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/20/2023/LAB(TC)	TO SUPPLY AND DELIVER AGGLUTINATING REAGENTS FOR NATIONAL CLINICAL MICROBIOLOGY REFERENCE LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE	5 YEARS	DEPARTMENT OF LABORATORY SERVICES	$30.00	28TH FEBRUARY 2023	*Nurul Asimah binti Hj Morni* *National Clinical Microbiology Reference Laboratory,* *Department of Laboratory Services,* *Ministry of Health* *Negara Brunei Darussalam* *Contact No: 2242424 Ext 6329* *email:* *Asimah.morni@moh.gov.bn*

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO: KK/20/2023/LAB(TC)

INVITATION TO TENDER

TO SUPPLY AND DELIVER AGGLUTINATING REAGENTS FOR NATIONAL CLINICAL MICROBIOLOGY REFERENCE LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS

DELIVERY PERIOD AFTER PO ISSUED	**8-12 WEEKS**

	USER'S REQUIREMENTS		
NO	**ITEM DESCRIPTIONS AND SPECIFICATIONS**	**PACKAGING SIZE**	**TOTAL ESTIMATE USAGE / YEAR**
1	**STAPHYLOCOCCUS COAGULATION TEST KIT** • Reagent should be a rapid latex agglutination method • Direct agglutination tests using latex sensitised with fibrinogen and IgG, in order to detect the clumping factor and protein A and capsular polysaccharides which are biochemical characteristics of *Staphylococcus aureus*. • Latex sensitised by bovine albumin solution, fibrinogen, IgG, and monoclonal antibodies directed against capsular polysaccharides of *Staphylococcus aureus* • Reagent kit should have latex test reagent in dropper bottle, ready to use, Negative control in dropper bottle, ready to use, disposable agglutination cards and disposable mixing sticks. • Results must be read within 30 seconds to 1 minute maximum of rotation. • The latex test reagent must agglutinate with *Staphylococcus aureus* and must show an absence of agglutination with *Staphylococcus epidermidis*, within a maximum of 1 minute. The Negative control must show an absence of agglutination with both organisms. • Test kit can be tested on colonies from Blood Agar and Mannitol Salt Agar	250 tests/kit	40 kits (10,000 tests)

	USER'S REQUIREMENTS		
NO	**ITEM DESCRIPTIONS AND SPECIFICATIONS**	**PACKAGING SIZE**	**TOTAL ESTIMATE USAGE / YEAR**
2	**BACTERIAL ANTIGEN TEST KIT** • Reagent should be a rapid latex agglutination method for use in the qualitative detection of antigen from Streptococcus group B, Haemophilus influenzae type b, Streptococcus pneumoniae (pneumococcus), Neisseria meningitidis (meningococcus) groups A, B, C, Y or W135 and Escherichia coli K1 present in cerebrospinal fluid (CSF) as a consequence of infection. • Directly detect antigens present in human cerebrospinal fluid (CSF), serum, urine, or blood cultures • Can also be used to test other body fluids or blood culture supernatants for most of these antigens and plate cultures for *N. meningitidis* group B or *Escherichia coli K1.* • Should include in individual dropper bottles specifically for testing *Strep* B, *H. influenza* b, *S. pneumonia*, *N. meningitidis* ACY W135, *N. meningitidis* B/*E. coli.* • Should have clear agglutination of a single Test Latex accompanied by negative reactions with all other Test Latex reagents and the Control Latex which indicates the presence and identity of a bacterial antigen in the test sample • Visible Reaction should show agglutination within 3-6 mins when holding the card at normal reading distance (25 to 35 cm) from the eyes. No magnifying lens needed. • Should be highly specific and sensitive.	30 tests/kit	8 kits (240 tests)
3	**CRYPTOCOCCUS ANTIGEN TEST KIT** • Reagent should be a rapid latex agglutination method for qualitative or semi-quantitative detection of polysaccharide antigens associated with *Cryptococcus neoformans* infection in serum or CSF. • Should include Test latex, Negative and Positive controls, Protease, specimen diluent, disposable reaction cards, dispensing pipette. • Should be heated in a boiling water bath (100°C) for 5 minutes only. • Clear agglutination should be visible after 5 minutes. • Should be Highly Specific and Sensitive.	50 tests/kit	4 kits (200 tests)

	USER'S REQUIREMENTS		
NO	**ITEM DESCRIPTIONS AND SPECIFICATIONS**	**PACKAGING SIZE**	**TOTAL ESTIMATE USAGE / YEAR**
4	**ANTI STREPTOLYSIN O LATEX AGGLUTINATION TEST KIT** • Test is used to detect Anti-Streptolysin O antibodies which are produced during beta-hemolytic Streptococci infections. • Initial testing should be latex agglutination for qualitative method • Clear agglutination should be visible within a period not longer than 3 minutes. • Should include Latex Test, Positive Control, Negative Control, reaction cards dan disposable stirrers. • For semi-quantitative method, can be calculated by multiplying the dilution factor by the detection limit (200IU/ml) • Sensitivity should be 98% and specificity is 97%	100 tests/kit	8 kits (800 tests)

NO	SPECIFICATIONS AND REQUIREMENTS
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.
2	Staggered delivery upon request. Delivery of consumables should be according to user schedule. Supplier should have other alternative in the case where supplier cannot fulfil the delivery on time.
3	Any defect and contaminations occurring along the line should be replaced by the next shipment or at the earliest shipment.
4	Should there be any discontinuity of consumables due to non-compliance in the manufacturing of the consumables; the vendor must be able to provide an alternative so that the services are still available for the customers.
5	Should there be any new formulation and/or improved performance available for any of the reagent or consumable, the successful vendor to provide change for the upgraded reagent and consumable at no additional cost
6	Reagents should be FDA Approved or CE Marked.
7	Easy to interpret result with clear instruction by manufacturer.
8	Reagents should only be for Clinical diagnostic and not for research laboratory use.
9	Supplier should liaise with user for the expiry date before ordering.
10	Participating vendor must provide product insert of the test kits for the purpose of evaluation

11	Buffer stock of the test kit including reagents, consumables and accessories should be available at the local representative as contingency.
12	Successful vendor to provide the procedure for verification of test kit, perform verification study and provide the report if required, before the kit can be used.
13	Successful vendor to bear the costs of all reagents and/or consumables and control organism (ATCC organisms) needed to perform validation/verification study.
14	Successful vendor shall supply and deliver the recommended control organisms (ATCC organisms) for internal quality performance check of the test kit as required by ISO 15189 at least once during the term of tender. Please indicate the ATCC organisms recommended for use with the test kit being offered.
15	Successful vendor shall replace with new kit if internal quality performance check fails.
16	Successful vendor shall provide Certificate of Analysis (CoA) for every delivery and different batch of the reagents
17	Vendor to supply with Safety Data Sheet
18	All participating vendors MUST provide sample to the end-user for evaluation (either given together with offered quotation or during evaluation)
19	**DELIVERY PERIOD**: Within **8-12 weeks**
20	**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).

DELIVERY PERIOD AFTER PO ISSUED	**8-12 weeks**		
Lab/Section/Unit	National Clinical Microbiology Reference Laboratory		
Lab/Section/Unit Ref No.:	DLS/PU/MIC/2022/A50K/10_AGGLUTINATING		
Person to Contact	Name	: Nurul Asimah Hj Morni	
	E-mail	: Asimah.morni@moh.gov.bn	
	Tel.No.	: 2242424 ext 6329	Fax No. :

SECTION 3

FORMS TO BE USED

CONTENTS

SCHEDULE 1 - TENDER FORM

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SCHEDULE 1

TENDER FORM

To:

TENDER REFERENCE NO: KK/20/2023/LAB(TC)

INVITATION TO TENDER
TO SUPPLY AND DELIVER AGGLUTINATING REAGENTS FOR NATIONAL CLINICAL MICROBIOLOGY REFERENCE 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 AFTER PO ISSUED	

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	**STAPHYLOCOCCUS COAGULATION TEST KIT** • Reagent should be a rapid latex agglutination method	250 TESTS/KIT	40 KITS (10,000 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$)**	**TOTAL COSTS (B$)**
	• Direct agglutination tests using latex sensitised with fibrinogen and IgG, in order to detect the clumping factor and protein A and capsular polysaccharides which are biochemical characteristics of *Staphylococcus aureus*. • Latex sensitised by bovine albumin solution, fibrinogen, IgG, and monoclonal antibodies directed against capsular polysaccharides of *Staphylococcus aureus* • Reagent kit should have latex test reagent in dropper bottle, ready to use, Negative control in dropper bottle, ready to use, disposable agglutination cards and disposable mixing sticks.								

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$)**	**TOTAL COSTS (B$)**
	• Results must be read within 30 seconds to 1-minute maximum of rotation. • The latex test reagent must agglutinate with *Staphylococcus aureus* and must show an absence of agglutination with *Staphylococcus epidermidis*, within a maximum of 1 minute. The Negative control must show an absence of agglutination with both organisms. • Test kit can be tested on colonies from Blood Agar and Mannitol Salt Agar								
2	**BACTERIAL ANTIGEN TEST KIT** • Reagent should be a rapid latex agglutination method for use in the qualitative detection of antigen from Streptococcus group	30 TESTS/KIT	8 KITS (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$)**	**TOTAL COSTS (B$)**
	B, Haemophilus influenzae type b, Streptococcus pneumoniae (pneumococcus), Neisseria meningitidis (meningococcus) groups A, B, C, Y or W135 and Escherichia coli K1 present in cerebrospinal fluid (CSF) as a consequence of infection. • Directly detect antigens present in human cerebrospinal fluid (CSF), serum, urine, or blood cultures • Can also be used to test other body fluids or blood culture supernatants for most of these antigens and plate cultures for *N. meningitidis* group B or *Escherichia coli K1.* • Should include in individual dropper bottles specifically for								

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$)**	**TOTAL COSTS (B$)**
	testing *Strep* B, *H. influenza* b, *S. pneumonia*, *N. meningitidis* ACY W135, *N. meningitidis* B/*E. coli.* • Should have clear agglutination of a single Test Latex accompanied by negative reactions with all other Test Latex reagents and the Control Latex which indicates the presence and identity of a bacterial antigen in the test sample • Visible Reaction should show agglutination within 3-6 mins when holding the card at normal reading distance (25 to 35 cm) from the eyes. No magnifying lens needed. • Should be highly specific and sensitive.								
3	**CRYPTOCOCCUS ANTIGEN TEST KIT**	50 TESTS/KIT	4 KITS (200 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$)**	**TOTAL COSTS (B$)**
	• Reagent should be a rapid latex agglutination method for qualitative or semi-quantitative detection of polysaccharide antigens associated with *Cryptococcus neoformans* infection in serum or CSF. • Should include Test latex, Negative and Positive controls, Protease, specimen diluent, disposable reaction cards, dispensing pipette. • Should be heated in a boiling water bath (100°C) for 5 minutes only. • Clear agglutination should be visible after 5 minutes. • Should be Highly Specific and Sensitive.								

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$)**	**TOTAL COSTS (B$)**
4	**ANTI STREPTOLYSIN O LATEX AGGLUTINATION TEST KIT** • Test is used to detect Anti-Streptolysin O antibodies which are produced during beta-hemolytic Streptococci infections. • Initial testing should be latex agglutination for qualitative method • Clear agglutination should be visible within a period not longer than 3 minutes. • Should include Latex Test, Positive Control, Negative Control, reaction cards dan disposable stirrers. • For semi-quantitative method, can be calculated by multiplying the dilution factor by the detection limit (200IU/ml)	100 TESTS/KIT	8 KITS (800 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$)**	**TOTAL COSTS (B$)**
	• Sensitivity should be 98% and specificity is 97%								

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 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.	
2	Staggered delivery upon request. Delivery of consumables should be according to user schedule. Supplier should have other alternative in the case where supplier cannot fulfil the delivery on time.	
3	Any defect and contaminations occurring along the line should be replaced by the next shipment or at the earliest shipment.	
4	Should there be any discontinuity of consumables due to non-compliance in the manufacturing of the consumables; the vendor must be able to provide an alternative so that the services are still available for the customers.	
5	Should there be any new formulation and/or improved performance available for any of the reagent or consumable, the successful vendor to provide change for the upgraded reagent and consumable at no additional cost	
6	Reagents should be FDA Approved or CE Marked.	
7	Easy to interpret result with clear instruction by manufacturer.	
8	Reagents should only be for Clinical diagnostic and not for research laboratory use.	
9	Supplier should liaise with user for the expiry date before ordering.	
10	Participating vendor must provide product insert of the test kits for the purpose of evaluation	
11	Buffer stock of the test kit including reagents, consumables and accessories should be available at the local representative as contingency.	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
12	Successful vendor to provide the procedure for verification of test kit, perform verification study and provide the report if required, before the kit can be used.	
13	Successful vendor to bear the costs of all reagents and/or consumables and control organism (ATCC organisms) needed to perform validation/verification study.	
14	Successful vendor shall supply and deliver the recommended control organisms (ATCC organisms) for internal quality performance check of the test kit as required by ISO 15189 at least once during the term of tender. Please indicate the ATCC organisms recommended for use with the test kit being offered.	
15	Successful vendor shall replace with new kit if internal quality performance check fails.	
16	Successful vendor shall provide Certificate of Analysis (CoA) for every delivery and different batch of the reagents	
17	Vendor to supply with Safety Data Sheet	
18	All participating vendors MUST provide sample to the end-user for evaluation (either given together with offered quotation or during evaluation)	
19	**DELIVERY PERIOD**: within **8-12 weeks**	**(Yes / No)** **(If No, please specify)**
20	**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).	

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/20/2023/LAB(TC)

INVITATION TO TENDER

TO SUPPLY AND DELIVER AGGLUTINATING REAGENTS FOR NATIONAL CLINICAL MICROBIOLOGY REFERENCE 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	STAPHYLOCOCCUS COAGULATION TEST KIT			
2	BACTERIAL ANTIGEN TEST KIT			
3	CRYPTOCOCCUS ANTIGEN TEST KIT			
4	ANTI STREPTOLYSIN O LATEX AGGLUTINATION TEST 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 : _____