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/331/2022/LAB(TC)	TO SUPPLY AND DELIVER RAPID AND CONFIRMATORY TEST KITS FOR VIROLOGY LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE	5 YEARS	DEPARTMENT OF LABORATORY SERVICES	$100.00	10th JANUARY 2023	Dr Zainun binti Zaini Virology Laboratory Department of Laboratory Services Ministry of Health Negara Brunei Darussalam Contact No.: 2221821 e-mail: zainun.zaini@moh.gov.bn

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO: KK/331/2022/LAB(TC)

INVITATION TO TENDER

TO SUPPLY AND DELIVER RAPID AND CONFIRMATORY TEST KITS FOR VIROLOGY LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE

DELIVERY PERIOD AFTER PO ISSUED	**8 WEEKS BUT NO LATER THAN 12 WEEKS**

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE/YEAR
1	**Dengue NS1, IgM and IgG rapid one step assay kits** a) Rapid in-vitro immunochromatographic test b) One step assay to detect dengue virus NS1 antigen, IgM and IgG antibodies c) Specimen: whole blood/serum/plasma d) Control line available e) Fast test result 15-20 minutes f) Dengue NS1 antigen sensitivity and specificity performance confirmed by RT-PCR method g) Dengue IgM and IgG sensitivity and specificity performance confirmed by ELISA method h) Sensitivity and specificity of the test kits must be >90% **i)** Data for cross-reactivity test with other flavivirus mediated and mosquito-borne disease must be available	**ANY**	**1500 TESTS**
2	**Chikungunya IgM rapid one step assay kits** a) Rapid in-vitro immunochromatographic test b) One step assay for qualitative detection of IgM antibodies to Chikungunya virus c) Specimen: whole blood/serum/plasma d) Control line available e) Fast test result 10-15 minutes f) Sensitivity and specificity performance confirmed by capture ELISA method g) Sensitivity and specificity of the test kits must be >90%	**ANY**	**1500 TESTS**
3	**Universal Transport Medium** a) Intended for the collection and transport of clinical specimens containing viruses, chlamydia, mycoplasma or ureaplasma from collection site to the testing laboratory b) The medium can be processed using standard clinical laboratory operating procedure for viral, chlamydial, mycoplasma and ureaplasma PCR and culture c) The formulation medium includes protein	**ANY**	**72,000 TUBES**

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE/YEAR
	stabilisation, antibiotics to minimise bacterial and fungal contamination and a buffer to maintain a neutral pH d) One tube must contain not less than 3ml Universal Transport Medium in 16x100 mm screw-cap tube with internal shaped conical bottom e) Each tube comes with one sterile wrapped regular size plastic shaft polyester applicator swab and one minitip plastic shaft polyester applicator swab prescored for easy breakage		
4	**Syphilis RPR test kits** a) The test is a non-treponemal flocculation test for the qualitative and quantitative detection of regain antibodies associated with syphilis in human serum or plasma b) Results can be read macroscopically in direct light in less than 10 minutes	**500 TESTS/KIT**	**6000 TESTS**
5	**Treponema pallidum antibody detection based on particle agglutination assay** a) In-vitro diagnostic test kit for the detection of antibodies to Treponema Pallidum in human serum/plasma b) The test must be based on particle-agglutination assay using gelatin particles coated with purified pathogenic Treponema Pallidum (Nichols Strain)	**100 TESTS/KIT**	**2000 TESTS**
6	**Rapid test kits for detection of fecal Rotavirus, Adenovirus, Astrovirus and Norovirus antigen** a) One step combo card test b) Coloured chromatographic immunoassay for the simultaneous qualitative detection of *Rotavirus*, *Adenovirus*, *Astrovirus* and *Norovirus* in fecal samples c) No need of laboratory equipment d) Less than 5 minutes specimen preparation **e)** Individual cards comes in a sealed pouch	**20 TESTS/KIT**	**600 TESTS**
7	**Line immunoassay for confirmation of antibodies to Hepatitis C Virus antibody** a) Kit must be compatible with Auto-LIA 48 instrument b) Ready to use reagents c) Include scan line reading template and universal tray pack	**20 TESTS/KIT**	**240 TESTS**
8	**Line immunoassay for confirmation of antibodies to Treponema Pallidum** a) Kit must be compatible with Auto-LIA 48 instrument b) Ready to use reagents c) Include scan line reading template and universal tray pack	**20 TESTS/KIT**	**240 TESTS**
9	**Anti-measles virus IgM** a) Specifically to supply and deliver test kits and consumables with Siemens Medical Enzygnost brand or EUROIMMUN brand (WHO Laboratory Network Requirements) **b)** Kits and consumables must be compatible with EUROIMMUN ELISA Analyser I-2P	**96 TESTS/KIT**	**1152 TESTS**

NO.	SPECIFICATIONS AND REQUIREMENTS
1	All reagent test kits supplied throughout this tender shall have a minimum expiry date of twelve (12) months on delivery. Should the reagent be urgently needed, provision of a reagent test kit or consumable with expiry date of less than twelve (12) months should be first agreed by the User before delivery is made
2	Letter of Undertaking (LOU) shall be produced upon each delivery of test kit or consumable with expiry date of less than twelve (12) 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.
3	Staggered delivery every 3 months period.
4	Kits must include all the consumables required to run the test.
5	Product inserts and MSDS should be provided to the User.
6	International markings: products must be CE marked or equivalent standards that are acceptable to the users.
7	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, damaged or opened box 2. Leakage upon delivery **3.** Items stored pre-delivery not in accordance to manufacturer's instructions
8	User shall have the rights to return any items, and to be replaced, if found not meeting the acceptance criteria such as, but not limited to, the following: 1. Tampered or damaged packaging **2.** Evident of abnormality that may affect the quality of the products 3. Evident of leakage prior to opening a new kit
9	**DELIVERY PERIOD:** **4 – 8 weeks but no later than 12 weeks after issue of Purchase Order**
10	**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).
11	**FINANCIAL AGREEMENT**
11.1	Supply of the test kit including reagents, consumables and/or accessories is based on the number of kits required in the Purchase Order according to an agreed schedule period as stated in para 2.
11.2	Buffer stock of the test kit including reagents, consumables and accessories shall be available at the local representative as contingency.
11.3	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.
11.4	**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 Mini Tender Board (LTK).

SECTION 3

FORMS TO BE USED

CONTENTS

SCHEDULE 1 - TENDER FORM

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SCHEDULE 1

TENDER FORM

To:

TENDER REFERENCE NO: KK/331/2022/LAB(TC)

INVITATION TO TENDER

TO SUPPLY AND DELIVER RAPID AND CONFIRMATORY TEST KITS FOR VIROLOGY LABORATORY, 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 ____________________

DELIVERY PERIOD	

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	**Dengue NS1, IgM and IgG rapid one step assay kits** a) Rapid in-vitro immunochromatographic test b) One step assay to detect	**ANY**	**1500 TESTS**						

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$)**	**TOTAL COSTS (B$)**
	dengue virus NS1 antigen, IgM and IgG antibodies c) Specimen: whole blood/serum/plasma d) Control line available e) Fast test result 15-20 minutes f) Dengue NS1 antigen sensitivity and specificity performance confirmed by RT-PCR method g) Dengue IgM and IgG sensitivity and specificity performance confirmed by ELISA method h) Sensitivity and specificity of the test kits must be >90% **i)** Data for cross-reactivity test with other flavivirus mediated and mosquito-borne disease must be available								
2	**Chikungunya IgM rapid one step assay kits** a) Rapid in-vitro immunochromatographic test b) One step assay for qualitative detection of	**ANY**	**1500 TESTS**						

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$)	TOTAL COSTS (B$)
	IgM antibodies to Chikungunya virus c) Specimen: whole blood/serum/plasma d) Control line available e) Fast test result 10-15 minutes f) Sensitivity and specificity performance confirmed by capture ELISA method g) Sensitivity and specificity of the test kits must be >90%								
3	**Universal Transport Medium** a) Intended for the collection and transport of clinical specimens containing viruses, chlamydia, mycoplasma or ureaplasma from collection site to the testing laboratory b) The medium can be processed using standard clinical laboratory operating procedure for viral, chlamydial, mycoplasma and ureaplasma PCR	**ANY**	**72,000 TUBES**						

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$)**	**TOTAL COSTS (B$)**
	and culture c) The formulation medium includes protein stabilisation, antibiotics to minimise bacterial and fungal contamination and a buffer to maintain a neutral pH d) One tube must contain not less than 3ml Universal Transport Medium in 16x100 mm screw-cap tube with internal shaped conical bottom e) Each tube comes with one sterile wrapped regular size plastic shaft polyester applicator swab and one minitip plastic shaft polyester applicator swab prescored for easy breakage								
4	**Syphilis RPR test kits** a) The test is a non-treponemal flocculation test for the qualitative and quantitative detection of regain antibodies associated	**500 TESTS/KIT**	**6000 TESTS**						

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$)	TOTAL COSTS (B$)
	with syphilis in human serum or plasma b) Results can be read macroscopically in direct light in less than 10 minutes								
5	**Treponema pallidum antibody detection based on particle agglutination assay** a) In-vitro diagnostic test kit for the detection of antibodies to Treponema Pallidum in human serum/plasma b) The test must be based on particle-agglutination assay using gelatin particles coated with purified pathogenic Treponema Pallidum (Nichols Strain)	**100 TESTS/KIT**	**2000 TESTS**						
6	**Rapid test kits for detection of fecal Rotavirus, Adenovirus, Astrovirus and Norovirus antigen** a) One step combo card test b) Coloured chromatographic	**20 TESTS/KIT**	**600 TESTS**						

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$)**	**TOTAL COSTS (B$)**
	immunoassay for the simultaneous qualitative detection of *Rotavirus*, *Adenovirus*, *Astrovirus* and *Norovirus* in fecal samples c) No need of laboratory equipment d) Less than 5 minutes specimen preparation **e)** Individual cards comes in a sealed pouch								
7	**Line immunoassay for confirmation of antibodies to Hepatitis C Virus antibody** a) Kit must be compatible with Auto-LIA 48 instrument b) Ready to use reagents c) Include scan line reading template and universal tray pack	**20 TESTS/KIT**	**240 TESTS**						
8	**Line immunoassay for confirmation of antibodies to Treponema Pallidum** a) Kit must be compatible with Auto-LIA 48 instrument b) Ready to use reagents c) Include scan line reading	**20 TESTS/KIT**	**240 TESTS**						

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$)**	**TOTAL COSTS (B$)**
	template and universal tray pack								
9	**Anti-measles virus IgM** a) Specifically to supply and deliver test kits and consumables with Siemens Medical Enzygnost brand or EUROIMMUN brand (WHO Laboratory Network Requirements) **b)** Kits and consumables must be compatible with EUROIMMUN ELISA Analyser I-2P	**96 TESTS/KIT**	**1152 TESTS**						

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
1	All reagent test kits supplied throughout this tender shall have a minimum expiry date of twelve (12) months on delivery. Should the reagent be urgently needed, provision of a reagent test kit or consumable with expiry date of less than twelve (12) months should be first agreed by the User before delivery is made	
2	Letter of Undertaking (LOU) shall be produced upon each delivery of test kit or consumable with expiry date of less than twelve (12) 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.	
3	Staggered delivery every 3 months period.	
4	Kits must include all the consumables required to run the test.	
5	Product inserts and MSDS should be provided to the User.	
6	International markings: products must be CE marked or equivalent standards that are acceptable to the users.	
7	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, damaged or opened box 2. Leakage upon delivery **3.** Items stored pre-delivery not in accordance to manufacturer's instructions	
8	User shall have the rights to return any items, and to be replaced, if found not meeting the acceptance criteria such as, but not limited to, the following: 1. Tampered or damaged packaging **2.** Evident of abnormality that may affect the quality of the products 3. Evident of leakage prior to opening a new kit	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
9	**DELIVERY PERIOD:** **4 – 8 weeks but no later than 12 weeks after issue of Purchase Order**	**(Yes / No)** **(If No, please specify)**
10	**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).	
11	**FINANCIAL AGREEMENT**	
11.1	Supply of the test kit including reagents, consumables and/or accessories is based on the number of kits required in the Purchase Order according to an agreed schedule period as stated in para 2.	
11.2	Buffer stock of the test kit including reagents, consumables and accessories shall be available at the local representative as contingency.	
11.3	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.	
11.4	**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 Mini Tender Board (LTK).	

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/331/2022/LAB(TC)

INVITATION TO TENDER

TO SUPPLY AND DELIVER RAPID AND CONFIRMATORY TEST KITS FOR VIROLOGY LABORATORY, 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	Dengue NS1, IgM and IgG rapid one step assay kits			
2	Chikungunya IgM rapid one step assay kits			
3	Universal Transport Medium			
4	Syphilis RPR test kits			
5	Treponema pallidum antibody detection based on particle agglutination assay			
6	Rapid test kits for detection of fecal Rotavirus, Adenovirus, Astrovirus and Norovirus antigen			
7	Line immunoassay for confirmation of antibodies to Hepatitis C Virus antibody			
8	Line immunoassay for confirmation of antibodies to Treponema Pallidum			
9	Anti-measles virus IgM			

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 : __________________