20% to 80% 9. Heat Dissipated: 512 BTU/Hr. (nominal) 10. Altitude: up to 2,000m

NO.	SPECIFICATIONS AND REQUIREMENTS
3.3	**Microbial Identification (ID) Test Card (item no. 1-5)** 1. All ID card must be FDA approved or equivalent, and use the latest technology. 2. Test cards must have pre-applied barcodes for maximum traceability. 3. The identification method used must be based on biochemical reactions (colorimetric or fluorometric) 4. Convenient, safe and self-contained disposable cards with no reagent addition needed. 5. Results for identification of microorganisms can be obtained between 3 to 12 hours. 6. Compatible to be used in the **existing Automated microbial ID/AST compact system** at **Pengiran Muda Mahkota Pengiran Muda Haji Al-Muhtadee Billah Hospital Laboratory.**
3.4	**Antimicrobial Susceptibility Testing (AST) Card (item no. 6-11)** 1. The AST cards are intended for use for the automated quantitative or qualitative susceptibility testing of isolated colonies for most clinically significant organisms such as Gram negative bacilli, Staphylococcus species, Enterococcus species, Streptococcus species, Streptococcus pneumoniae and yeast. 2. All AST cards must be FDA approved or equivalent. 3. Convenient, safe and self-contained disposable cards with no reagent addition needed. 4. Test cards must have pre-applied barcodes for maximum traceability. 5. Compatible to be used in the **existing Automated microbial ID/AST compact system** at **Pengiran Muda Mahkota Pengiran Muda Haji Al-Muhtadee Billah Hospital Laboratory.**
3.5	**Software/Database Application** 1. The software must have the following capabilities: a. Workflow management b. Patient data storage c. Quality control management d. Facilitate in choosing the most appropriate antibiotic by providing accurate fingerprint recognition of bacterial resistance mechanism and phenotypes. e. Customised and selective reporting tool. 2. Equipped with latest database and highly advanced expert system (AES) software for AST of Gram positive bacteria, Gram negative bacteria and yeast. 3. Must contain at least 3000 reference phenotypes, 59,000 MIC distributions and 1540 resistant mechanism to determine the phenotype of the isolate. 4. CLSI guidelines should be input and the database should be upgradeable, both without any charge. 5. EUCAST and CLSI compliant AST formulations available producing MICs based on reference CLSI and ISO MIC methods. 6. The MIC interpretation should be included with at least 3 pre-defined guidelines accepted worldwide. 7. Able to perform therapeutic correction when resistant phenotypes are recognized to ensure therapeutic success. 8. The system software must have the ability to alert to any unusual resistance mechanism. 9. The system must have the ability to check the quality of test results and stop for validation by users. 10. Reports should comprise of the following sections or equivalent: Phenotypes, Therapeutic Interpretations, MIC/Test Differences, Antibiotic Deductions. 10. Able to detect and report: VRE, ESBL, AMPC, MRSA, CRE; Natural resistance.
3.6	**Reagent System** 1. Ready to use reagents and consumables are preferred. 2. State the shelf life of individual reagents and the handlings of short shelf-life reagents. The vendor is to replace any reagents with near expiry dates. 3. To supply with safety data sheet (SDS or MSDS) whenever possible. 4. The products supplied must meet international standard (i.e. CE mark, FDA approved) 5. Tenderers must attach product inserts (describing the types of specimens that can be tested, types of test, methods and etc).

NO.	SPECIFICATIONS AND REQUIREMENTS
	6. Vendor shall provide Certificate of Analysis (CoA) for every batch of reagents and/or consumables delivered.
4.0	**SERVICE AND AFTER SALES SUPPORT**
4.1	All reagent test kits supplied throughout this tender shall 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.
4.2	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.
4.3	Staggered delivery every 3 months period directly to the User.
4.4	User shall have the rights to refuse delivery of items that do not meet the acceptance criteria such as, but not limited to, the following: 1. Tampered or damaged box 2. Leakage upon delivery 3. Items stored pre-delivery not in accordance to manufacturer's instructions 4. Expiry date not meeting requirement
4.5	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 opening a new pack
4.6	Vendor shall submit samples of the offered items directly to the Users no later than 7 days after the Closing Date of this advertisement or as required by the Users.
4.7	Please supply details of the arrangement for 24-hour service support. There should preferably be remote diagnostic facility available. This should include the number of engineers and application specialist, their qualification/training with the system, response time during office hours, after office hours, weekdays and weekends.
4.8	The supplier SHALL be responsible for the preventive maintenance (Weekly, Monthly, and Quarterly as needed) and breakdown maintenance of the analyzers. Any breakdown should be quickly attended to within 2 hours.
4.9	A copy of service report must be submitted to the laboratory whenever service work is done on the instrument.
4.10	Spare parts SHALL be supplied by the supplier should any replacement is required during preventive and breakdown maintenance.
4.11	Vendor shall aid the user with verification of a comprehensive methods performance for all of the tests listed above including, but not limited to, precision, accuracy, linearity, sensitivity, specificity, carryover, limit of detection or as required by the User depending on the nature of testing. Report of the verification study shall be submitted to the User for approval by the Director of Laboratory Services.
4.12	In the event of test results cannot be produced due to equipment failure or unavailable reagent supplies within the specified turnaround time, the vendor shall arrange and bear all costs for analysis of tests to an accredited laboratory (ISO 15189).

NO.	SPECIFICATIONS AND REQUIREMENTS
4.13	Installation, testing, commissioning and on-site end-user training should be done by certified in-house (local) service engineer and application specialist respectively.
4.14	Successful vendor shall provide continuous preventive maintenance as required from the manufacturer's instructions or as per necessary.
4.15	The successful vendor should be authorized and responsible for the preventive maintenance (PPM) for the **existing Automated Microbial ID/AST compact analyser** at PMMPMHAMB Tutong laboratory.
4.16	The supplier should be able to offer full range of technical support and supply spare parts and consumables should any replacement be required to minimize downtime during preventive and breakdown maintenance.
4.17	Successful vendor should provide current/up-to-date software updates whenever there are new updates.
5.0	**ENVIRONMENTAL AND INFRASTRUCTURE REQUIREMENTS**
5.1	The system should occupy space not more than the present system at National Clinical Microbiology Reference Laboratory. If any renovation (electrical and/or environmental) is required, costs will be borne by Vendor.
5.2	The successful vendor must keep the area behind of the equipment tidy and clean at all times. All wires and cables must be properly covered using PVC trunk, flexible wire and cable cover or equivalent that is acceptable to the laboratory.
6.0	**MISCELLANEOUS**
6.1	User-friendly system with minimal daily maintenance
6.2	Vendor to perform validation/verification study of the test kit and provide the report before the kit can be used.
6.3	Vendor to perform the initial test performance validation and/or method comparison of the new rental units as required by ISO 15189. Vendor to ensure the systems pass all the validation studies. Cost of the initial validation studies to be borne by the vendor.
6.4	State the shelf life of individual test reagents and the handlings of short shelf-life reagents (willing to replace those reagents nearer to expiry date if not used up).
6.5	To supply softcopy and one set of hardcopy of the Operating Manual and Service Manual of the equipment shall be provided upon commissioning.
6.6	To assist in relocation of equipment if/when laboratory is relocated.
6.7	To assist in removing equipment at the end of the cycle (reagent rental contract).
7.0	**LITERATURE**
7.1	Vendor to provide validation/verification and method comparison procedures for proper commissioning of all of the equipments.
7.2	Vendor to provide PPM (planned preventive maintenance) schedule for all of the equipments.

NO.	SPECIFICATIONS AND REQUIREMENTS
***8.0**	**TRAINING**
	TRAINING – <u>FOR 5 YEARS TERM CONTRACT</u>
8.1	Training shall be provided, at no additional cost, as follows:
8.2	On-site training for ALL staff members expected to handle the machine. Please ensure that adequate time is allocated such that training will take place in small groups to minimize staff shortage in the laboratory.
8.3	Certificate of competence is to be issued to all trainees after completion of training.
8.4	The successful tenderer needs to ensure the key users are updated on any relevant information related to the laboratory testing. They shall provide **ONE off-site training for two (2) key users per year of contract**. 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.
8.5	Inviting speakers from overseas to give talks or presentations to the users on topics related to the laboratory testing as part of users' continuous education. Certificate of attendance is to be issued to all trainees after completion of training.
9	**FINANCIAL AGREEMENT**
9.1	A rental agreement is required over a period of **five (5) years** for the provision of the reagent kits as per estimated total costs for this contract. However, contract agreement shall be terminated when total expenditures of supplies exceed the estimated total costs regardless of **five (5)** years contract.
9.2	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.
9.3	Buffer stock of the test kit including reagents, consumables and accessories should be available at the local representative as contingency.
9.4	The equipment supplied should include reagents, consumables, calibrators, maintenance record sheet, maintenance cleaning kit and quality control for initially setting up of the instruments.
9.5	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.
9.6	Should there be any new formulation and/or improved performance available for any of the cards, the successful vendor to provide change for the upgraded cards at no additional cost
9.7	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.
9.8	All participating vendors MUST provide sample to the end-user for evaluation if required (either given together with offered quotation or during evaluation).
9.9	**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

NO.	SPECIFICATIONS AND REQUIREMENTS
	or department. 2. 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 (*Lembaga Tawaran Kecil*).
10	**DELIVERY PERIOD:** 8-12 weeks after issue of purchase order
11	**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).

NO.	GENERAL SPECIFICATIONS
A	**Model & Brand**
B	**Country of Origin**
C	**Total Price Per Test (CIF): B$**
D	**Price Ranking:**
E	**Where marketed**
F	**Year of Manufacture**
G	**Warranty:**
H	**Delivery Time:**
I	**Power Requirements:**
J	**Battery Back-up:**
K	**International Safety Standard:**
L	**Technical Support:**
M	**Equipment Whole Life Support**
N	**Dimensions (WxHxD) cm:**
O	**Weight (kg):**
P	**User Manuals**
Q	**Service Manuals**
R	**Spare-parts & Consumables Listing**
S	**Technical Training On-Site:**
T	**Site Requirements:**

*To all participating companies, please fill in the table above along with your other documents during submission of tender.

DELIVERY PERIOD AFTER PO ISSUED	**8-12 WEEKS AFTER ISSUE OF P.O.**	
Lab/Section/Unit	NATIONAL CLINICAL MICROBIOLOGY REFERENCE LABORATORY	
Lab/Section/Unit Ref No.:	DLS/PU/MIC/2022/A50K/08_VITEK2	
Person to Contact	Name :JAUHARATUD DINI SUHAIMI	
	E-mail :DINI.SUIHAIMI@MOH.GOV.BN	
	Tel. No. :2242424 (6510)	Fax No. :
FOR ADMINISTRATION USE ONLY		
PPM/PROC Ref. No.	PPM/PROC/2022/>50K/058(MIC)	
Advertisement Ref. No.		Date :

SECTION 3

FORMS TO BE USED

CONTENTS

SCHEDULE 1

TENDER FORM

To:

TENDER REFERENCE NO: KK/312/2022/LAB(TC)

INVITATION TO TENDER
TO SUPPLY AND DELIVER LABORATORY REAGENTS AND CONSUMABLES FOR USE WITH AUTOMATED MICROBIAL IDENTIFICATION/ANTIBIOTIC SUSCEPTIBILITY TESTING ANALYSER WITH EQUIPMENT RENTAL FOR NATIONAL CLINICAL MICROBIOLOGY REFERENCE LABORATORY AND DISTRICT LABORATORIES, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE

TENDER OF (*name of tenderer*) _____

Company/Business Registration No _____

Tender Closing Date _____

USER'S REQUIREMENTS				**VENDOR'S OFFER**					
NO.	**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	**Gram Negative Identification Cards** • Species-level identification of clinically important Gram-negative bacilli. • Able to identify more than 150 fermentative and non-fermentative Gram-negative bacilli.	**20 CARDS/BOX OR EQUIVALENT**	**15,000 CARDS OR 750 BOXES**						

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO.	**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	**Gram Positive Identification Cards** • Species-level identification of clinically important Gram-positive bacteria. • Able to identify up to 120 Gram-positive pathogens.	**20 CARDS/BOX OR EQUIVALENT**	**3,400 CARDS OR 170 BOXES**						
3	**Yeast Identification Cards** • Species-level identification of pathogenic yeasts • Able to identify up to 50 yeasts	**20 CARDS/BOX OR EQUIVALENT**	**200 CARDS OR 10 BOXES**						
4	**Fastidious Bacteria Identification Cards** • Species-level identification of Neisseria spp., Haemophilus spp., and other fastidious microorganisms. • Able to identifiy more than 25 microorganisms	**20 CARDS/BOX OR EQUIVALENT**	**8 BOXES**						
5	**Anaerobic and Coryneform Bacteria Identification cards** • Species-level identification of medically-relevant anaerobic and coryneform bacteria.	**20 CARDS/BOX OR EQUIVALENT**	**160 CARDS OR 8 BOXES**						

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO.	**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$)**	**TOTAL COSTS (B$)**
	• Able to identify approximately 90 anaerobic and coryneform bacteria								
6	**Gram Negative Antibiotic Susceptibility Testing Card A** • To determine the susceptibility of clinically significant aerobic Gram-negative bacilli to antimicrobial agents. • Antimicrobic contents of card: Amoxicillin/Clavulanic Acid, Ampicillin, Ampicillin/Sulbactam, Cefepime, Cefotaxime, Cefoxitin, Ceftazidime, Ceftriaxone, Cefuroxime, Ciprofloxacin, ESBL, Gentamicin, Imipenem, Meropenem, Piperacillin/Tazobactam, Trimethoprim/Sulfamethoxazole	**20 CARDS/BOX OR EQUIVALENT**	**14,000 CARDS OR 700 BOXES**						
7	**Gram Negative Antibiotic Susceptibility Testing Card B** • To determine the susceptibility of clinically significant aerobic gram-negative bacilli to	**20 CARDS/BOX OR EQUIVALENT**	**100 CARDS OR 5 BOXES**						

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO.	**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$)**	**TOTAL COSTS (B$)**
	antimicrobial agents • Antimicrobic contents of card: Amikacin, Amoxicillin/Clavulanic Acid, Ampicillin, Cefepime, Cefotaxime, Ceftazidime, Cefuroxime, Ciprofloxacin, Ertapenem, ESBL, Gentamicin, Imipenem, Meropenem, Piperacillin/Tazobactam, Trimethoprim/Sulfamethoxazole								
8	**Gram Negative Antibiotic Susceptibility Testing Card C** • To determine the susceptibility of clinically significant aerobic gram-negative bacilli to antimicrobial agents • Antimicrobic contents of card: Amikacin, Amoxicillin/Clavulanic Acid, Ampicillin, Cefazolin, Cefepime, Ceftazidime, Ceftriaxone, Ciprofloxacin, Ertapenem, ESBL, Fosfomycin, Gentamicin, Nitrofurantoin, Piperacillin/Tazobactam,	**20 CARDS/BOX OR EQUIVALENT**	**3,000 CARDS OR 150 BOXES**						

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO.	**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$)**	**TOTAL COSTS (B$)**
	Trimethoprim/Sulfamethoxazole								
9	**Gram Positive Antibiotic Susceptibility Testing Card A** • To determine the susceptibility of Staphylococcus spp., Enterococcus spp., and S. agalactiae to antimicrobial agents. • Antimicrobic contents of card: Ampicillin, Benzylpenicillin, Cefoxitin Screen, Ciprofloxacin, Clindamycin, Erythromycin, Gentamicin, Gentamicin High Level (Synergy), Inducible Clindamycin Resistance, Levofloxacin, Linezolid, Moxifloxacin, Nitrofurantoin, Oxacillin, Quinupristin/Dalfopristin, Rifampicin, Streptomycin High Level (Synergy), Tetracycli96ne, Tigecycline, Trimethoprim/Sulfamethoxazole and Vancomycin	**20 CARDS/BOX OR EQUIVALENT**	**2,400 CARDS OR 120 BOXES**						
10	**Gram Positive Antibiotic Susceptibility Testing Card B**	**20 CARDS/BOX**	**300 CARDS OR**						

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO.	**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$)**	**TOTAL COSTS (B$)**
	• To determine the susceptibility of S. pneumoniae, beta-hemolytic Streptococcus, and Viridans Streptococcus to antimicrobial agents • Antimicrobic contents of card: Ampicillin, Benzylpenicillin, Cefotaxime, Ceftriaxone, Chloramphenicol, Clindamycin, Erythromycin, Gentamicin, Inducible Clindamycin Resistance, Levofloxacin, Linezolid, Moxifloxacin, Rifampicin, Teicoplanin, Tetracycline, Tigecycline, Trimethoprim/Sulfamethoxazole and Vancomycin	**OR EQUIVALENT**	**15 BOXES**						
11	**Yeast Antibiotic Susceptibility Testing card** • To determine the susceptibility of clinically significant yeasts to antifungal agents. • Antimicrobic contents of card: Amphotericin B, Caspofungin, Fluconazole,	**20 CARDS/BOX OR EQUIVALENT**	**200 CARDS OR 10 BOXES**						

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO.	**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$)**	**TOTAL COSTS (B$)**
	Flucytosine, Micafungin and Voriconazole.								
12	**0.45% Saline Bottle** • Prepared saline solution for preparing organism suspension for use with existing microbial ID/AST system. • It should work with the adjustable volume saline dispenser available in the laboratory. • Packaging: 1L per bottle	**12 BOTTLES/BOX OR EQUIVALENT**	**144 BOTTLES OR 12 BOXES**						
13	**0.45% Saline Bag** • Prepared saline solution for microbial ID/AST card suspension. • No additional dilutions required. • Must work with the Pipettor/Diluter Accessory Kit (item no. 15) • Packaging: 1L per bag	**14 BAGS/BOX OR EQUIVALENT**	**154 BAGS OR 11 BOXES**						
14	**Unsensitised tubes** • Clear test tubes for ID and AST tests • Dimension: 12 mm x 75 mm	**2000 PIECES/BOX OR EQUIVALENT**	**48,000 PIECES OR 24 BOXES**						

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO.	**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$)**	**TOTAL COSTS (B$)**
	• Tubes must fit nicely in the Densitometer instrument being offered.								
15	**Pipettor/diluter accessory kit** • Contains pipettor with tubing and transfer pipettes for automated processing of susceptibility cards. • These pipettors automatically dispenses saline into susceptibility tube while pipette straws automatically transfer aliquot of identification suspension into susceptibility suspension • No cross-contamination • Packaging: 350 pipette tips per kit	**350 PIPETTE TIPS/KIT OR EQUIVALENT**	**49,700 PIECES OR 142 KITS**						

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
1.0	**PROVISION OF EQUIPMENT**	
1.1	Supply, deliver, install and commission free of charge to the government **two (2) rental units of Automated Microbial Identification (ID) with Antibiotic Susceptibility Testing (AST) analysers** to National Clinical Microbiology Reference Laboratory, Raja Isteri Pengiran Anak Saleha Hospital. Fully describe the specifications of the instrument being offered and the component parts. The supplier should be responsible to provide FREE OF CHARGE the necessary consumables for the component parts of the equipments if required.	
1.2	Supply, deliver, install and commission free of charge to the government **one (1) rental unit of Automated Microbial Identification (ID) with Antibiotic Susceptibility Testing (AST) <u>compact</u> analyser** to Microbiology Laboratory, Suri Seri Begawan Hospital. Fully describe the specifications of the instrument being offered and the component parts. The supplier should be responsible to provide FREE OF CHARGE the necessary consumables for the component parts of the equipments if required.	
1.3	Supply, deliver, install and commission free of charge to the government **three (3) rental units of Automated Portable McFarland Densitometers** to National Clinical Microbiology Reference Laboratory, RIPAS Hospital and **one (1) rental unit of Automated Portable McFarland Densitometer** to Microbiology Laboratory, Suri Seri Begawan Hospital. Fully describe the specifications of the instrument being offered and the component parts. The supplier should be responsible to provide FREE OF CHARGE the necessary consumables for the component parts of the equipments if required.	
2.0	**EQUIPMENT SPECIFICATION**	
2.1	**<u>Automated Microbial ID/AST Analyser</u>** 1. The system must provide fully automated microbial identification and antibiotic susceptibility testing that provides rapid, reliable and accurate	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
	results for clinically relevant bacterial isolates. 2. System must work on colorimetric technology for identification and susceptibility testing. 3. The system must have the capacity to accommodate more than 100 tests (either 100 ID and/or AST tests), at any time. 4. The system has an option for preparation of sample worklist outside the main equipment. 5. Inoculum for AST should be prepared by the equipment and the transfer of cards from one chamber to other should be done by the equipment. 6. The system must have a bar code scanning device for test card identification and specimen number entry.	
2.2	**Automated Microbial ID/AST Compact Analyser** 1. The system must provide fully automated microbial identification and antibiotic susceptibility testing that provides rapid, reliable and accurate results for clinically relevant bacterial isolates. 2. System must work on colorimetric technology for identification and susceptibility testing. 3. The system must have the capacity to accommodate a minimum of 60 tests (either 60 ID and/or AST tests), at any time. 4. Inoculum for AST should be prepared by the equipment and the transfer of cards from one chamber to other should be done by the equipment. 5. The system must have a bar code scanning device for test card and specimen number entry. 6. The system shall have a microbiology data management system **(intelligent microbiology middleware)** for data analysis, data backup and data storage as well as statistical report generation to support microbiology laboratory for ID/AST activities, and to enhance lab efficiency. **Intelligent Microbiology Middleware** 1. Web-based access and have at least 2 user licenses.	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
	2. The system shall have operation monitoring dashboards that provide **real-time workload and allow users to enter manual ID/AST results.** 3. The system shall provide rich connectivity with other diagnostic equipments and help manage them through a unified interface. 4. Monitor network with **real-time status alerts & alarms** for all connected systems 5. The system shall have a statistical reporting module that can provide statistical and trending reports based on the data as well as lab efficiency reports. 6. With the statistical reporting modules available, the reports can be generated, when required, from the data information from all connected instruments, from all locations through the middleware.	
2.3	**Automated Portable McFarland Densitometer** 1. System should come with an automated portable instrument (comprising of a base with touchscreen interface and a pod) intended for use to measure optical density of a microorganism suspension, where it provides values in McFarland units, proportional to the microorganism concentrations. 2. The pod should have a minimum of four hours of continuous battery life before it requires a charge (if standalone) 3. The instrument automatically enters Power Save mode when a test tube is not inserted into the Pod after the configured amount of time. 4. The base unit of the instrument can be connected to the system's PC to automatically transmit information (McFarland values) via USB, with just a press of the button on the Pod. 5. The instrument should be compatible with the Automated Microbial ID/AST analysers and test cards and should be used to ensure suspensions are within acceptable range. 6. The McFarland reference standards used for calibration of the instrument (before using) should have no expiry date. 7. The instrument shall notify the user if the McFarland value is within or out of range.	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
3.0	**TECHNICAL SPECIFICATIONS**	
3.1	**<u>Automated Microbial ID/AST Analyser</u>** 1. Emission Wavelengths: 660nm, 568nm, 428nm LED (or as relevant to offered equipment) 2. Connections: 2 instruments can be connected to the same PC 3. Vacuum (Filler) Minimum Level: 0.89 PSIA ± 0.06 PSIA 4. Incubator Temperature: 35.5 °C ± 1 °C average 5. Dimensions: 140 x 71 x 67cm (or shall fit existing space) 6. Weight: Maximum 160kg 7. Electrical Requirements: 220 / 240VAC (50-60Hz) 8. Environmental Requirements: Operating ambient temperature range of 20˚C to 30˚C 9. Operating Humidity Range: 20% to 80% 10. Heat Dissipated: 512 BTU/Hr. (nominal) 11. Altitude: up to 2,000m	
3.2	**<u>Automated Microbial ID/AST Compact Analyser</u>** 1. Emission Wavelengths: 660nm, 588nm, 428nm LED (or as relevant to offered equipment) 2. Vacuum (Filler) Minimum Level: 0.89 PSIA ± 0.06 PSIA 3. Incubator Temperature: 35.5 °C ± 1 °C average 4. Dimensions: 100 x 71 x 67cm (or shall fit existing space) 5. Weight: Maximum 120kg 6. Electrical Requirements: 220 / 240VAC (50-60Hz) 7. Environmental Requirements: Operating ambient temperature range of 20˚C to 30˚C 8. Operating Humidity Range: 20% to 80% 9. Heat Dissipated: 512 BTU/Hr. (nominal) 10. Altitude: up to 2,000m	
3.3	**<u>Microbial Identification (ID) Test Card (item no. 1-5)</u>** 1. All ID card must be FDA approved or equivalent, and use the latest	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
	technology. 2. Test cards must have pre-applied barcodes for maximum traceability. 3. The identification method used must be based on biochemical reactions (colorimetric or fluorometric) 4. Convenient, safe and self-contained disposable cards with no reagent addition needed. 5. Results for identification of microorganisms can be obtained between 3 to 12 hours. 6. Compatible to be used in the **existing Automated microbial ID/AST compact system** at **Pengiran Muda Mahkota Pengiran Muda Haji Al-Muhtadee Billah Hospital Laboratory.**	
3.4	**Antimicrobial Susceptibility Testing (AST) Card (item no. 6-11)** 1. The AST cards are intended for use for the automated quantitative or qualitative susceptibility testing of isolated colonies for most clinically significant organisms such as Gram negative bacilli, Staphylococcus species, Enterococcus species, Streptococcus species, Streptococcus pneumoniae and yeast. 2. All AST cards must be FDA approved or equivalent. 3. Convenient, safe and self-contained disposable cards with no reagent addition needed. 4. Test cards must have pre-applied barcodes for maximum traceability. 5. Compatible to be used in the **existing Automated microbial ID/AST compact system** at **Pengiran Muda Mahkota Pengiran Muda Haji Al-Muhtadee Billah Hospital Laboratory.**	
3.5	**Software/Database Application** 1. The software must have the following capabilities: a. Workflow management b. Patient data storage c. Quality control management d. Facilitate in choosing the most appropriate antibiotic by providing accurate fingerprint recognition of bacterial resistance mechanism and phenotypes. e. Customised and selective reporting tool.	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
	2. Equipped with latest database and highly advanced expert system (AES) software for AST of Gram positive bacteria, Gram negative bacteria and yeast. 3. Must contain at least 3000 reference phenotypes, 59,000 MIC distributions and 1540 resistant mechanism to determine the phenotype of the isolate. 4. CLSI guidelines should be input and the database should be upgradeable, both without any charge. 5. EUCAST and CLSI compliant AST formulations available producing MICs based on reference CLSI and ISO MIC methods. 6. The MIC interpretation should be included with at least 3 pre-defined guidelines accepted worldwide. 7. Able to perform therapeutic correction when resistant phenotypes are recognized to ensure therapeutic success. 8. The system software must have the ability to alert to any unusual resistance mechanism. 9. The system must have the ability to check the quality of test results and stop for validation by users. 10. Reports should comprise of the following sections or equivalent: Phenotypes, Therapeutic Interpretations, MIC/Test Differences, Antibiotic Deductions. 10. Able to detect and report: VRE, ESBL, AMPC, MRSA, CRE; Natural resistance.	
3.6	**Reagent System** 1. Ready to use reagents and consumables are preferred. 2. State the shelf life of individual reagents and the handlings of short shelf-life reagents. The vendor is to replace any reagents with near expiry dates. 3. To supply with safety data sheet (SDS or MSDS) whenever possible. 4. The products supplied must meet international standard (i.e. CE mark, FDA approved) 5. Tenderers must attach product inserts (describing the types of specimens that can be tested, types of test, methods and etc). 6. Vendor shall provide Certificate of Analysis (CoA) for every batch of	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
	reagents and/or consumables delivered.	
4.0	**SERVICE AND AFTER SALES SUPPORT**	
4.1	All reagent test kits supplied throughout this tender shall 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.	
4.2	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.	
4.3	Staggered delivery every 3 months period directly to the User.	
4.4	User shall have the rights to refuse delivery of items that do not meet the acceptance criteria such as, but not limited to, the following: 1. Tampered or damaged box 2. Leakage upon delivery 3. Items stored pre-delivery not in accordance to manufacturer's instructions 4. Expiry date not meeting requirement	
4.5	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 opening a new pack	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
4.6	Vendor shall submit samples of the offered items directly to the Users no later than 7 days after the Closing Date of this advertisement or as required by the Users.	
4.7	Please supply details of the arrangement for 24-hour service support. There should preferably be remote diagnostic facility available. This should include the number of engineers and application specialist, their qualification/training with the system, response time during office hours, after office hours, weekdays and weekends.	
4.8	The supplier SHALL be responsible for the preventive maintenance (Weekly, Monthly, and Quarterly as needed) and breakdown maintenance of the analyzers. Any breakdown should be quickly attended to within 2 hours.	
4.9	A copy of service report must be submitted to the laboratory whenever service work is done on the instrument.	
4.10	Spare parts SHALL be supplied by the supplier should any replacement is required during preventive and breakdown maintenance.	
4.11	Vendor shall aid the user with verification of a comprehensive methods performance for all of the tests listed above including, but not limited to, precision, accuracy, linearity, sensitivity, specificity, carryover, limit of detection or as required by the User depending on the nature of testing. Report of the verification study shall be submitted to the User for approval by the Director of Laboratory Services.	
4.12	In the event of test results cannot be produced due to equipment failure or unavailable reagent supplies within the specified turnaround time, the vendor shall arrange and bear all costs for analysis of tests to an accredited laboratory (ISO 15189).	
4.13	Installation, testing, commissioning and on-site end-user training should be done by certified in-house (local) service engineer and application specialist respectively.	
4.14	Successful vendor shall provide continuous preventive maintenance as required from the manufacturer's instructions or as per necessary.	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
4.15	The successful vendor should be authorized and responsible for the preventive maintenance (PPM) for the **existing Automated Microbial ID/AST compact analyser** at PMMPMHAMB Tutong laboratory.	
4.16	The supplier should be able to offer full range of technical support and supply spare parts and consumables should any replacement be required to minimize downtime during preventive and breakdown maintenance.	
4.17	Successful vendor should provide current/up-to-date software updates whenever there are new updates.	
5.0	**ENVIRONMENTAL AND INFRASTRUCTURE REQUIREMENTS**	
5.1	The system should occupy space not more than the present system at National Clinical Microbiology Reference Laboratory. If any renovation (electrical and/or environmental) is required, costs will be borne by Vendor.	
5.2	The successful vendor must keep the area behind of the equipment tidy and clean at all times. All wires and cables must be properly covered using PVC trunk, flexible wire and cable cover or equivalent that is acceptable to the laboratory.	
6.0	**MISCELLANEOUS**	
6.1	User-friendly system with minimal daily maintenance	
6.2	Vendor to perform validation/verification study of the test kit and provide the report before the kit can be used.	
6.3	Vendor to perform the initial test performance validation and/or method comparison of the new rental units as required by ISO 15189. Vendor to ensure the systems pass all the validation studies. Cost of the initial validation studies to be borne by the vendor.	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
6.4	State the shelf life of individual test reagents and the handlings of short shelf-life reagents (willing to replace those reagents nearer to expiry date if not used up).	
6.5	To supply softcopy and one set of hardcopy of the Operating Manual and Service Manual of the equipment shall be provided upon commissioning.	
6.6	To assist in relocation of equipment if/when laboratory is relocated.	
6.7	To assist in removing equipment at the end of the cycle (reagent rental contract).	
7.0	**LITERATURE**	
7.1	Vendor to provide validation/verification and method comparison procedures for proper commissioning of all of the equipments.	
7.2	Vendor to provide PPM (planned preventive maintenance) schedule for all of the equipments.	
***8.0**	**TRAINING**	
	TRAINING – <u>FOR 5 YEARS TERM CONTRACT</u>	
8.1	Training shall be provided, at no additional cost, as follows:	
8.2	On-site training for ALL staff members expected to handle the machine. Please ensure that adequate time is allocated such that training will take place in small groups to minimize staff shortage in the laboratory.	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
8.3	Certificate of competence is to be issued to all trainees after completion of training.	
8.4	The successful tenderer needs to ensure the key users are updated on any relevant information related to the laboratory testing. They shall provide **ONE off-site training for two (2) key users per year of contract**. 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.	
8.5	Inviting speakers from overseas to give talks or presentations to the users on topics related to the laboratory testing as part of users' continuous education. Certificate of attendance is to be issued to all trainees after completion of training.	
9	**FINANCIAL AGREEMENT**	
9.1	A rental agreement is required over a period of **five (5) years** for the provision of the reagent kits as per estimated total costs for this contract. However, contract agreement shall be terminated when total expenditures of supplies exceed the estimated total costs regardless of **five (5)** years contract.	
9.2	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.	
9.3	Buffer stock of the test kit including reagents, consumables and accessories should be available at the local representative as contingency.	
9.4	The equipment supplied should include reagents, consumables, calibrators, maintenance record sheet, maintenance cleaning kit and quality control for initially setting up of the instruments.	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
9.5	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.	
9.6	Should there be any new formulation and/or improved performance available for any of the cards, the successful vendor to provide change for the upgraded cards at no additional cost	
9.7	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.	
9.8	All participating vendors MUST provide sample to the end-user for evaluation if required (either given together with offered quotation or during evaluation).	
9.9	**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 department. 2. 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 (*Lembaga Tawaran Kecil*).	
10	**DELIVERY PERIOD:** 8-12 weeks after issue of purchase order	
11	**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).	

NO.	GENERAL SPECIFICATIONS	VENDOR'S OFFER (PLEASE STATE)
A	**Model & Brand**	
B	**Country of Origin**	
C	**Total Price Per Test (CIF): B$**	
D	**Price Ranking:**	
E	**Where marketed**	
F	**Year of Manufacture**	
G	**Warranty:**	
H	**Delivery Time:**	
I	**Power Requirements:**	
J	**Battery Back-up:**	
K	**International Safety Standard:**	
L	**Technical Support:**	
M	**Equipment Whole Life Support**	
N	**Dimensions (WxHxD) cm:**	
O	**Weight (kg):**	
P	**User Manuals**	
Q	**Service Manuals**	
R	**Spare-parts & Consumables Listing**	
S	**Technical Training On-Site:**	
T	**Site Requirements:**	

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_____

_____ Tenderer's official stamp:

[Signature of authorised officer of Tenderer]

Name:

Designation:

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/312/2022/LAB(TC)

INVITATION TO TENDER
TO SUPPLY AND DELIVER LABORATORY REAGENTS AND CONSUMABLES FOR USE WITH AUTOMATED MICROBIAL IDENTIFICATION/ANTIBIOTIC SUSCEPTIBILITY TESTING ANALYSER WITH EQUIPMENT RENTAL FOR NATIONAL CLINICAL MICROBIOLOGY REFERENCE LABORATORY AND DISTRICT LABORATORIES, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS 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	Gram Negative Identification Cards			
2	Gram Positive Identification Cards.			
3	Yeast Identification Cards			
4	Fastidious Bacteria Identification Cards			
5	Anaerobic and Coryneform Bacteria Identification cards			
6	Gram Negative Antibiotic Susceptibility Testing Card A			
7	Gram Negative Antibiotic Susceptibility Testing Card B			
8	Gram Negative Antibiotic Susceptibility Testing Card C			
9	Gram Positive Antibiotic Susceptibility Testing Card A			
10	Gram Positive Antibiotic Susceptibility Testing Card B			
11	Yeast Antibiotic Susceptibility Testing card			
12	0.45% Saline Bottle			

NO.	TEST/REAGENT NAME	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with ✕)	OFFERED/ NOT OFFERED (indicate as appropriate)
13	**0.45% Saline Bag**			
14	**Unsensitised tubes**			
15	**Pipettor/diluter accessory kit**			

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 : _____