

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/21/2023/LAB(TC)	TO SUPPLY AND DELIVER EXTERNAL QUALITY ASSURANCE PROGRAM SAMPLES FOR NATIONAL VIROLOGY REFERENCE LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS USAGE	3 YEARS	DEPARTMENT OF LABORATORY SERVICES	\$10.00	28 TH FEBRUARY 2023	<i>Dr Zainun Zaini Virology Laboratory, Department of Laboratory Services, Ministry of Health Negara Brunei Darussalam Contact No: 2221837 email: zainun.zaini@moh.gov.bn</i>

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO: KK/21/2023/LAB(TC)

INVITATION TO TENDER

TO SUPPLY AND DELIVER EXTERNAL QUALITY ASSURANCE PROGRAM SAMPLES FOR NATIONAL VIROLOGY REFERENCE LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS USAGE

DELIVERY PERIOD	AS PER SELECTED EQA PROGRAM PROVIDER'S SCHEDULE. - ENROLMENT ONE PER YEAR - SAMPLE SHIPPED ONCE PER YEAR OR AS PER EQA PROGRAM PROVIDER'S SCHEDULE.
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USER'S REQUIREMENTS			
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR
1	EQA program for Alphavirus	Please see Appendix A	1 program
2	EQA program for Flavivirus serology		1 program
3	EQA program for Parvovirus serology		1 program
4	EQA program for Herpes simplex virus (HSV) serology		1 program
5	EQA program for Cytomegalovirus serology		1 program
6	EQA program for Epstein Barr Virus (EBV) serology		1 program
7	EQA program for Toxoplasma serology		1 program
8	EQA program for Hepatitis A		1 program
9	EQA program for Hepatitis B		1 program
10	EQA program for Hepatitis C		1 program
11	EQA program for Rubella		1 program
12	EQA program for Syphilis		1 program
13	EQA program for HIV serology		1 program
14	EQA program for Measles virus serology		1 program
15	EQA program for Mumps virus serology		1 program
16	EQA program for Varicella Zoster virus serology		1 program
17	EQA program for Molecular Hepatitis B DNA Quantitative		1 program
18	EQA program sample for Molecular Hepatitis C RNA Quantitative		1 program
19	EQA program for Molecular Viral Respiratory Pathogens		1 program
20	EQA program for HIV RNA Viral Load		1 program
21	EQA program for Molecular Influenza		1 program
22	EQA program for Molecular Coronavirus SARS-CoV-2		1 program
23	EQA program for Molecular Cytomegalovirus Quantitative		1 program

NO	SPECIFICATIONS AND REQUIREMENTS
1	<p>GENERAL</p> <p>Vendor to provide suitable qualified External Quality Assurance (EQA) program to be enrolled for the years 2024 until 2026. (Please refer to Appendix A for specific requirement for each program)</p>
2	Vendor shall make enrolment with the appropriate EQA program service provider for National Virology Reference Laboratory.
3	Vendor shall make payment to the EQA program service provider for any enrolment to the specific program module as defined.
4	Vendor shall ensure the EQA program module sample reaches the laboratory within the period acceptable to the laboratory for evaluation and result submission.
5	Vendor shall provide or update the laboratory of details or information on the test menu covered by the selected EQA program module.
6	Vendor shall assist in sending reports when there is down time of the process of sending report to the EQA service provider.
7	The EQA programs should provide provision to order extra material/replacement in case unsatisfactory or damaged sample when received.
8	<p>The EQA programs to be offered shall be:</p> <ol style="list-style-type: none"> a. Substantially fulfil the relevant requirement of ISO 17043 and/or approved by recognised international regulatory body b. Extensive test menu (Please refer to Appendix A) c. Survey / Generic reports come back within the acceptable turn-around time d. Participation by sufficient number of peer groups (Please refer to Appendix A) e. Educational program shall be available in the system f. Module configuration and program structure shall be acceptable by the user
9	<p>EQA material to be tested shall be:</p> <ol style="list-style-type: none"> a) arrived at the laboratory or end-user at the latest two (2) weeks before the expected submission of results / due date. b) transported in accordance with Universal Post Union (UPU) regulations. c) packed and transported such that quality and integrity of samples are maintained d) appropriately labelled with the dispatch date clearly indicated be packaged for transport against damage e) clearly labelled, including information on the species of origin of the base material including information such as Material Safety Data Sheet (MSDS) f) be accompanied / provided with clear and precise instructions for use. The instructions should include information on: <ul style="list-style-type: none"> • nature of the specimen • treatment of the specimen • safety precautions • date for return of results • reconstitution detail or • suspension procedures • expiry date • other relevant details g) represent human lyophilized serum / whole blood / fluid with given reconstituted volume demonstrably homogeneous h) remain stable during transit i) span the concentration of clinical important ranges which include the lowest and highest levels encountered in patients' samples j) demonstrate homogeneous across all the aliquots produced k) stable for the condition under which they will be transported and stored without significant deterioration in assay values and behaviour

	<p>l) have analytes concentrations that include the expected clinical range, include appropriate sample types (e.g., urine, whole blood, serum),</p> <p>m) available in sufficient volume</p> <p>n) behave in clinical laboratory measurement procedures in the same manner as patient samples</p>
10	<p>EQA reports:</p> <p>a) Submission of reports must be available via online (where applicable) including late submission.</p> <p>b) Where reports cannot be submitted via online, the vendor must provide alternative system/process to submit the report with no charges.</p> <p>c) The nature of the report must be user-friendly and include:</p> <ul style="list-style-type: none"> • Inter-laboratory group reports • Multi-instrument reports • Methodology comparison reports <p>d) The report must have regular periodic performance reviews, with advice to participants and indications of the nature of failures, imprecision or inaccuracy, possible causes and likely remedies</p> <p>e) Yearly performance certification is provided</p>
11	Vendor must be able to provide continuing education or in-house training with topics relevant to EQA program and its interpretations; and covering the disciplines subscribed.
12	The successful tenderer should provide ONE (1) off-site training for two (2) key users within 3 years on topics related to and not limited to viral diagnostics and quality testing for infectious diseases. All expenses for attending the training shall be borne by the vendor; full registration, air ticket, accommodation, transport to and from the airport and place of training.
13	The quoted price for each EQA program module shall be fixed and inclusive of (door to door) transportation cost and any fee required where possible.
14	Vendor shall define and ensure the selected courier service that will deliver the EQA sample to the laboratory is internationally recognised and comply with the current regulation of transporting biohazard specimen.
15	Vendor shall devise customs clearance procedures when required
16	<p>a) All program must provide option for participant to enter value for tests that are quantitative in nature</p> <p>b) All program must enable participant to submit interpretative comment of finding</p> <p>c) All program must include clerical errors in questionnaires</p> <p>d) All program must enable participants to print out relevant clinical notes and result worksheets upon open survey date</p> <p>e) Programs 1-16 should include survey reports indicating consensus result and percentage of score obtained for each individual specimen</p> <p>f) Program 17, 18 and 20 should include preliminary report of the expected quantitative results in order to assess results in the first instance followed by final report containing statistical analyses, comparisons and commentary</p> <p>g) Program 19 and 21 must indicate expected result of the virus strain in the report</p>
17	<p>DELIVERY PERIOD:</p> <p>As per selected EQA program provider's schedule.</p> <ul style="list-style-type: none"> ▪ Enrolment once per year ▪ Samples shipped once per year or as per EQA program provider's schedule
18	<p>PRICE VALIDITY:</p> <p>The quotation shall remain valid for twelve (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).</p>

INDIVIDUAL PROGRAM SPECIFICATIONS

NO.	ITEM NAME	ITEM DESCRIPTIONS AND SPECIFICATIONS
1.	EQA program for Alphavirus	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Chikungunya IgM • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group
2.	EQA program sample for Flavivirus serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Dengue virus NSI 2.Dengue virus IgM 3.Dengue virus IgG 4.Japanese encephalitis virus IgM • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group
3.	EQA program sample for Parvovirus serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Parvovirus IgM 2.Parvovirus IgG • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group
4.	EQA program sample for Herpes simplex virus (HSV) serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.HSV 1&2 IgM 2.HSV 1&2 IgG 3.HSV confirmatory test • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group
5.	EQA program for Cytomegalovirus serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Cytomegalovirus IgM 2.Cytomegalovirus IgG • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group
6.	EQA program sample for Epstein Barr Virus (EBV) serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.EBV VCA IgM 2.EBV VCA IgG 3.EBV EA IgA 4.EBV VCA IgA • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group

7.	EQA program for Toxoplasma serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Toxoplasma IgM 2.Toxoplasma IgG • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group
8.	EQA program sample for Hepatitis A	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Anti HAV Total antibody 2.HAV IgM • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group
9.	EQA program sample for Hepatitis B	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.HbsAg 2.Anti-HBs 3.Anti-HBc 4.Anti-HBc IgM 5.Anti-HBe 6.HBeAg 7.HBsAg confirmatory test • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group
10.	EQA program sample for Hepatitis C	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Anti-HCV screening assay 2.Anti-HCV supplementary test 3.Anti-HCV confirmatory test • One dispatch sample per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group
11.	EQA program sample for Rubella	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Rubella IgM 2.Rubella IgG • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group
12.	EQA program sample for Syphilis	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Syphilis screening assay 2.Syphilis RPR 3.Syphilis TPPA 4.Syphilis immunoblot confirmatory test • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group
13.	EQA program for HIV serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.HIV antigen/antibody screening 2.HIV antigen only testing 3.HIV 1/2 antibody confirmatory test • One sample dispatch per year • Minimum of 2 surveys per year

14.	EQA program for Measles virus serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Measles virus IgM 2.Measles virus IgG • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group
15.	EQA program for Mumps virus serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Mumps virus IgM 2.Mumps virus IgG • One samples dispatch samples per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group
16.	EQA program for Varicella Zoster virus serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Varicella zoster virus IgM 2.Varicella zoster virus IgG • One samples dispatch samples per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group
17.	EQA program for Molecular Hepatitis B DNA Quantitative	<ul style="list-style-type: none"> • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Plasma • Not less than 10 peer group
18.	EQA program sample for Molecular Hepatitis C RNA Quantitative	<ul style="list-style-type: none"> • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Plasma • Not less than 10 peer group
19.	EQA program for Molecular Viral Respiratory Pathogens	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1. Influenza 2. Adenovirus 3. Enterovirus 4. Parainfluenza 1-4 5. Coronavirus 6. Rhinovirus 7. Respiratory syncytial virus 8.Human metapneumovirus • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Inactivated culture lysate • Not less than 10 peer group
20.	EQA program for HIV RNA Viral Load	<ul style="list-style-type: none"> • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Plasma • Not less than 10 peer group

21.	EQA program for Molecular Influenza	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1. Influenza A matrix 2. Influenza A H1 3. Influenza A H1 (pandemic) 4. Influenza A H3 5. Influenza A H5 6. Influenza A H7 7. Influenza B • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Inactivated culture lysate • Not less than 10 peer group
22.	EQA program for Molecular Coronavirus SARS-CoV-2	<ul style="list-style-type: none"> • Program must include the gene target region: <ol style="list-style-type: none"> 1. E gene 2. N gene 3. RdRp/S gene 4. ORF1 gene • One sample dispatch per year • Minimum of 4 surveys per year • Sample type: Liquid • Not less than 10 peer group
23.	EQA program for molecular Cytomegalovirus Quantitative	<ul style="list-style-type: none"> • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Plasma • Not less than 10 peer group

DELIVERY PERIOD AFTER PO ISSUED	As per selected EQA program provider's schedule	
Lab/Section/Unit	Virology Laboratory	
Lab/Section/Unit Ref No.:	DLS/PU/VIR/2022/A50K/10	
Person to Contact	Name :Dr Zainun Zaini	
	E-mail :zainun.zaini@moh.gov.bn	
	Tel.No. :2221837	Fax No.:
FOR ADMINISTRATION USE ONLY		
PPM/PROC Ref.No.	PPM/PROC/2022/>50K/071(VIR)	
Advertisement Ref. No.		Date :

SECTION 3
FORMS TO BE USED

CONTENTS

SCHEDULE 1 - TENDER FORM

SCHEDULE 2 - INFORMATION SUMMARY

SCHEDULE 3 - SUB-CONTRACTS

SCHEDULE 4 - COMPANY BACKGROUND

SCHEDULE 5 - REFERENCES

SCHEDULE 6 - SUBMISSION OF SAMPLE

SCHEDULE 7 - LETTER OF DECLARATION

SCHEDULE 1

TENDER FORM

To:

TENDER REFERENCE NO: KK/21/2023/LAB(TC)

INVITATION TO TENDER

**TO SUPPLY AND DELIVER EXTERNAL QUALITY ASSURANCE PROGRAM SAMPLES FOR NATIONAL VIROLOGY REFERENCE LABORATORY,
DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS USAGE**

TENDER OF *(name of tenderer)* _____

Company/Business Registration No _____

Tender Closing Date _____

DELIVERY PERIOD	
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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	EQA program for Alphavirus	Please see Appendix A	1 program						
2	EQA program for Flavivirus serology		1 program						
3	EQA program for Parvovirus serology		1 program						

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	EQA program for Herpes simplex virus (HSV) serology		1 program						
5	EQA program for Cytomegalovirus serology		1 program						
6	EQA program for Epstein Barr Virus (EBV) serology		1 program						
7	EQA program for Toxoplasma serology		1 program						
8	EQA program for Hepatitis A		1 program						
9	EQA program for Hepatitis B		1 program						
10	EQA program for Hepatitis C		1 program						
11	EQA program for Rubella		1 program						
12	EQA program for Syphilis		1 program						
13	EQA program for HIV serology		1 program						
14	EQA program for Measles virus serology		1 program						
15	EQA program for Mumps virus serology		1 program						
16	EQA program for Varicella Zoster virus serology		1 program						
17	EQA program for Molecular Hepatitis B DNA Quantitative		1 program						

	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\$)
18	EQA program sample for Molecular Hepatitis C RNA Quantitative		1 program						
19	EQA program for Molecular Viral Respiratory Pathogens		1 program						
20	EQA program for HIV RNA Viral Load		1 program						
21	EQA program for Molecular Influenza		1 program						
22	EQA program for Molecular Coronavirus SARS-CoV-2		1 program						
23	EQA program for Molecular Cytomegalovirus Quantitative		1 program						
TOTAL PRICE (B\$) FOR ONE (1) YEAR USAGE									
TOTAL PRICE (B\$) FOR THREE (3) YEARS USAGE									

NO	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
1	<p>GENERAL</p> <p>Vendor to provide suitable qualified External Quality Assurance (EQA) program to be enrolled for the years 2024 until 2026. (Please refer to Appendix A for specific requirement for each program)</p>	
2	Vendor shall make enrolment with the appropriate EQA program service provider for National Virology Reference Laboratory.	
3	Vendor shall make payment to the EQA program service provider for any enrolment to the specific program module as defined.	
4	Vendor shall ensure the EQA program module sample reaches the laboratory within the period acceptable to the laboratory for evaluation and result submission.	
5	Vendor shall provide or update the laboratory of details or information on the test menu covered by the selected EQA program module.	
6	Vendor shall assist in sending reports when there is down time of the process of sending report to the EQA service provider.	
7	The EQA programs should provide provision to order extra material/replacement in case unsatisfactory or damaged sample when received.	
8	<p>The EQA programs to be offered shall be:</p> <ol style="list-style-type: none"> a. Substantially fulfil the relevant requirement of ISO 17043 and/or approved by recognised international regulatory body b. Extensive test menu (Please refer to Appendix A) c. Survey / Generic reports come back within the acceptable turn-around time d. Participation by sufficient number of peer groups (Please refer to Appendix A) e. Educational program shall be available in the system f. Module configuration and program structure shall be acceptable by the user 	

<p style="text-align: center;">9</p>	<p>EQA material to be tested shall be:</p> <ol style="list-style-type: none"> a) arrived at the laboratory or end-user at the latest two (2) weeks before the expected submission of results / due date. b) transported in accordance with Universal Post Union (UPU) regulations. c) packed and transported such that quality and integrity of samples are maintained d) appropriately labelled with the dispatch date clearly indicated be packaged for transport against damage e) clearly labelled, including information on the species of origin of the base material including information such as Material Safety Data Sheet (MSDS) f) be accompanied / provided with clear and precise instructions for use. The instructions should include information on: <ul style="list-style-type: none"> • nature of the specimen • treatment of the specimen • safety precautions • date for return of results • reconstitution detail or • suspension procedures • expiry date • other relevant details g) represent human lyophilized serum / whole blood / fluid with given reconstituted volume demonstrably homogeneous h) remain stable during transit i) span the concentration of clinical important ranges which include the lowest and highest levels encountered in patients' samples j) demonstrate homogeneous across all the aliquots produced k) stable for the condition under which they will be transported and stored without significant deterioration in assay values and behaviour l) have analytes concentrations that include the expected clinical range, include appropriate sample types (e.g., urine, whole blood, serum), m) available in sufficient volume n) behave in clinical laboratory measurement procedures in the same manner as patient samples 	
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10	<p>EQA reports:</p> <p>a) Submission of reports must be available via online (where applicable) including late submission.</p> <p>b) Where reports cannot be submitted via online, the vendor must provide alternative system/process to submit the report with no charges.</p> <p>c) The nature of the report must be user-friendly and include:</p> <ul style="list-style-type: none"> • Inter-laboratory group reports • Multi-instrument reports • Methodology comparison reports <p>d) The report must have regular periodic performance reviews, with advice to participants and indications of the nature of failures, imprecision or inaccuracy, possible causes and likely remedies</p> <p>e) Yearly performance certification is provided</p>	
11	<p>Vendor must be able to provide continuing education or in-house training with topics relevant to EQA program and its interpretations; and covering the disciplines subscribed.</p>	
12	<p>The successful tenderer should provide ONE (1) off-site training for two (2) key users within 3 years on topics related to and not limited to viral diagnostics and quality testing for infectious diseases. All expenses for attending the training shall be borne by the vendor; full registration, air ticket, accommodation, transport to and from the airport and place of training.</p>	
13	<p>The quoted price for each EQA program module shall be fixed and inclusive of (door to door) transportation cost and any fee required where possible.</p>	
14	<p>Vendor shall define and ensure the selected courier service that will deliver the EQA sample to the laboratory is internationally recognised and comply with the current regulation of transporting biohazard specimen.</p>	
15	<p>Vendor shall devise customs clearance procedures when required</p>	

16	<p>a) All program must provide option for participant to enter value for tests that are quantitative in nature</p> <p>b) All program must enable participant to submit interpretative comment of finding</p> <p>c) All program must include clerical errors in questionnaires</p> <p>d) All program must enable participants to print out relevant clinical notes and result worksheets upon open survey date</p> <p>e) Programs 1-16 should include survey reports indicating consensus result and percentage of score obtained for each individual specimen</p> <p>f) Program 17, 18 and 20 should include preliminary report of the expected quantitative results in order to assess results in the first instance followed by final report containing statistical analyses, comparisons and commentary</p> <p>g) Program 19 and 21 must indicate expected result of the virus strain in the report</p>	
17	<p>DELIVERY PERIOD:</p> <p>As per selected EQA program provider's schedule.</p> <ul style="list-style-type: none"> ▪ Enrolment once per year ▪ Samples shipped once per year or as per EQA program provider's schedule 	
18	<p>PRICE VALIDITY:</p> <p>The quotation shall remain valid for twelve (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).</p>	

INDIVIDUAL PROGRAM SPECIFICATIONS

NO.	ITEM NAME	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE
1.	EQA program for Alphavirus	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Chikungunya IgM • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group 	
2.	EQA program sample for Flavivirus serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Dengue virus NSI 2.Dengue virus IgM 3.Dengue virus IgG 4.Japanese encephalitis virus IgM • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group 	
3.	EQA program sample for Parvovirus serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Parvovirus IgM 2.Parvovirus IgG One sample dispatch per year Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group 	

4.	EQA program sample for Herpes simplex virus (HSV) serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.HSV 1&2 IgM 2.HSV 1&2 IgG 3.HSV confirmatory test • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group 	
5.	EQA program for Cytomegalovirus serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Cytomegalovirus IgM 2.Cytomegalovirus IgG • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group 	
6.	EQA program sample for Epstein Barr Virus (EBV) serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.EBV VCA IgM 2.EBV VCA IgG 3.EBV EA IgA 4.EBV VCA IgA • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group 	
7.	EQA program for Toxoplasma serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Toxoplasma IgM 2.Toxoplasma IgG • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group 	

8.	EQA program sample for Hepatitis A	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Anti HAV Total antibody 2.HAV IgM • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group 	
9.	EQA program sample for Hepatitis B	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.HbsAg 2.Anti-HBs 3.Anti-HBc 4.Anti-HBc IgM 5.Anti-HBe 6.HBeAg 7.HBsAg confirmatory test • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group 	
10.	EQA program sample for Hepatitis C	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Anti-HCV screening assay 2.Anti-HCV supplementary test 3.Anti-HCV confirmatory test • One dispatch sample per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group 	
11.	EQA program sample for Rubella	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Rubella IgM 2.Rubella IgG One sample dispatch per year Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group 	

12.	EQA program sample for Syphilis	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Syphilis screening assay 2.Syphilis RPR 3.Syphilis TPPA 4.Syphilis immunoblot confirmatory test • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group 	
13.	EQA program for HIV serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.HIV antigen/antibody screening 2.HIV antigen only testing 3.HIV 1/2 antibody confirmatory test • One sample dispatch per year • Minimum of 2 surveys per year 	
14.	EQA program for Measles virus serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Measles virus IgM 2.Measles virus IgG • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group 	
15.	EQA program for Mumps virus serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1.Mumps virus IgM 2.Mumps virus IgG • One samples dispatch samples per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group 	

16.	EQA program for Varicella Zoster virus serology	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1. Varicella zoster virus IgM 2. Varicella zoster virus IgG • One samples dispatch samples per year • Minimum of 2 surveys per year • Sample type: Serum • Not less than 10 peer group 	
17.	EQA program for Molecular Hepatitis B DNA Quantitative	<ul style="list-style-type: none"> • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Plasma • Not less than 10 peer group 	
18.	EQA program sample for Molecular Hepatitis C RNA Quantitative	<ul style="list-style-type: none"> • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Plasma • Not less than 10 peer group 	
19.	EQA program for Molecular Viral Respiratory Pathogens	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1. Influenza 2. Adenovirus 3. Enterovirus 4. Parainfluenza 1-4 5. Coronavirus 6. Rhinovirus 7. Respiratory syncytial virus 8. Human metapneumovirus • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Inactivated culture lysate • Not less than 10 peer group 	
20.	EQA program for HIV RNA Viral Load	<ul style="list-style-type: none"> • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Plasma • Not less than 10 peer group 	

21.	EQA program for Molecular Influenza	<ul style="list-style-type: none"> • Program must include: <ol style="list-style-type: none"> 1. Influenza A matrix 2. Influenza A H1 3. Influenza A H1 (pandemic) 4. Influenza A H3 5. Influenza A H5 6. Influenza A H7 7. Influenza B • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Inactivated culture lysate • Not less than 10 peer group 	
22.	EQA program for Molecular Coronavirus SARS-CoV-2	<ul style="list-style-type: none"> • Program must include the gene target region: <ol style="list-style-type: none"> 1. E gene 2. N gene 3. RdRp/S gene 4. ORF1 gene • One sample dispatch per year • Minimum of 4 surveys per year • Sample type: Liquid • Not less than 10 peer group 	
23.	EQA program for molecular Cytomegalovirus Quantitative	<ul style="list-style-type: none"> • One sample dispatch per year • Minimum of 2 surveys per year • Sample type: Plasma • Not less than 10 peer group 	

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/21/2023/LAB(TC)

INVITATION TO TENDER

**TO SUPPLY AND DELIVER EXTERNAL QUALITY ASSURANCE PROGRAM SAMPLES FOR
NATIONAL VIROLOGY REFERENCE LABORATORY, DEPARTMENT OF LABORATORY
SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) 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	EQA program for Alphavirus			
2	EQA program for Flavivirus serology			
3	EQA program for Parvovirus serology			
4	EQA program for Herpes simplex virus (HSV) serology			
5	EQA program for Cytomegalovirus serology			
6	EQA program for Epstein Barr Virus (EBV) serology			
7	EQA program for Toxoplasma serology			
8	EQA program for Hepatitis A			
9	EQA program for Hepatitis B			
10	EQA program for Hepatitis C			
11	EQA program for Rubella			
12	EQA program for Syphilis			
13	EQA program for HIV serology			
14	EQA program for Measles virus serology			
15	EQA program for Mumps virus serology			

NO.	TEST/REAGENT NAME	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with ✕)	OFFERED/ NOT OFFERED (indicate as appropriate)
16	EQA program for Varicella Zoster virus serology			
17	EQA program for Molecular Hepatitis B DNA Quantitative			
18	EQA program sample for Molecular Hepatitis C RNA Quantitative			
19	EQA program for Molecular Viral Respiratory Pathogens			
20	EQA program for HIV RNA Viral Load			
21	EQA program for Molecular Influenza			
22	EQA program for Molecular Coronavirus SARS-CoV-2			
23	EQA program for Molecular Cytomegalovirus Quantitative			

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 : _____