

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/27/2023/LAB(TC)	TO SUPPLY AND DELIVER BLOOD KETONE STRIPS FOR POINT OF CARE TESTING SECTION, 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	<p>Susylawati Binti Haji Magon Point of Care Testing Section Department of Laboratory Services Ministry of Health Negara Brunei Darussalam Contact No.: 2242424 ext 6354/6358 e-mail: susylawati.magon@moh.gov.bn</p>

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO: KK/27/2023/LAB(TC)

INVITATION TO TENDER
TO SUPPLY AND DELIVER BLOOD KETONE STRIPS FOR POINT OF CARE TESTING
SECTION, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A
PERIOD OF THREE (3) YEARS

DELIVERY PERIOD AFTER PO ISSUED	4 - 8 WEEKS AND NO LONGER THAN 12 WEEKS
--	--

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE/YEAR
1	BLOOD KETONE STRIPS INCLUSIVE OF :	10 STRIPS/BOX	600 BOXES
2	GLUCOSE QUALITY CONTROL SOLUTION (LOW LEVEL)	4ML/BOX	12 BOXES
3	GLUCOSE QUALITY CONTROL SOLUTION (HIGH LEVEL)	4ML/BOX	12 BOXES
4	POC- GLUCOSE QUALITY CONTROL CROSS CHECK	6 SAMPLES/ PROGRAM	1 PROGRAM

NO.	SPECIFICATIONS AND REQUIREMENTS
1	All reagent test kits / consumables supplied throughout this tender shall have a minimum expiry date of twelve (12) months on delivery. Should the reagent or consumable 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 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 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	TEST STRIPS AND CONSUMABLES REQUIREMENTS
3.1	<p>The offered ketone strips shall include the following:</p> <ul style="list-style-type: none"> a) The reagent test strips supplied must be compatible to be used with Freestyle Optium Neo H glucometers b) The reagent test strip supplied are intended to be used by healthcare professionals in a multi-patient setting with FDA approved method (please provide certificate) c) The method for the test strip is using quantitative measurement of β-ketone (beta-hydroxybutyrate) in fresh capillary and venous whole blood samples. d) The test strip is compatible to be used for testing fingertip whole blood e) The test strip is individually pack to minimize contamination. f) The test strips shall have a minimum shelf life of one (1) year on the date of deliver g) The test strips are capable of taking blood sample at minimum volume of less than 5.0 μl h) Have measurement range of 0.0 – 8.0 mmol/L. i) test strips are capable to operate continuously in ambient temperature of 0-40 °C and relative humidity of 15-90% j) The method of test strip has no interference from the following substances above therapeutic level: Acetaminophen, ascorbic acid, dopamine, ephedrine, ibuprofen, L-dopa, maltose, methyl dopa, salicylate, tetracycline, tolazamide and tolbutamide <p>The test strips shall be packed with not more than 10 strips in a pack or container</p>
3.2	<p>The offered quality control material shall be:</p> <ul style="list-style-type: none"> a) Able to be stored at temperature between 4-30°C. b) Having stability period of 90 days or more after opening. <p>Compatible to be used with Freestyle Optium Glucometer and the offered test strips</p>
3.3	<p>The offered quality cross-check program shall be:</p> <ul style="list-style-type: none"> a) Designed for ketone test using glucometer which is applicable to be used for whole blood. b) Having a provision for facilities of using more than one glucometer. c) Providing a simplified report of instrument comparability with peer group comparison and instrument comparability statistics. d) Reporting a minimum number of five (5) peer groups for the offered glucometers. <p>Enrolled and result submission via on-line.</p>
4	Staggered delivery every 3 months period directly to Point of Care Testing Section, Department of Laboratory Services, Ministry of Health.
5	Product inserts and MSDS shall be provided to Point of Care Testing Section, Department of Laboratory Services, Ministry of Health.
6	International markings: products must be CE marked or equivalent standards that acceptable by Point of Care Testing Section, Department of Laboratory Services, Ministry of Health.
7	<p>Point of Care Testing Section shall have the rights to refuse delivery of items that do not meet the acceptance criteria such as, but not limited to, the following:</p> <ul style="list-style-type: none"> 1. Tampered or damaged box 2. Leakage upon delivery 3. Items stored pre-delivery not in accordance to manufacturer's instructions <p>Expiry date not meeting requirement</p>
10	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:

NO.	SPECIFICATIONS AND REQUIREMENTS
	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 Leakage upon delivery
11	Vendor shall submit samples of the offered items directly to Point of Care Testing Section, Department of Laboratory Services, Ministry of Health, no later than 7 days after the Closing Date of this advertisement or as required by the Users.
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 / consumables due to non-compliance in the manufacturing of reagents; the vendor must be able to provide an alternative so that the test requests / services 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: <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. 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 (<i>Lembaga Tawaran Kecil</i>).
12	DELIVERY PERIOD: Preferably 4 – 8 weeks and no later than 12 weeks after issue of Purchase Order
13	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).

* 6 months validity required for <\$50K or 12 months for >\$50K

DELIVERY PERIOD AFTER PO ISSUED	4-8 WEEKS AND NO LONGER THAN 12 WEEKS	
Lab/Section/Unit	POINT OF CARE TESTING SECTION	
Lab/Section/Unit Ref No.:	DLS/PU/POC/2023/01-01(KETONE STRIPS)	
Person to Contact	Name : SUSYLAWATI BINTI HJ MAGON	
	E-mail : Susylawati.magon@moh.gov.bn	
	Tel. No. : 2242424 ext. 6358	Fax No. : 2220869
FOR ADMINISTRATION USE ONLY		
PPM/PROC Ref .No.	PPM/PROC/2023/>50K/006(POCT)	
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/27/2023/LAB(TC)

INVITATION TO TENDER

**TO SUPPLY AND DELIVER BLOOD KETONE STRIPS FOR POINT OF CARE TESTING SECTION, DEPARTMENT OF LABORATORY SERVICES,
MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS**

TENDER OF (*name of tenderer*) _____

Company/Business Registration No _____

Tender Closing Date _____

DELIVERY PERIOD	
------------------------	--

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO.	ITEM DESCRIPTIONS 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	BLOOD KETONE STRIPS INCLUSIVE OF :	10 STRIPS/BOX	600 BOXES						
2	GLUCOSE QUALITY CONTROL SOLUTION (LOW LEVEL)	4ML/BOX	12 BOXES						
3	GLUCOSE QUALITY CONTROL SOLUTION (HIGH LEVEL)	4ML/BOX	12 BOXES						
4	POC- GLUCOSE QUALITY CONTROL CROSS CHECK	6 SAMPLES/ PROGRAM	1 PROGRAM						

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
1	All reagent test kits / consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of twelve (12) months on delivery. Should the reagent or consumable 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 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 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	TEST STRIPS AND CONSUMABLES REQUIREMENTS	
3.1	<p>The offered ketone strips shall include the following:</p> <ul style="list-style-type: none"> a) The reagent test strips supplied must be compatible to be used with Freestyle Optium Neo H glucometers b) The reagent test strip supplied are intended to be used by healthcare professionals in a multi-patient setting with FDA approved method (please provide certificate) c) The method for the test strip is using quantitative measurement of β-ketone (beta-hydroxybutyrate) in fresh capillary and venous whole blood samples. d) The test strip is compatible to be used for testing fingertip whole blood e) The test strip is individually pack to minimize contamination. f) The test strips shall have a minimum shelf life of one (1) year on the date of deliver g) The test strips are capable of taking blood sample at minimum volume of less than 5.0 μl h) Have measurement range of 0.0 – 8.0 mmol/L. i) test strips are capable to operate continuously in ambient temperature of 0-40 °C and relative humidity of 15-90% j) The method of test strip has no interference from the following substances above therapeutic level: Acetaminophen, ascorbic acid, dopamine, ephedrine, ibuprofen, L-dopa, maltose, methyl dopa, salicylate, tetracycline, tolazamide and tolbutamide <p>The test strips shall be packed with not more than 10 strips in a pack or container</p>	
3.2	<p>The offered quality control material shall be:</p> <ul style="list-style-type: none"> a) Able to be stored at temperature between 4-30°C. b) Having stability period of 90 days or more after opening. <p>Compatible to be used with Freestyle Optium Glucometer and the offered test strips</p>	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
3.3	<p>The offered quality cross-check program shall be:</p> <ol style="list-style-type: none"> a) Designed for ketone test using glucometer which is applicable to be used for whole blood. b) Having a provision for facilities of using more than one glucometer. c) Providing a simplified report of instrument comparability with peer group comparison and instrument comparability statistics. d) Reporting a minimum number of five (5) peer groups for the offered glucometers. <p>Enrolled and result submission via on-line.</p>	
4	<p>Staggered delivery every 3 months period directly to Point of Care Testing Section, Department of Laboratory Services, Ministry of Health.</p>	
5	<p>Product inserts and MSDS shall be provided to Point of Care Testing Section, Department of Laboratory Services, Ministry of Health.</p>	
6	<p>International markings: products must be CE marked or equivalent standards that acceptable by Point of Care Testing Section, Department of Laboratory Services, Ministry of Health.</p>	
7	<p>Point of Care Testing Section shall have the rights to refuse delivery of items that do not meet the acceptance criteria such as, but not limited to, the following:</p> <ol style="list-style-type: none"> 1. Tampered or damaged box 2. Leakage upon delivery 3. Items stored pre-delivery not in accordance to manufacturer's instructions <p>Expiry date not meeting requirement</p>	
10	<p>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:</p> <ol style="list-style-type: none"> 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 <p>Leakage upon delivery</p>	
11	<p>Vendor shall submit samples of the offered items directly to Point of Care Testing Section, Department of Laboratory Services, Ministry of Health, no later than 7 days after the Closing Date of this advertisement or as required by the Users.</p>	
11	<p>FINANCIAL AGREEMENT</p>	
11.1	<p>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.</p>	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
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 / consumables due to non-compliance in the manufacturing of reagents; the vendor must be able to provide an alternative so that the test requests / services are still available for the customers.	
11.4	<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. <p>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 (<i>Lembaga Tawaran Kecil</i>).</p>	
12	<p>DELIVERY PERIOD: Preferably 4 – 8 weeks and no later than 12 weeks after issue of Purchase Order</p>	(Yes / No) (If No, please specify)
13	<p>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).</p>	

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/27/2023/LAB(TC)

INVITATION TO TENDER

**TO SUPPLY AND DELIVER BLOOD KETONE STRIPS FOR POINT OF CARE TESTING
SECTION, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A
PERIOD OF THREE (3) YEARS**

SUBMISSION OF SAMPLE FORM OF (NAME OF TENDERER)

NO.	TEST/REAGENT NAME	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with X)	OFFERED/ NOT OFFERED (indicate as appropriate)
1	BLOOD KETONE STRIPS INCLUSIVE OF :			
2	GLUCOSE QUALITY CONTROL SOLUTION (LOW LEVEL)			
3	GLUCOSE QUALITY CONTROL SOLUTION (HIGH LEVEL)			
4	POC- GLUCOSE QUALITY CONTROL CROSS CHECK			

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 : _____