| REFERENCE OF<br>TENDER | DESCRIPTION OF<br>TENDER   | TIME PERIOD<br>OF TENDER | DEPARTMENT/DIVISION/<br>UNIT REQUESTING<br>TENDER | FEES    | CLOSING DATE<br>NOT LATER<br>THAN 2.00PM | FOCAL PERSON   |
|------------------------|--|--------------------------|---|---------|--|--|
| KK/325/2022/UPP(TC)    | SUPPLY AND DELIVERY OF MEDICAL CONSUMABLES FOR DEPARTMENT OF GENERAL SURGERY (PAEDIATRIC SURGERY) AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL FOR A PERIOD OF THREE (3) YEARS | 3 YEARS                  | RIPAS HOSPITAL                                    | \$10.00 | 27 <sup>th</sup> DECEMBER<br>2022        | Mliss Janice Wong Consultant Paediatric Surgeon Department Of General Surgery Raja Isteri Pengiran Anak Saleha Hospital Ministry Of Health Negara Brunei Darussalam Contact No: 2242424 ext 7018 e-mail: huiling.wong@moh.gov.bn |

# **SECTION 2**

# **SPECIFICATIONS**

TENDER REFERENCE NO: KK/325/2022/UPP(TC)

## **INVITATION TO TENDER**

SUPPLY AND DELIVERY OF MEDICAL CONSUMABLES FOR DEPARTMENT OF GENERAL SURGERY (PAEDIATRIC SURGERY) AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL FOR A PERIOD OF THREE (3) YEARS

DELIVERY PERIOD: NOT MORE THAN 4 WEEKS UPON CONFIRMATION

| NO. | DESCRIPTION OF ITEM  | PACKING<br>SIZE | TOTAL<br>QUANTITY USAGE<br>PER YEAR |
|-----|--|-----------------|-------------------------------------|
| 1.  | One piece Velcro Type Drainable Ostomy Bag for Neonatal (Diamond Wafer)  SPECIFICATIONS:  Max cut: 15-35mm  Colour Transparent bag  Without carbon Filter  White Non-Woven Lining Material | BAG             | 600 Bags                            |
| 2.  | One piece Velcro Type Drainable Ostomy Bag for Paediatric (Circle Wafer)  SPECIFICATIONS:  Max cut: 15-40mm  Colour Skin Color Bag  Without carbon Filter  White Non-Woven Lining Material | BAG             | 2100 Bags                           |
| 3.  | Urine Leg Bag  SPECIFICATIONS:  Sterile Size 500ml Short tube 40cm 56cm elastic strap  | BAG             | 677 Bags                            |
| 4.  | Stomahesive Paste Protective Skin Barrier  SPECIFICATIONS:  2 oz / tube  For use with stoma bags   | TUBE            | 300 Tubes                           |
| 5.  | Stomahesive Protective Powder  SPECIFICATIONS:  1 oz / bottle  For use with stoma bags   | BOTTLE          | 100 Bottles                         |
| 6.  | DuoDerm Extra Thin Dressing  SPECIFICATIONS:  Size 4" x 4" (10cm)  Box of 10 piece   | BOXES           | 30 Boxes                            |
| 7.  | Little Ones Active Life One Piece Custom Drainable Pouch SPECIFICATIONS:  Wafer hole Size 8mm – 50mm Box of 15 pieces  | BOXES           | 20 boxes                            |

| NO. | TERMS AND CONDITIONS   |
|-----|--|
| 1   | Tenderer must be registered with the Ministry of Health.   |
| 2   | <b>TENDER FORM should be filled</b> completely including the <b>USER REQUIREMENT FORM</b> (if available). Submission of incomplete form <b>MAY</b> cause <b>DISQUALIFICATION OF TENDER.</b>  |
| 3   | Each tenderer is allowed to quote <b>ONE BRAND WITH ONE PRICE ONLY</b> for each item. Submission of more than one brand and price will cause <b>DISQUALIFICATION OF TENDER.</b>  |
| 4   | All consumables supplied throughout this tender shall have a minimum expiry date of <b>twelve</b> (12) months / on delivery. Should the consumables be urgently needed, provision of consumables with expiry date of less than twelve (12) months should be first agreed by the User before delivery is made.  |
| 5   | Brochures / catalogues should be submitted / attached with tender document.  |
| 6   | Samples should be submitted together with tender or within fourteen (14 days) of the tender closing date (if applicable).  |
| 7   | DELIVERY PERIOD: Not later than 4 weeks Staggered delivery upon request  |
| 8   | 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). |

| Section/Unit         |         | AL SURGERY (PAEDIATRIC SURGERY), RAJA<br>PENGIRAN ANAK SALEHA HOSPITAL   | Section/Unit<br>Ref No.: |                  |
|----------------------|---------|--|--------------------------|------------------|
| Person to<br>Contact | Name:   | MISS JANICE WONG<br>CONSULTANT PAEDIATRIC SURGEON<br>DEPARTMENT OF GENERAL SURGERY<br>RAJA ISTERI PENGIRAN ANAK SALEHA<br>HOSPITAL | Tel.No. :                | 2242424 ext 7018 |
|                      | E-mail: | huiling.wong@moh.gov.bn  | Fax No.:                 |                  |

# **SCHEDULE 1**

## **TENDER FORM**

| _ |    |   |
|---|----|---|
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# TENDER REFERENCE NO: KK/325/2022/UPP(TC)

## **INVITATION TO TENDER**

SUPPLY AND DELIVERY OF MEDICAL CONSUMABLES FOR DEPARTMENT OF GENERAL SURGERY (PAEDIATRIC SURGERY) AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL FOR A PERIOD OF THREE (3) YEARS

| TENDER OF (name of tenderer)      | : |  |
|-----------------------------------|---|--|
| Company/Business Registration No. | : |  |
| Tender Closing Date               | : |  |
|                                   |   |  |
| DELIVERY PERIOD                   |   |  |

|     | USER'S REQUIREMENTS  |                 |  | VENDOR'S OFFER                       |   |                 |  |                                |  |   |
|-----|--|-----------------|--|--------------------------------------|---|-----------------|--|--------------------------------|--|---|
| NO. | ITEM DESCRIPTIONS<br>AND SPECIFICATIONS  | PACKING<br>SIZE | TOTAL<br>QUANTITY<br>USAGE<br>PER YEAR | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/<br>CATALOGUE<br>NUMBER<br>AND BRAND | PACKING<br>SIZE | TOTAL<br>QUANTITY<br>OFFERED<br>PER YEAR | PER PACK (COST PER UNIT) (B\$) | TOTAL<br>COSTS<br>(B\$)<br>(1<br>YEAR) | TOTAL<br>COSTS<br>(B\$)<br>(3<br>YEARS) |
| 1.  | One piece Velcro Type Drainable Ostomy Bag for Neonatal (Diamond Wafer)  SPECIFICATIONS:  Max cut: 15-35mm  Colour Transparent bag  Without carbon Filter  White Non-Woven Lining Material | BAG             | 600 BAGS                               |                                      |   |                 |  |                                |  |   |

| USER'S REQUIREMENTS |   |                 |  | VENDOR'S OFFER                       |   |                 |  |                                     |  |   |
|---------------------|---|-----------------|--|--------------------------------------|---|-----------------|--|-------------------------------------|--|---|
| NO.                 | ITEM DESCRIPTIONS<br>AND SPECIFICATIONS   | PACKING<br>SIZE | TOTAL<br>QUANTITY<br>USAGE<br>PER YEAR | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/<br>CATALOGUE<br>NUMBER<br>AND BRAND | PACKING<br>SIZE | TOTAL<br>QUANTITY<br>OFFERED<br>PER YEAR | COST PER PACK (COST PER UNIT) (B\$) | TOTAL<br>COSTS<br>(B\$)<br>(1<br>YEAR) | TOTAL<br>COSTS<br>(B\$)<br>(3<br>YEARS) |
| 2.                  | One piece Velcro Type Drainable Ostomy Bag for Paediatric (Circle Wafer)  SPECIFICATIONS:  Max cut: 15-40mm  Colour Skin Color Bag Without carbon Filter  White Non-Woven Lining Material | BAG             | 2100<br>BAGS                           |                                      |   |                 |  |                                     |  |   |
| 3.                  | Urine Leg Bag SPECIFICATIONS:  Sterile Size 500ml Short tube 40cm 56cm elastic strap  | BAG             | 677 BAGS                               |                                      |   |                 |  |                                     |  |   |
| 4.                  | Stomahesive Paste Protective Skin Barrier SPECIFICATIONS:  • 2 oz / tube  • For use with stoma bags   | TUBE            | 300<br>TUBES                           |                                      |   |                 |  |                                     |  |   |
| 5.                  | Stomahesive Protective Powder SPECIFICATIONS:  1 oz / bottle For use with stoma bags  | BOTTLE          | 100<br>BOTTLES                         |                                      |   |                 |  |                                     |  |   |

| USER'S REQUIREMENTS |   |                 | VENDOR'S OFFER                         |                                      |   |                 |  |                                     |  |   |
|---------------------|---|-----------------|--|--------------------------------------|---|-----------------|--|-------------------------------------|--|---|
| NO.                 | ITEM DESCRIPTIONS<br>AND SPECIFICATIONS   | PACKING<br>SIZE | TOTAL<br>QUANTITY<br>USAGE<br>PER YEAR | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/<br>CATALOGUE<br>NUMBER<br>AND BRAND | PACKING<br>SIZE | TOTAL<br>QUANTITY<br>OFFERED<br>PER YEAR | COST PER PACK (COST PER UNIT) (B\$) | TOTAL<br>COSTS<br>(B\$)<br>(1<br>YEAR) | TOTAL<br>COSTS<br>(B\$)<br>(3<br>YEARS) |
| 6.                  | DuoDerm Extra Thin Dressing SPECIFICATIONS:  • Size 4" x 4" (10cm)  • Box of 10 piece                                 | BOXES           | 30 BOXES                               |                                      |   |                 |  |                                     |  |   |
| 7.                  | Little Ones Active Life One Piece Custom Drainable Pouch SPECIFICATIONS:  Wafer hole Size 8mm - 50mm Box of 15 pieces | BOXES           | 20 BOXES                               |                                      |   |                 |  |                                     |  |   |
| TOTAL PRICE (B\$)   |   |                 |  |                                      |   |                 |  |                                     |  |   |

- 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 <u>TWELVE (12)</u> 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       | ·                          |
|----------------|-------------------|--------------|----------------------------|
| Signature of a | uthorised officer | of Tenderer] | Tenderer's official stamp: |
| Name:          |                   |              |                            |
| Designation:   |                   |              |                            |

## **SCHEDULE 2 - INFORMATION SUMMARY**

| 2.1 | Tenderers shall | provide in this | Schedule the | following information: |
|-----|-----------------|-----------------|--------------|------------------------|
|     |                 | •               |              | 9                      |

- (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 and Delivery of Medical 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

|                               | Alliance Relationship between Contractor and Sub-contractor(s) |   |  |  |  |  |
|-------------------------------|--|---|--|--|--|--|
| Responsibility<br>Description | Alliance<br>Exists?<br>(Y/N)                                   | Date<br>Established                                   | Alliance<br>Description  |  |  |  |
|                               |  |   |  |  |  |  |
|                               | Not<br>Applicable  | Not<br>Applicable                                     | Not<br>Applicable  |  |  |  |
|                               |  |   |  |  |  |  |
|                               |  |   |  |  |  |  |
|                               |  |   |  |  |  |  |
|                               |  |   |  |  |  |  |
|                               |  |   |  |  |  |  |
|                               |  |   |  |  |  |  |
|                               |  |   |  |  |  |  |
|                               |  |   |  |  |  |  |
|                               |  |   |  |  |  |  |
|                               | Responsibility Description                                     | Responsibility Description  Responsibility (Y/N)  Not | Responsibility Description  Responsibility Cy/N)  Responsibility Date Exists? (Y/N)  Not Not |  |  |  |

## 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<br>(Govt or Quasi<br>Govt)* | Contact Person | Title | Contact Number,<br>Fax Number and<br>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

# TENDER REFERENCE NO: KK/325/2022/UPP(TC)

#### **INVITATION TO TENDER**

# SUPPLY AND DELIVERY OF MEDICAL CONSUMABLES FOR DEPARTMENT OF GENERAL SURGERY (PAEDIATRIC SURGERY) AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL FOR A PERIOD OF THREE (3) YEARS

# SUBMISSION OF SAMPLE FORM OF (NAME OF TENDERER)

\_\_\_\_\_

| ITEM<br>NO. | DESCRIPTION   | SAMPLE<br>SUBMITTED<br>(indicate with | SAMPLE<br>NOT<br>SUBMITTED<br>(indicate with<br>X) | OFFERED/NOT<br>OFFERED<br>(indicate as<br>appropriate) |
|-------------|---|---------------------------------------|--|--|
| 1.          | One piece Velcro Type Drainable Ostomy<br>Bag for Neonatal (Diamond Wafer)  |                                       |  |  |
| 2.          | One piece Velcro Type Drainable Ostomy<br>Bag for Paediatric (Circle Wafer) |                                       |  |  |
| 3.          | Urine Leg Bag   |                                       |  |  |
| 4.          | Stomahesive Paste Protective Skin<br>Barrier                                |                                       |  |  |
| 5.          | Stomahesive Protective Powder   |                                       |  |  |
| 6.          | DuoDerm Extra Thin Dressing   |                                       |  |  |
| 7.          | Little Ones Active Life One Piece Custom<br>Drainable Pouch                 |                                       |  |  |

| We understand as stated in the Instructions to Tenderers that Tenderensidered. | ers without samples shall not be |
|--|----------------------------------|
| [Signature of authorized officer of Tenderer]                                  | Tenderer's official stamp:       |
| Name:  |                                  |
| Designation:   |                                  |
| Date:  |                                  |
| FOR OFFICE USE   |                                  |
|  |                                  |
| Date of receipt:   |                                  |
| Receiving Officer:   |                                  |