

INVITATION TO QUOTE
ITQ REF NO: NKF/PL/2019/020
DATE: 12 DECEMBER 2019

TITLE: INVITATION TO QUOTE FOR THE PROVISION OF STAFF MEDICAL EXAMINATION (INCLUDING PRE-EMPLOYMENT AND OTHER REQUIRED SCREENINGS), ANNUAL HEALTH SCREENING AND VACCINATION SERVICES TO NKF

1. Introduction

1.1 The National Kidney Foundation (“NKF”) wishes to invite a vendor (the “Vendor”) for the provision of Staff Medical Examination (including pre-employment and other required screenings), Annual Health Screening Services and Vaccinations (the “Services”) to NKF staff.

2. Requirement Specification

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

3. Quantity Requirement and Delivery Schedule

3.1 For full service requirements, please refer to **Annex A** (Annual Health Screening Services and Vaccination): Below is an estimation of quantity

Item	Quantity Estimation
Hep B screening	890
Basic Health Screening only	660
Required Hep B vaccination	35

Staff required for Hep B screening (Estimated at 890 as above) have the options to choose one of the following:

- Mandatory Screening
- Basic Health Screening with Hep B
- Comprehensive Health Screening (Male)
- Comprehensive Health Screening (Female).

Requirement for Hep B Vaccination: To refer to our NKF Nursing Protocol.

Those who are not required for the Hep B screening, they may choose one of the following:

- Basic Health Screening without Hep B
- Comprehensive Health Screening (Male)
- Comprehensive Health Screening (Female)

Hard copy medical reports to be mailed to staff directly and excel data with Hep B results and vaccination record to be given to NKF.

All screening or vaccination should be done at the service provider’s clinic or location as agreed with NKF. This may be at NKF premises and/or service provider’s clinic. Manpower, equipment and screening sites should be provided by service provider

3.2 For full service requirement please refer to **Annex B** (Staff Medical Examination (Including Pre-Employment, other required screenings and vaccinations): Below is an estimation of quantity:

Item	Quantity Estimation
New recruits (Pre-employment screening)	220
MMR vaccination required after Pre-employment screening	66
Varicella vaccination required after Pre-employment screening	18
Hep B vaccination required after Pre-employment screening	9
Tdap vaccination required after Pre-employment screening	220
Medical Examination for Work Pass Renewals	300

Hard copy medical reports to be mailed to NKF directly within 3 working days and scanned copy of the medical forms/reports to be emailed to NKF as soon as it is available. To provide NKF with Excel data of staff medical/vaccination record.

4. Contractual Period

- 4.1 The contract will commence on the date stated in the “Service Agreement” and will remain in force for a period of **Twelve (12) months**, subject to such extension of the period of appointment by NKF.
- 4.2 Unless otherwise stipulated by NKF, the Services provide during the extended period of this Contract shall be subject to the terms and conditions hereof (as may be amended, varied, supplemented and/or replaced from time to time), and the Services provided during such extended period shall be deemed to be Services as defined in this Contract.

5. Submission of ITQ

- 5.1 The quotation submitted by the Vendor shall be as in “**Price Schedule**” - **Annex D**. Full set of quotation must be submitted with Vendor’s stamp on all pages stipulated in the ITQ. The quotation may be submitted by hand or post in a sealed envelope and endorsed with the words “**Invitation to Quote Ref No: NKF/PL/2019/020 – ITQ for Provision of Staff Medical Examination (including pre-employment and other required screenings), Annual Health Screening Services and Vaccinations to NKF**”. All submission should be no later than **18 December 2019, Wednesday, 3pm** (the “**Closing Date**”) and delivered by:

If sent by hand

To deposit to : ITQ Box A
Security Counter
National Kidney Foundation
81 Kim Keat Road
Singapore 328836
Attn: Ms Pauline Leong

If sent by post : National Kidney Foundation
81 Kim Keat Road
Singapore 328836
Attn: Ms Pauline Leong

- 5.2 The Vendor, at the point of submission of its bid, is required to provide the following information and/or documents to NKF:
- i) **Annex A, B, C, D, E & F**
 - ii) Track record
 - iii) Name and contact details of at least two (2) reference customers (Reference check may be conducted on the references provided by the Service Provider)

iv) Original copy of the information on the latest business profile by the Accounting and Corporate Regulatory Authority (ACRA). The date of the business profile should be no more than thirty (30) days from the date of submission.

5.3 The submitted quotation shall be irrevocable and open for acceptance by NKF for **90 days** from the Closing Date.

5.4 If you have any inquiries relating to this invitation to quote, please contact Ms Pauline Leong (Tel no: 6506 2104 Email: pauline.leong@nkfs.org) and Ms Ann Lin (Tel no: 6506 2152 Email: ann.lin@nkfs.org).

6. Terms and Conditions

6.1 The terms and conditions set out in **Annex E** shall form part of the binding contract between the successful Vendor and the NKF.

6.2 The NKF is not obliged to accept and reserves the right to reject the lowest or any quotation bid, or part or all of any quotation bid or assign any reason for rejecting any quotation bid. The NKF reserves the right in the exercise of its absolute discretion to accept any part or all of any quotation bid.

7. Price Quotations

7.1 All prices quoted by the Vendor shall be in the lawful currency of the Republic of Singapore and exclusive of GST.

7.2 All prices quoted by the Vendor shall represent the total cost to NKF.

8. Payment

8.1 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 Goods, NKF shall be released and discharged from any liability to make any payment of the debt in relation to such invoice.

ANNEX A

ITQ REF NO.: NKF/PL/2019/020
Date: 12 December 2019

REQUIREMENT SPECIFICATION FOR ANNUAL HEALTH SCREENING AND VACCINATION

S/N	Requirements For Vendor	Remarks
1	Service Listing	<p>To provide health screening as listed in the screening packages:</p> <p>For those required to do Hep B screening but do not want Basic Health Screening:</p> <ul style="list-style-type: none"> • Mandatory Screening (Hep B only) <p>For those required to do Hep B screening and wants to do Basic Health Screening:</p> <ul style="list-style-type: none"> • Basic Health Screening with Hep B <p>For those required to do Hep B screening and/or wants Comprehensive Health Screening:</p> <ul style="list-style-type: none"> • Comprehensive Health Screening (Male) • Comprehensive Health Screening (Female) <p>For those who do not require Hep B screening but wants Basic Health Screening:</p> <ul style="list-style-type: none"> • Basic Health Screening without Hep B
2	Logistics	<ul style="list-style-type: none"> • Manpower, equipment and screening sites to be provided by vendor or NKF premises if necessary • Allow open date for staff & family members to visit screening site
3	Registration	Vendor to suggest on how to collate information required for the health screening registration.
4	Mode of delivery of reports	Staff to provide the mailing address for service provider to send the hardcopy health screening report directly to staff
5	Reporting	<ul style="list-style-type: none"> • Excel data softcopy - Hep B blood test results and recommendation for vaccination by service provider doctor based on NKF Nursing protocol. • Flexibility for service provider to provide screening data and vaccination record when needed (excel format)
6	Billing	<ul style="list-style-type: none"> • Provide softcopy excel of invoice - refer to template • E-invoice acceptable (but with indication that the invoice is a computer generated invoice and no signature is required)

S/N	Requirements For Vendor	Remarks
		<ul style="list-style-type: none"> • Cost for basic/mandatory screening to be billed to NKF • Any additional cost required for comprehensive health screening to be paid by employee directly.

Excel format for reporting of Hep B Screening Results and vaccination required

S/N	Date of Visit	Name	NRIC/FIN NO.	Hep B antigen result	Hep B antibody result	Vaccination Required? (Yes/No) – booster/3 doses	Date vaccination taken
1							
2							

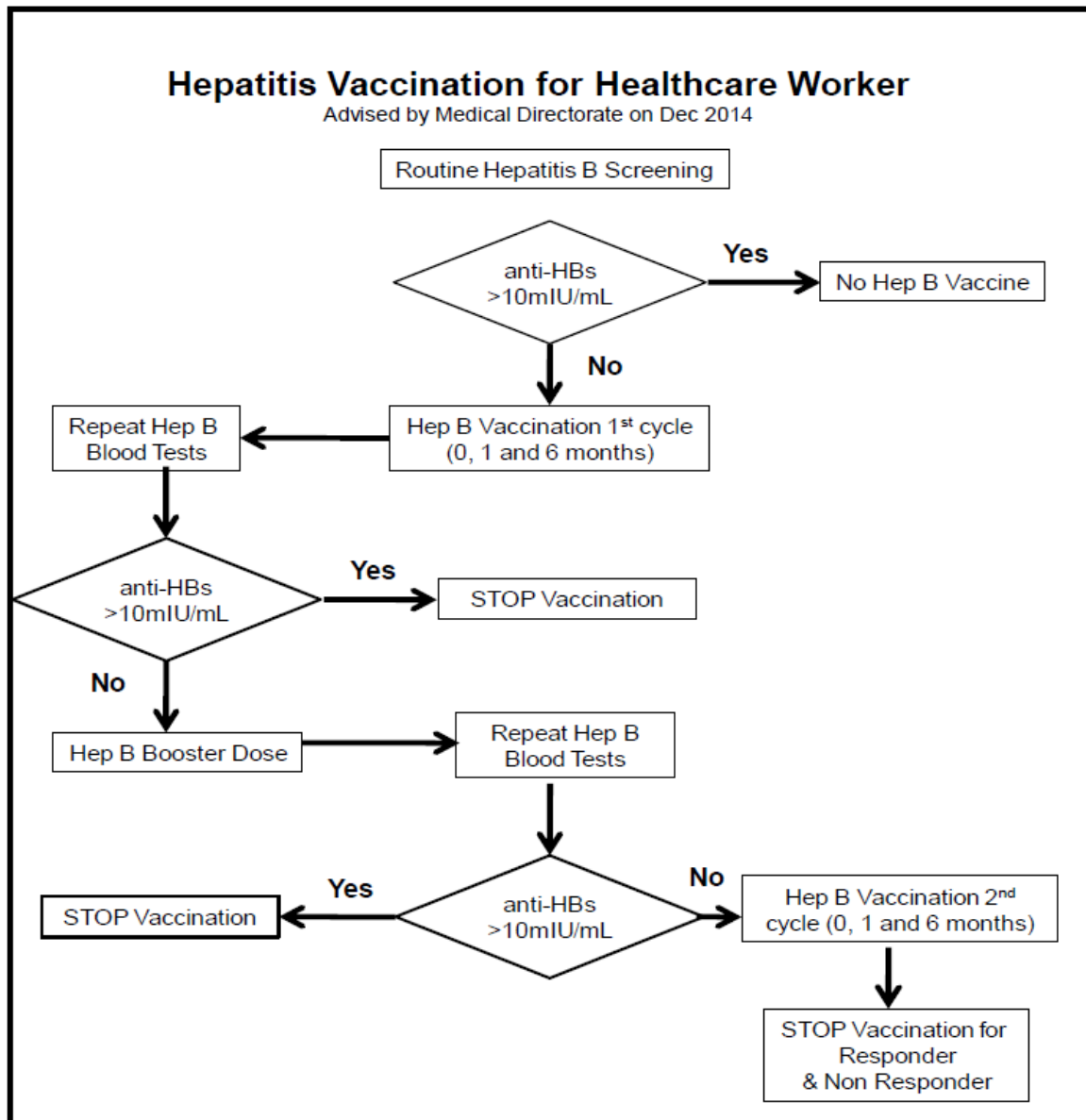
Billing - Invoice (Excel copy)

S/N	Date of Visit	Name	NRIC/FIN	Service	Amount without GST	Amount with GST	Grand Total
1							
2							
3							
4							

Nursing Protocol

Hepatitis Vaccination for Healthcare Worker

Advised by Medical Directorate on Dec 2014



Service Listing for Staff Health Screening

		Mandatory Screening	Basic Health Screening without Hep B	Basic Health Screening with Hep B	Comprehensive Health Screening (Male)	Comprehensive Health Screening (Female)
Laboratory Analysis	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				√	√
Thyroid profile	FT4				√	√
	TSH				√	√
Bone & Joint profile	Calcium				√	√
	Phosphate				√	√
	Uric Acid			√	√	√
	Rheumatoid Factor				√	√
Cancer marker	AFP				√	√
	CEA				√	√
	CA19.9				√	√
	PSA (male only)				√	
	CA125 (female only)					√
Urinalysis	Urine FEME				√	√

Service Listing for Family Health Screening

		Basic Health Screening	Comprehensive Health Screening (Male)	Comprehensive Health Screening (Female)
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		√	√	
Hepatitis Profile	Hep Bs Antigen		√	√
	Hep Bs Antibody		√	√
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

ITQ REF NO.: NKF/PL/2019/020
Date: 12 December 2019

**REQUIREMENT SPECIFICATION FOR STAFF MEDICAL EXAMINATION
(INCLUDING PRE-EMPLOYMENT SCREENING AND OTHER REQUIRED
SCREENINGS)**

Requirements For Vendor	Remarks
Service Listing	<p>To provide all services as listed</p> <p>Pre-employment/re-employment/MOM Medical Examinations to include:</p> <ol style="list-style-type: none"> 1. Doctor consultation and recommendation 2. Completion of required medical forms - example, fit/unfit for employment (including pre-employment, re-employment/MOM medical examination forms)
Service Listing	<p>Pre-employment check-up - preferably to be done only at 1 fix branch/clinic</p> <p>Other services – to be available at all branches/clinics</p>
Service Level Agreement	<p>Complete set of documents to be ready within 3 working days</p> <p>Softcopy and hard copy to be ready (example, Visit on Friday Morning, report to be ready by the following Wednesday):</p> <ol style="list-style-type: none"> 1. Medical status forms (fit/unfit) 2. Medical reports 3. Blood test results (Hep B, MMR, varicella) 4. Doctor's recommendation for the above vaccinations 5. MOM's medical examination form (if applicable) <p>If extra test needed, seek advice from NKF first before informing candidate to go for repeat/extra test</p> <p>3-5 working days for hardcopy to be delivered/self-collection</p> <p>3 working days for softcopy (scanned copies) to be emailed to NKF as soon as its ready</p>
Reporting	<p>To be able to pull staff medical records (excel-softcopy) – see template below</p> <ol style="list-style-type: none"> 1. Flexibility of vendor to provide medical data/reports when needed (hard/soft copy)

Requirements For Vendor	Remarks
Service Request (Medical Chit)	<p>NKF to issue medical chit and indicate services required (medical chit template to be given by vendor) e-copy should be acceptable (original signature/company stamp not required)</p> <p>For vaccination that requires subsequent follow-up (Hep B/MMR/Varicella), same medical chit to be usable for subsequent vaccine follow-up</p> <p>Standard fields required for the Medical chit: Name: NRIC/FIN/ Passport Number (only for new candidates as they do not have their work pass yet) Dept/DC: Signature & NKF Company Stamp:</p> <p><i>Other fields to include the service options for selection as per service listing and other information that the vendor may require</i></p>
Mode of delivery of medical report	<ul style="list-style-type: none"> • Either self-collection by candidate/NKF staff/NKF designated recruitment agency OR hardcopy to be delivered to NKF within 3 to 5 working days. • All Soft copy report needs to be sent by email.
Billing	<ul style="list-style-type: none"> • Provide softcopy excel of invoice - refer to template • E-invoice acceptable (but with indication that the invoice is a computer generated invoice and no signature is required)

Reporting: Medical Report (Excel copy)

S/N	Date of Visit	Name	NRIC/FIN	Hep B antigen and readings	Hep B antibody and readings	MMR	Varicella (Chicken Box)	Type of vaccination taken (Hep B/MMR/Varicella)
1								
2								
3								
4								

Billing - Invoice (Excel copy)

S/N	Date of Visit	Name	NRIC/FIN	Service	Amount without GST	Amount with GST	Grand Total
1							
2							
3							
4							

Service Listing

No	Services	Item Components' Description
1	Pre-employment check-up	Consultation (MO Short) - Fit/Unfit for employment form (Doctor's consultation & endorsement)
		Weight/Height/BMI/Blood Pressure
		Eye Color Vision test
		Eye Visual Acuity test
		Urine dipstick test (Albumin and Glucose)
		Chest X-ray
2	Pre-employment check-up with immunology test	Consultation (MO Short) - Fit/Unfit for employment form (Doctor's consultation & endorsement)
		Weight/Height/BMI/Blood Pressure
		Eye Color Vision test
		Eye Visual Acuity test
		Urine dipstick test (Albumin and Glucose)
		Chest X-ray
		Measles IgG
		Mumps IgG
		Rubella IgG
		Varicella (Chicken Pox)
		Hepatitis B Antigen
		Hepatitis B Antibody
3	Employment/S Pass Application with immunology test (Pre-employment & New Case)	Consultation (MO Short) - Fit/Unfit for employment form (Doctor's consultation & endorsement)
		Height/Weight/BMI/Blood pressure
		Eye Color Vision test
		Eye Visual Acuity test
		Urine dipstick test (Albumin and Glucose)
		Chest X-ray
		Doctors Endorsement - MOM Medical Examination form (Doctor's consultation & endorsement)
		Measles IgG
		Mumps IgG
		Rubella IgG
		Varicella IgG (Chickenpox)
		Hepatitis B Antigen
		Hepatitis B Antibody
		HIV
4	Work Permit Application with immunology test (Male-Pre-employment & New Case)	Consultation (MO Short) - Fit/Unfit for employment form (Doctor's consultation & endorsement)
		Height/Weight/BMI/Blood pressure
		Eye Color Vision test
		Eye Visual Acuity test
		Urine dipstick test (Albumin and Glucose)
		Chest X-ray
		Doctors Endorsement - MOM Medical Examination form (Doctor's consultation & endorsement)
		Measles IgG
		Mumps IgG
		Rubella IgG

No	Services	Item Components' Description
		Varicella IgG (Chickenpox) Hepatitis B Antigen Hepatitis B Antibody HIV VDRL Malaria Parasite
5	Work Permit Application with immunology test (Female-Pre-employment & New Case)	Consultation (MO Short) - Fit/Unfit for employment form (Doctor's consultation & endorsement) Height/Weight/BMI/Blood pressure Eye Color Vision test Eye Visual Acuity test Urine dipstick test (Albumin and Glucose) Doctors Endorsement - MOM Medical Examination form (Doctor's consultation & endorsement) Chest X-ray Measles IgG Mumps IgG Rubella IgG Varicella IgG (Chickenpox) Hepatitis B Antigen Hepatitis B Antibody HIV VDRL Malaria Parasite Urine Pregnancy Test
6	Re-employment check-up	Consultation (MO Short) - Fit/Unfit for employment form (Doctor's consultation & endorsement) Height/Weight/BMI/Blood pressure Eye Color Vision test Eye Visual Acuity test Urine dipstick test (Albumin and Glucose) Chest X-ray 12 Lead ECG with Rhythm Strip Full Blood Count Fasting Blood Glucose Fasting Lipid Profile
7	Employment/S Pass Application (Renewal) - HIV	Consultation (MO short) - MOM Medical Examination form (Doctor's consultation & endorsement) HIV Screening
8	Employment/S Pass Application (Renewal) - Chest X-ray	Consultation (MO short) - MOM Medical Examination form (Doctor's consultation & endorsement) Chest X-ray
9	Employment/S Pass Application (Renewal) - HIV & Chest X-ray	Consultation (MO short) - MOM Medical Examination form (Doctor's consultation & endorsement) HIV Screening Chest X-ray
10	Work Permit Screen - VDRL & Pregnancy	VDRL & Pregnancy test Doctors Endorsement - MOM Medical Examination form (Doctor's consultation & endorsement)

No	Services	Item Components' Description
11	Work Permit Screen - VDRL, Pregnancy & HIV	VDRL, HIV & Pregnancy test
		Doctors Endorsement - MOM Medical Examination form (Doctor's consultation & endorsement)
12	Work Permit Screen - VDRL, Pregnancy, HIV & Tuberculosis/Chest X-ray	VDRL, HIV, Pregnancy test & Chest x-ray
		Doctors Endorsement - MOM Medical Examination form (Doctor's consultation & endorsement)
13	Work Permit Screen - VDRL, Pregnancy & Tuberculosis/Chest X-ray	VDRL, Pregnancy test & Chest x-ray
		Doctors Endorsement - MOM Medical Examination form (Doctor's consultation & endorsement)
14	Work Permit Screen - VDRL, Pregnancy, HIV & Malaria Parasites	HIV, VDRL, Malaria Parasites & Pregnancy test
		Doctors Endorsement - MOM Medical Examination form (Doctor's consultation & endorsement)
15	Work Permit Screen - VDRL, HIV & Malaria Parasites	VDRL, HIV & Malaria Parasites test
		Doctors Endorsement - MOM Medical Examination form (Doctor's consultation & endorsement)
16	Work Permit Screen - HIV & Tuberculosis/Chest X-ray	HIV test & Chest x-ray
		Doctors Endorsement - MOM Medical Examination form (Doctor's consultation & endorsement)
17	Work Permit Screen - HIV, Malaria Parasites & Tuberculosis/Chest X-ray	HIV, Malaria Parasites test & Chest x-ray
		Doctors Endorsement - MOM Medical Examination form (Doctor's consultation & endorsement)
18	Work Permit Screen - HIV	HIV
		Doctors Endorsement - MOM Medical Examination form (Doctor's consultation & endorsement)
19	Hepatitis B Screen	Hepatitis B Antigen and Antibody screening
20	Measles, Mumps & Rubella screen	Measles, Mumps & Rubella screen
21	Varicella (Chicken Pox) screen	Varicella (Chicken Pox) screen
22	Hepatitis B Vaccination	Hepatitis B Vaccination
23	Measles, Mumps & Rubella vaccination	MMR Vaccination
24	Varicella (Chicken Pox) Vaccination	Varicella (Chicken Pox) Vaccination
25	Diphtheria, Tetanus toxoid, pertussis (TDAP) Vaccination	Diphtheria, Tetanus toxoid, pertussis (TDAP) Vaccination

ANNEX C

ITQ REF NO.: NKF/PL/2019/020

Date: 12 December 2019

EVALUATION CRITERIA CHECK-LIST

S/N	Evaluation Criteria	
1	Service Listing Coverage	Tick accordingly
	1. Provide all services as listed	
	2. Completion of medical forms (Pre-employment/Re-employment)	
	3. Completion of MOM Medical Examination form	
	4. Recommendation for vaccination	
2	Service Level Agreement	
	Medical Examination	Tick accordingly
	1. Full set of medical reports (including forms + blood test results + vaccine recommendation) to be ready within 3 working days (e.g Friday visit, report ready on following Wednesday)	
	2. Scan copy of medical reports (including forms) to be sent by email within 2 working days	
	3. Seek NKF's approval via email if extra test is needed	
	4. Provide medical/vaccination records in excel format (e.g Hep B, MMR, Varicella, Tdap)	
	5. Provide report in soft copy(excel format)	
	6. Delivery of report: Self Collection (includes appointed employment agency/candidate/employee)Provide soft copy in excel format	
	Annual Health Screening	Tick accordingly
	7. Provide medical/vaccination records in excel format (e.g Hep B, MMR, Varicella, Tdap)	
	8. Provide both hard and soft copy invoice	
	9. To facilitate pre-registration – staff to pre-register directly with vendor	
	10. To print out registrant's particulars on the screening day (no need to complete any other forms)	
	11. Provide report in soft copy(excel format)	
	12. Delivery of report: Mail directly to employee	

3	Logistics	Tick accordingly
	1. Vendor to provide screening Sites	
	2. Allow onsite screening at NKF premises with screening equipment provided.	
	3. Open date for those who missed the schedule (1 to 2 months)	
	4. Manpower to conduct the whole health screening exercise (actual day registration, measurement taking and phlebotomist etc)	

Accepted By:

Authorized Signature: _____ Date: _____

Signatory Name: _____ Signatory Title: _____

Telephone Number: _____ Vendor's Name: _____

Email Address: _____ Vendor's Stamp: _____

ANNEX D

ITQ REF NO.: NKF/PL/2019/020

Date: 12 December 2019

TITLE: PROVISION OF STAFF MEDICAL EXAMINATION (INCLUDING PRE-EMPLOYMENT AND OTHER REQUIRED SCREENINGS), ANNUAL HEALTH SCREENING AND VACCINATION SERVICES TO NKF

PRICE SCHEDULE – PART 1

Annual Health Screening and Vaccinations

S/N	Services	Price per pax (exclude GST)						
1	Mandatory Screening <i>Applicable for NKF Staff only</i>	\$						
2	Basic Health Screening without Hep B <i>Applicable for NKF Staff only</i>	\$						
3	Basic Health Screening with Hep B <i>Applicable for NKF Staff only</i>	\$						
4	Comprehensive Health Screening (Male) <i>Applicable for both NKF Staff and Family member</i>	\$						
5	Comprehensive Health Screening (Female) <i>Applicable for both NKF Staff and Family member</i>	\$						
6	Hep B Vaccination <i>Applicable for NKF Staff only</i>	Cost to be the same as per given in Price Schedule – Part 2 <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>1st Dose</th> <th>2nd Dose</th> <th>3rd Dose</th> </tr> </thead> <tbody> <tr> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>	1 st Dose	2 nd Dose	3 rd Dose	\$	\$	\$
1 st Dose	2 nd Dose	3 rd Dose						
\$	\$	\$						

Staff family members who signs up for the comprehensive health screening or requires vaccination for Hep B can enjoy the same rates above but cost to be borne by staff and not NKF.

Accepted By:

Authorized Signature: _____ Date: _____

Signatory Name: _____ Signatory Title: _____

Telephone Number: _____ Vendor's Name: _____

Email Address: _____ Vendor's Stamp: _____

ITQ REF NO.: NKF/PL/2019/020Date: 12 December 2019**PRICE SCHEDULE – PART 2****Pre-Employment Screening And Other Required Screenings and Vaccinations**

No	Services	Price (exclude GST)
1	Pre-employment check-up	\$
2	Pre-employment check-up with immunology test	\$
3	Employment/S Pass Application with immunology test (Pre-employment & New Case)	\$
4	Work Permit Application with immunology test (Male-Pre-employment & New Case)	\$
5	Work Permit Application with immunology test (Female-Pre-employment & New Case)	\$
6	Re-employment check-up	\$
7	Employment/S Pass Application (Renewal) - HIV	\$
8	Employment/S Pass Application (Renewal) - Chest X-ray	\$
9	Employment/S Pass Application (Renewal) - HIV & Chest X-ray	\$
10	Work Permit Screen - VDRL & Pregnancy	\$
11	Work Permit Screen - VDRL, Pregnancy & HIV	\$
12	Work Permit Screen - VDRL, Pregnancy, HIV & Tuberculosis/Chest X-ray	\$
13	Work Permit Screen - VDRL, Pregnancy & Tuberculosis/Chest X-ray	\$
14	Work Permit Screen - VDRL, Pregnancy, HIV & Malaria Parasites	\$
15	Work Permit Screen - VDRL, HIV & Malaria Parasites	\$
16	Work Permit Screen - HIV & Tuberculosis/Chest X-ray	\$
17	Work Permit Screen - HIV, Malaria Parasites & Tuberculosis/Chest X-ray	\$
18	Work Permit Screen - HIV	\$
19	Hepatitis B Screen	\$
20	Measles, Mumps & Rubella screen	\$
21	Varicella (Chicken Pox) screen	\$

No	Services	Price (exclude GST)		
		1 st Dose	2 nd Dose	3 rd Dose
22	Hepatitis B Vaccination			
		\$	\$	\$
23	Measles, Mumps & Rubella vaccination			
		\$	\$	\$
24	Varicella (Chicken Pox) Vaccination			
		\$	\$	\$
25	Diphtheria, Tetanus toxoid, pertussis (TDAP) Vaccination	\$		

Accepted By:

Authorized Signature: _____ Date: _____

Signatory Name: _____ Signatory Title: _____

Telephone Number: _____ Vendor's Name: _____

Email Address: _____ Vendor's Stamp: _____

ANNEX E

TERMS AND CONDITIONS

1. Confidentiality

- 1.1 The Vendor agree to treat as confidential all information received from NKF where NKF has indicated in writing or labelled to be “Confidential”, “Proprietary Information” or with any other comparable legend to similar effect, at the time of disclosure (or if disclosed orally, confirmed in writing by NKF as such within fifteen (15) days after its disclosure), which it may acquire in relation to NKF, including but without any limitation whatsoever, all business information, strategic and development plans, any matter concerning NKF, its affairs, business, shareholders, directors, officers, business associates, clients, patients or any other person or entity having dealings with NKF; information relating to the financial condition of NKF, its accounts, audited or otherwise, notes, memoranda, documents and/or records in any form whatsoever whether electronic or otherwise, and all records indicative of the financial health and status of NKF; technical information in any form whatsoever whether electronic or otherwise; information in any form whether electronic or otherwise, relating to methods, processes, formulae, compositions, systems, techniques, inventions, machines, computer programs, software, development codes and research projects; business plans, co-developer/collaborator identities, data, business records of every nature, customer lists and client or patient database, pricing data, project records, market reports, sources of supply, employee lists, business manuals, policies and procedures, information relating to technologies or theory and all other information which may be disclosed by NKF to the Vendor which the Vendor may be provided access by NKF whether stored electronically or otherwise; all information which is deemed by NKF to be confidential or which is generated as a result of or in connection with the business of NKF and which is not generally available to the public; and all copies, reproductions and extracts thereof, in any format or manner of storage, whether in whole or in part, together with any other property of NKF made or acquired by the Vendor or coming into their possession or control in any manner whatsoever (the “**Confidential Information**”), which shall be and remain the sole property of NKF and shall be returned to NKF forthwith on demand at any time.
- 1.2 The Vendor shall use all reasonable steps to ensure that any information marked as confidential or proprietary to NKF shall not be disclosed to third (3rd) parties.
- 1.3 The Vendor shall not, without the prior written consent of NKF, disclose any Confidential Information relating to this Contract or any of the contents hereof whether directly or indirectly to any third (3rd) party, which consent shall not be unreasonably withheld, except:-
- (a) for the purpose contemplated in this Contract;
 - (b) with the consent of the other Party and then only to the extent specified in such consent;
 - (c) in accordance with the order of a court of competent jurisdiction; or
 - (d) to the extent as may be required by law, regulation, effective government policy or by any regulatory authority arising out of this Contract or relating to or in connection with the Vendor provided that the Vendor so required must give NKF prompt written notice and make a reasonable effort to obtain a protective order.
- 1.4 The restrictions on disclosure of Confidential Information described in this Clause 1 do not extend to any information that (i) already exists in the public domain at the time of its disclosure; (ii) is already in the Vendor’s possession without restriction on disclosure, as evidenced by written records; (iii) is independently developed by the Vendor outside the scope of this Contract; or (iv) is rightfully obtained from third (3rd) parties.

- 1.5 The Vendor hereby agrees that it shall:
- (a) take all reasonably necessary steps to limit access to Confidential Information of the other Party to those principals, directors, officers, agents, employees, representatives, consultants, independent contractors and professional advisors who are directly concerned with the purposes contemplated by this Contract and are made aware of its confidential status, to the extent reasonably required for the performance of this Contract, and ensure that they do not disclose or make public or authorise any disclosure or publication of any Confidential Information in violation of this Contract; and
 - (b) not to use any Confidential Information for any purpose other than the purposes for which it is intended, pursuant to and in accordance with the terms of this Contract.
- 1.6 The Vendor must promptly inform NKF about any unauthorised disclosure of NKF's Confidential Information.

2. Payment

- 2.1 Unless otherwise specifically provided in this Contract or otherwise agreed between the parties, NKF's obligation to pay is conditional upon its receiving an invoice from the Vendor for the amount payable, giving NKF no less than thirty (30) days from receipt of such invoice to make payment.
- 2.2 If any invoice is not submitted to NKF within six (6) months upon completion of the Services, NKF shall be released and discharged from any liability to make any payment of the debt in relation to such invoice.
- 2.3 Payment by NKF of any invoices shall not affect NKF's right to reject any of the Services or Deliverables or the Vendor's responsibility to re-perform any Services or re-deliver any Deliverables that do not conform to this Contract. NKF shall have no obligation to pay for any such Services or Deliverables which have not been re-performed or re-delivered by the Vendor in accordance with Requirement Specification in Annex A. Such non-payment shall not constitute a default or breach of this Contract by NKF. In the event of any dispute between NKF and the Vendor with respect to the invoiced Services and/or other related matters, NKF shall pay the undisputed amount and NKF and the Vendor shall promptly seek to resolve the disputed matters with the Vendor.
- 2.4 The Vendor shall submit such invoices or other documents as NKF may require for the purpose of making payment.
- 2.5 NKF shall not pay for expenses or cost of whatever nature other than those expressly set forth in this Contract.
- 2.6 There will be no late payment service charge of any kind.

3. Termination

- 3.1 NKF shall be entitled to terminate this Contract, giving the other not less than two (2) months' notice in writing and thereupon this Contract shall come to end but without prejudice to any right of action of either party against the other in respect of any antecedent breach of the terms and conditions of this Contract by the other. For the avoidance of doubt, no reason needs to be given for the said notice.

4. Personal Data

- 4.1 Without prejudice to Clause 1 herein, the Vendor shall take all reasonable measures to ensure:
- (a) that any personal data (as defined in the Personal Data Protection Act 2012 (“Act”) as may be amended from time to time) belonging to NKF which is held by the Vendor pursuant to this Contract is protected against loss, unauthorised access, use, modification, disclosure or other misuse in accordance with the provisions of the Act and/or its regulations etc, and that only authorised personnel have access to that personal data;
 - (b) that, to the extent that the personal data is no longer required by the Vendor for legal or business purposes, that personal data is destroyed or re-delivered to NKF in accordance with this Contract;
 - (c) that NKF is immediately alerted in writing (with full particulars) of any unauthorised access, disclosure or other breach of this Clause 4 and the Vendor shall take, as soon as reasonably practicable, all steps to prevent further unauthorised access, disclosure or other breach of this Clause 4 (including providing NKF with such reports or information concerning such steps as and when requested by NKF); and
 - (d) it keeps itself appraised of any and all notices and circulars which NKF may from time to time notify to the Vendor, including without limitation any policies, guidelines, circulars or notices relating to personal data (“**Documentation**”), and to perform its duties or discharge its liabilities pursuant to this Contract in a manner which is consistent with Documentation, and will not cause NKF to be in breach of the same.
- 4.2 For the purposes of (c) above, the Vendor hereby expressly acknowledges and agrees that it has read the Documentation and is aware of and will compensate NKF for any and all potential loss and damage caused to NKF arising from or in connection with any breach of the above. The Vendor will indemnify and hold NKF harmless from claims or proceedings by third parties and any proceedings, investigations, orders, directions, judgments issued by a court, statutory body or regulatory authority, in connection with any breach of this obligation.
- 4.3 Notwithstanding and further to anything stated elsewhere in this Contract, NKF reserves the right and the Vendor agrees that NKF may conduct (or appoint a qualified, independent third party to conduct) an audit and/or assessment of the standard of compliance or non-compliance by the Vendor with the obligations under this Clause 4.
- 4.4 To the extent that the Vendor sub-contracts its obligations under this Contract to a sub-contractor, such sub-contracting shall be subject to NKF’s prior written approval and the Vendor agrees and acknowledges that it shall ensure that this Clause 4 is incorporated into the sub-contractor’s contract.
- 4.5 Subject to the foregoing, the Vendor’s confidentiality obligations under this Clause 4 shall survive the expiry or termination of this Contract

Accepted by:

Authorized Signature: _____ Date: _____
Signatory Name: _____ Signatory Title: _____
Vendor’s Name: _____ Vendor’s Stamp: _____

ANNEX F

INFORMATION ABOUT VENDOR

ITQ REF NO. _____

ITQ FOR _____

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 ITQ 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.