

REQUEST TO QUOTE
REF NO: NKF/AL/2018/023
Date: 26 NOVEMBER 2018

REQUEST FOR QUOTE NO :

FOR THE PROVISION OF HEALTH SCREENING, VACCINATIONS AND PRE-EMPLOYMENT SCREENING SERVICES TO NKF

1. Introduction

1.1 The National Kidney Foundation (“**NKF**”) wishes to appoint a service provider (the “service provider”) for the provision of Health screening, vaccinations and pre-employment services to NKF as described in these Requirement Specifications (the “**Services**”) to all NKF’s staffs.

2. Requirement Specifications

2.1 The **Services** shall conform to the detail requirement specifications in **Annex A & B**.

3. Quantity requirements and delivery requirements

3.1.1 NKF’s estimated requirement for the Services is set out below:

- Health screening for 2019

Services detailed in Annex A: Estimated staffs : 1,050 , schedule of the screening will be in February 2019. Staff would go for any of the 3 Health screening package namely Mandatory, Basic Health or Comprehensive health screening. Depending on the results of their immunity, the doctor under the service provider will recommend the vaccinations required.

All health screening and vaccinations will be conducted at the service provider’s clinics. A copy of the clinic addresses shall be provided

To provide screening report in Excel format for **MMR, Varicella (chicken pox) and Hep. B** to NKF Human Resources department.

- 1) Report to include Name, IC or FIN and Dept/Dialysis centre
- 2) Report to include Antibody reading for MMR & Varicella (chicken pox)
- 3) Report to include Hep Bs Antigen and Hep Bs Antibody for Hep B
- 4) All report include doctor’s recommendation on vaccination and follow-up action

To provide full report in hardcopy and certificate of the vaccinations to all individual staff; Report to be sent to staff’s home address (indicated by staff)

- Pre-employment screening

Services detailed in Annex B, Estimated number of recruit is 230 people over a period of 12 months.

To provide doctor’s consultation on health screening ,vaccinations and report is required to send it to HR Department at least 3 working days from the screening. A copy of certificate of the vaccinations need to be provided to the new staffs.

The contract shall commence on the date stated in the “Service agreement” that provide by the service provider shall remain in force for a period of **Twelve (12) months** with the NKF having an option to extend for further periods of twelve (12) months each on the same terms and conditions as stated in the Contract (as may be amended, varied, supplemented and/or replaced from time to time).

4. Submission of bids

- 4.1 All quotations submitted by the service provider must indicate the prices applicable for the Requirement Specifications specified in paragraphs 2.1 above.
- 4.2 The quotation submitted by the Vendor shall be as in “**Price Schedule**”, **Annex C**. Full set of quotation must be submitted with vendor’s stamp on all pages stipulated in the RFQ. The quotation may submitted by hand in a sealed envelope and endorsed with the words “**Request for quote Ref No NKF/AL/2018/023 – For the provision of Health Screening, vaccinations and pre-employment services to NKF**”. All submission should be no later than **04 December 2018, Tuesday, 3pm** (the “**Closing Date**”) and attention to Ms Ann Lin, Purchasing Department.

To deposit to : RFQ Box A
Security Counter
National Kidney Foundation
81 Kim Keat Road
Singapore 328836
Attn: Ms Ann Lin

- 4.3 The submitted quotation shall be irrevocable and open for acceptance by NKF for **90 days** from the Closing Date.
- 4.4 If you have any inquiries relating to this request to quote, please contact Ms Ann Lin at telephone no 6506-2152 or email to ann.lin@nkfs.org

5. Price Quotations

- 5.1 All prices quoted by the vendor shall be in the lawful currency of the Republic of Singapore.
- 5.2 All prices quoted by the vendor shall represent the total cost to NKF.

6. Payment

- 6.1 Upon the receipt of the invoice from the Vendor, the Vendor shall give NKF no less than thirty (30) days to make payment. If any invoice is not submitted to NKF within six (6) months upon the completion of the delivery of service, NKF shall be released and discharged from any liability to make any payment of the debt in relation to such invoice.

Annex A**Requirement Specifications**Health Screening for 2019

		Mandatory Screening	Basic Health Screening	Comprehensive Health Screening (Male)	Comprehensive Health Screening (Female)
Laboratory Analysis	MMR	√	√	√	√
	Varicella (Chicken Pox)	√	√	√	√
	Hepatitis B Antigen	√	√	√	√
	Hepatitis B Antibody	√	√	√	√
Biometric parameters	Height		√	√	√
	Weight		√	√	√
	BMI		√	√	√
	Blood Pressure		√	√	√
Haematology Panet	Full Blood Count			√	√
Lipid/Cardiac profile	Total Cholesterol		√	√	√
	Cholesterol HDL		√	√	√
	Cholesterol LDL		√	√	√
	Chol Total/HDL Ratio		√	√	√
	Triglycerides		√	√	√
Diabetic panel	Glucose (Fasting)		√	√	√
Kidney profile	Urea		√	√	√
	Creatinine		√	√	√
	Sodium			√	√
	Potassium			√	√
	Chloride			√	√
Liver profile	Bilirubin			√	√
	Total Protein			√	√
	Albumin			√	√
	Globulin			√	√
	A/G Ratio			√	√
	ALT/SGPT			√	√
	AST/SGOT			√	√
	Alk Phosphatase			√	√
GGT			√	√	
Thyroid profile	FT4			√	√
Bone & Joint profile	TSH			√	√
	Calcium			√	√
	Phosphate			√	√
	Uric Acid		√	√	√
	Rheumatoid Factor			√	√
Cancer marker	AFP			√	√
	CEA			√	√
	CA19.9			√	√
	PSA (male only)			√	
	CA125 (female only)				√
Urinalysis	Urine FEME			√	√

Annex B**Requirement Specifications****Pre-employment screening**

Height	√
Weight	√
BMI	√
Blood Pressure	√
MMR	√
Varicella (Chicken Pox)	√
Hepatitis B Antigen	√
Hepatitis B Antibody	√
Eye Test (Visual acuity and color vision)	√
Urine test	√
Chest X-ray	√
Medical Report	√

Annex C

PRICE SCHEDULE – PART 1

FOR THE PROVISION OF HEALTH SCREENING AND VACCINATIONS TO NKF

Health Screening for 2019 :

Description	Unit Price (exclusive of GST)			
	Mandatory Screening	Basic Health Screening	Comprehensive Health Screening (Male)	Comprehensive Health Screening (Female)
Health Screening (please refer to Annex A for details)				

Vaccinations :

Description	Unit Price (exclusive of GST)		
	1 dose	2 doses	3 doses
Varicella (chicken pox)			NA
Measles, Mumps and Rubella (MMR)			NA
Hepatitis B			

Hepatitis B antibody post screening \$ _____ per pax

Booster dose \$ _____ per dose

Accepted By:

Authorised Signature : _____

Signatory's name: _____ Signatory's title: _____

Vendor's name : _____ Vendor's stamp : _____

PRICE SCHEDULE – PART 2

**FOR THE PROVISION OF PRE-EMPLOYMENT SCREENING AND VACCINATIONS TO
NKF**

Pre-employment Screening :

Description	Unit Price (exclusive of GST)
Pre-employment Screening (please refer to Annex B for details)	

Vaccinations

Description	Unit Price (exclusive of GST)		
	1 dose	2 doses	3 doses
Varicella (chicken pox)			NA
Measles, Mumps and Rubella (MMR)			NA
Hepatitis B			

Hepatitis B antibody post screening \$ _____ per pax

Booster dose \$ _____ per dose

Accepted By:

Authorised Signature : _____

Signatory's name: _____ Signatory's title: _____

Vendor's name : _____ Vendor's stamp : _____

INFORMATION ABOUT VENDOR

RFQ REF NO. NKF/AL/2018/023

RFQ FOR Health screening, vaccinations and pre-employment services to NKF

1. Vendor's name: _____
2. Company/Business registration no. _____
3. Registered address: _____

4. GST registration no. (if applicable): _____
5. Type of business (please select)

 Sole proprietorship Private company (limited by shares)
 Partnership Public company (limited by shares)
 Others (please specify): _____
6. Contact person
Name: _____
Title: _____
Tel No.: _____
Fax No. _____
Email: _____
7. **I declare that I/the Vendor is not related¹ to any person in NKF who is involved in this RFQ howsoever and whatsoever.**
8. The above named Vendor certifies and declares that all information, documents and materials provided in connection with its quotation bid are true and accurate to the best of its knowledge.

Authorised Signature: _____

Signatory's name: _____ Signatory's title: _____

Vendor's name: _____ Vendor's stamp: _____

¹Related refers to the following: Spouse, domestic partner, child, mother, father, brother or sister or close associates; any corporation, business or non-profit organization of which you are serving as staff, officer, board member, partner, participate in management or are employed by; any trust or other estate in which you have a substantial interest or as to which you serve as a trustee or in a similar capacity.