

| 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/349/2022/LAB(TC) | TO SUPPLY AND DELIVER PAEDIATRIC BLOOD COLLECTION TUBES FOR PHLEBOTOMY AND CSRA SECTION, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE | 5 YEARS | DEPARTMENT OF LABORATORY SERVICES | \$30.00 | 17 th JANUARY 2023 | Hjh Rashidah binti PPHA Ahmad Phlebotomy Services and CSRA Department of Laboratory Services Ministry of Health Negara Brunei Darussalam Contact No.: 2242424 EXT 6612 e-mail: rashidah.ahmad@moh.gov.bn |

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO: KK/349/2022/LAB(TC)

INVITATION TO TENDER
TO SUPPLY AND DELIVER PAEDIATRIC BLOOD COLLECTION TUBES FOR PHLEBOTOMY
AND CSRA SECTION, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH
FOR A PERIOD OF (FIVE (5) YEARS) USAGE

| | |
|-----------------|---|
| DELIVERY PERIOD | 4 – 8 WEEKS AND NO LONGER THAN 12 WEEKS |
|-----------------|---|

| NO. | ITEM DESCRIPTIONS AND SPECIFICATIONS | PACKAGING SIZE | TOTAL ESTIMATE USAGE/YEAR |
|-----|--|----------------|---------------------------|
| 1 | MICROTAINER SERUM SEPARATOR GEL TUBE Additive: Clot Activator with gel Body: AMBER Color-cap: GOLD CAP Fill Volume: 400 - 600µL | 200 PIECES/BOX | 50,000 PIECES |
| 2 | MICROTAINER SERUM SEPARATOR GEL TUBE (PST) Additive: LITHIUM HEPARIN WITH GEL Body: AMBER Color-cap: LIGHT GREEN CAP Fill Volume: 400 - 600µL | 200 PIECES/BOX | 2,000 PIECES |
| 3 | MICROTAINER GLUCOSE TUBE Additive: NAFL/EDTA Body: CLEAR Color-cap: GREY CAP Fill Volume: 250 - 500µL | 200 PIECES/BOX | 2,000 PIECES |
| 4 | MICROTAINER SERUM TUBE, SERUM TUBE WITH SILICONE COATED, Additive: None Body: CLEAR Color cap: RED CAP Fill Volume: 250 - 500µL | 200 PIECES/BOX | 1,000 PIECES |
| 5 | MICROTAINER MAP MICROTUBE Additive: K2EDTA Body: Clear with volume indicator(s) Color-cap: LAVENDER CAP Fill Volume: 250 - 500µL Cap: twist-assist closure for easy removal, pierceable cap, compatible with instrument probes Tube size: 13 X 75MM Label: Full size standard label | 200 PIECES/BOX | 35,000 PIECES |

| NO. | SPECIFICATIONS AND REQUIREMENTS |
|-----|---|
| 1 | The item supplied throughout this tender shall have a minimum expiry date of six (6) months on delivery . Should the item 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. |
| 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. |
| 3 | All participating vendors must submit sample(s) of each offered items (items 1 to 5) directly to the user not later than 1 week after Closing Date of this advertisement. Any vendors failing to comply with this requirement will be automatically rejected. |
| 4 | Item must carry CE mark with compliance with European In Vitro Diagnostic (IVD) Medical Devices (MD) Directive, 98/79/CE. |
| 5 | The paediatric blood taking tubes must also be certified by international accreditation body such as ISO9001. |
| 6 | The tubes are manufactured according to the CSLI guidelines for production of test tubes with predetermined vacuum and relative collection devices. |
| 7 | Provision of Safety Data Sheet (SDS) and recommendation for disposal of expires tubes and accessories if applicable. |
| 8 | Item must have a minimum shelf life of six (6) months. If otherwise, please provide valid reason. |
| 9 | Item 1 to 5: They are made from Polyethylene and caps are of High Density Polyethylene (HDPE) resistant to mechanical stress and centrifugation breakage during standard procedures of use and in case of accidental falls. |
| 10 | Item 1 to 4: Test tubes sizes and dimensions (external sizes): 10 x 35mm or similar size; Item 5: test tube length is 13 x 75mm, pierceable cap, with false bottom, Additive with K2EDTA and compatible with instrument probes |
| 11 | Labels: are made from self-adhesive paper for specific medical use, printed in various color (option) with volume indicator and its suitable for crossmatch information for patient |
| 12 | Compatible to existing sample rack which can be run with existing analyser |
| 13 | Easy to use tubes, leak-proof design with integrated collector, label placements and secure closure. (Test tube lid should be able to be closed properly after first opened) |
| 14 | 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 |
| 14 | 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 delivery |

| NO. | SPECIFICATIONS AND REQUIREMENTS |
|-----|---|
| 15 | Delivery- staggered delivery on a pre-arranged term with the laboratory or when required |
| 16 | Delivery will be according to usage on the bases of demand, supply and purchase |
| 17 | Provide In-House Technical Training/CME/ Scientific talks as part of phlebotomist's refresher course regularly every year |
| 18 | Supply of updated relevant educational materials (eg scientific journal/publication/ poster) related to the phlebotomy for laboratories and doctors/nurses free of charge |
| 19 | Buffer stock for fast moving items should be available at the local representative as contingency. |
| 20 | Should there be any discontinuity of consumables due to non-compliance in the manufacturing; the vendor must be able to provide an alternative so that the test requests / services are still available for the customers. |
| 21 | <p>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:</p> <ol style="list-style-type: none"> 1. When the testing is no longer required or relevant i.e. test is obsolete, to the laboratory or the Department. 2. When the item(s) set out in this tender is/are no longer required by the laboratory or the Department. 3. 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) |

| | | |
|--|--|-------------------|
| DELIVERY PERIOD AFTER PO ISSUED | 4 – 8 WEEKS AND NO LONGER THAN 12 WEEKS | |
| Lab/Section/Unit | PHLEBOTOMY SERVICES AND CSRA | |
| Lab/Section/Unit Ref No.: | DLS/PU/PHL/2022/02/11/01/MTC(5Y) | |
| Person to Contact | Name : HJH RASHIDAH BINTI PPHA AHMAD | |
| | E-mail : Rashidah.ahmad@moh.gov.bn | |
| | Tel. No. : 2242424 ext 6612 | Fax No. : 2228069 |
| FOR ADMINISTRATION USE ONLY | | |
| PPM/PROC Ref. | PPM/PROC/2022/>50K/070(PHL) | |

SECTION 3
FORMS TO BE USED

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SCHEDULE 1

TENDER FORM

To:

TENDER REFERENCE NO: KK/349/2022/LAB(TC)

**INVITATION TO TENDER
TO SUPPLY AND DELIVER PAEDIATRIC BLOOD COLLECTION TUBES FOR PHLEBOTOMY AND CSRA SECTION, 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 | |
|------------------------|--|

| 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 | MICROTAINER SERUM SEPARATOR GEL TUBE Additive: Clot Activator with gel Body: AMBER Color-cap: GOLD CAP Fill Volume: 400 - 600µL | 200 PIECES/BOX | 50,000 PIECES | | | | | | |

| 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 | MICROTAINER SERUM SEPARATOR GEL TUBE (PST) Additive: LITHIUM HEPARIN WITH GEL Body: AMBER Color-cap: LIGHT GREEN CAP Fill Volume: 400 - 600µL | 200 PIECES/BOX | 2,000 PIECES | | | | | | |
| 3 | MICROTAINER GLUCOSE TUBE Additive: NAFL/EDTA Body: CLEAR Color-cap: GREY CAP Fill Volume: 250 - 500µL | 200 PIECES/BOX | 2,000 PIECES | | | | | | |
| 4 | MICROTAINER SERUM TUBE, SERUM TUBE WITH SILICONE COATED, Additive: None Body: CLEAR Color cap: RED CAP Fill Volume: 250 - 500µL | 200 PIECES/BOX | 1,000 PIECES | | | | | | |

| 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\$) |
|-----|---|-------------------|---------------------------|--------------------------------------|----------------------------------|----------------|-------------------------------|----------------------|-------------------|
| 5 | MICROTAINER MAP MICROTUBE Additive: K2EDTA Body: Clear with volume indicator(s) Color-cap: LAVENDER CAP Fill Volume: 250 - 500µL Cap: twist-assist closure for easy removal, pierceable cap, compatible with instrument probes Tube size: 13 X 75MM Label: Full size standard label | 200 PIECES/BOX | 35,000 PIECES | | | | | | |

| NO. | SPECIFICATIONS AND REQUIREMENTS | VENDOR'S OFFER (PLEASE STATE) |
|-----|---|----------------------------------|
| 1 | The item supplied throughout this tender <u>shall</u> have a minimum expiry date of six (6) months on delivery . Should the item 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. | |
| 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. | |
| 3 | All participating vendors must submit sample(s) of each offered items (items 1 to 5) directly to the user not later than 1 week after Closing Date of this advertisement. Any vendors failing to comply with this requirement will be automatically rejected. | |
| 4 | Item must carry CE mark with compliance with European In Vitro Diagnostic (IVD) Medical Devices (MD) Directive, 98/79/CE. | |
| 5 | The paediatric blood taking tubes must also be certified by international accreditation body such as ISO9001. | |
| 6 | The tubes are manufactured according to the CSLI guidelines for production of test tubes with predetermined vacuum and relative collection devices. | |

| NO. | SPECIFICATIONS AND REQUIREMENTS | VENDOR'S OFFER (PLEASE STATE) |
|------------|--|--|
| 7 | Provision of Safety Data Sheet (SDS) and recommendation for disposal of expires tubes and accessories if applicable. | |
| 8 | Item must have a minimum shelf life of six (6) months. If otherwise, please provide valid reason. | |
| 9 | Item 1 to 5: They are made from Polyethylene and caps are of High Density Polyethylene (HDPE) resistant to mechanical stress and centrifugation breakage during standard procedures of use and in case of accidental falls. | |
| 10 | Item 1 to 4: Test tubes sizes and dimensions (external sizes): 10 x 35mm or similar size; Item 5: test tube length is 13 x 75mm, pierceable cap, with false bottom, Additive with K2EDTA and compatible with instrument probes | |
| 11 | Labels: are made from self-adhesive paper for specific medical use, printed in various color (option) with volume indicator and its suitable for crossmatch information for patient | |
| 12 | Compatible to existing sample rack which can be run with existing analyser | |

| NO. | SPECIFICATIONS AND REQUIREMENTS | VENDOR'S OFFER (PLEASE STATE) |
|------------|--|--|
| 13 | Easy to use tubes, leak-proof design with integrated collector, label placements and secure closure. (Test tube lid should be able to be closed properly after first opened) | |
| 14 | 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 | |
| 14 | 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 delivery | |
| 15 | Delivery- staggered delivery on a pre-arranged term with the laboratory or when required | |
| 16 | Delivery will be according to usage on the bases of demand, supply and purchase | |

| NO. | SPECIFICATIONS AND REQUIREMENTS | VENDOR'S OFFER (PLEASE STATE) |
|-----|---|----------------------------------|
| 17 | Provide In-House Technical Training/CME/ Scientific talks as part of phlebotomist's refresher course regularly every year | |
| 18 | Supply of updated relevant educational materials (eg scientific journal/publication/ poster) related to the phlebotomy for laboratories and doctors/nurses free of charge | |
| 19 | Buffer stock for fast moving items should be available at the local representative as contingency. | |
| 20 | Should there be any discontinuity of consumables due to non-compliance in the manufacturing; the vendor must be able to provide an alternative so that the test requests / services are still available for the customers. | |
| 21 | <p>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:</p> <ol style="list-style-type: none"> 1. When the testing is no longer required or relevant i.e. test is obsolete, to the laboratory or the Department. 2. When the item(s) set out in this tender is/are no longer required by the laboratory or the Department. 3. 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) | |

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_____

[Signature of authorised officer of Tenderer]

Name:

Designation:

Tenderer's official stamp:

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/349/2022/LAB(TC)

**INVITATION TO TENDER
TO SUPPLY AND DELIVER PAEDIATRIC BLOOD COLLECTION TUBES FOR PHLEBOTOMY
AND CSRA SECTION, 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 | MICROTAINER SERUM SEPARATOR GEL TUBE | | | |
| 2 | MICROTAINER SERUM SEPARATOR GEL TUBE (PST) | | | |
| 3 | MICROTAINER GLUCOSE TUBE | | | |
| 4 | MICROTAINER SERUM TUBE, SERUM TUBE WITH SILICONE COATED | | | |
| 5 | MICROTAINER MAP MICROTUBE | | | |

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 : _____