

## REQUIREMENT SPECIFICATIONS

### REQUEST FOR PROPOSAL FOR SUPPLY AND DELIVERY OF STERILE SOFT GOODS AND SWABS WITH ALCOHOL

#### 1. Introduction

- 1.1 The National Kidney Foundation (“NKF”) wishes to appoint a contractor (the “Contractor”) for the supply and delivery of Sterile Soft Goods And Swabs With Alcohol as described in these Requirement Specifications (the “Goods”), to all its dialysis centres in Singapore.

#### 2. Product Specification

- 2.1 The Goods shall conform to the detail specification in **Annex A1 – A4**.

#### 3. Contract Duration, Quantity Requirements and Delivery Schedule

- 3.1 The Contractor shall supply the Goods over a period of twenty four (24) months **from 1 January 2025 to 31 December 2026**.
- 3.2 NKF may extend the Contract Period, on the same terms as those contained herein (including on the same Contract Price), for a further duration not exceeding 12 months + 12 months, by serving written notice of the Company’s desire to renew the term hereof, which notice shall be given not less than 30 days prior to the expiry of the initial Contract Period
- 3.3 NKF’s estimated consumption for the Goods over a period of twenty four (24) months is set out as below:

S/No.	Item Description	Estimate Quantity for 24 Months	UOM
1	Sterile Absorbent Drapes Size: 33.5cm x 46cm	427,750	Piece
2	Alcohol Swabs Size: 3cm x 3cm, 2ply	37,940	Box (200pcs/box)
3	Chlorhexidine Gluconate Swab With Alcohol Size: 7.5cm x 7.5cm, 2ply folder into quarter	57,990	Box (100pcs/box)
4	Sterile Plain Woven Gauze Size: 7.5cm x 7.5cm ,12ply	2,156,710	Pack (5pcs/pack)

- 3.4 The Goods shall be delivered monthly to such of NKF’s dialysis centres as NKF shall stipulate from time to time. Please refer to **Annex B** for the detail list of NKF’s Dialysis Centres (as at date of this RFP). For the avoidance of doubt, NKF reserves the right at any time to increase or decrease the number of and to vary and /or change the location of any or all of the listed Dialysis Centres. Avoid delivery from: 1300hours to 1400hours

Authorised Signature: \_\_\_\_\_ Vendor’s stamp : \_\_\_\_\_

**4. Submission of RFP bids**

- 4.1 Each Vendor should provide the price quote in the Price Schedule.
- 4.2 All quotations submitted by the Vendor must indicate the prices applicable for the estimated numbers of Goods specified in paragraph 3.2 above.
- 4.3 The Vendor, at the point of submission of its RFP bids, is required to supply at its own costs the required samples as provided in point 5 for each offered product stipulated in its RFP bids. The NKF shall be at liberty to call for further submission of such samples as required until the samples submitted are in accordance with the requirements of the RFP. Samples after approval shall indicate the standards to be maintained for the duration of the Contract.
- 4.4 Each vendor is required to indicate the following information for the proposed products in the Price Schedule:
  - 4.4.1 The minimum delivery lead time
  - 4.4.2 Country of manufacturer
  - 4.4.3 Location of storage, including alternative site

**1. Submission of samples**

- 5.1 Each vendor shall submit **samples (10pcs drapes, 1box alcohol swab, 1box chlorhexidine gluconate swab, 10pack gauze)** for the item in the full range of products set out in the proposal requirement in respect of which they are quoting, free-of charge and non-returnable, to the Company at the following address:

**National Kidney Foundation**  
81 Kim Keat Road,  
Singapore 328836  
Attention: Ms Mavis Tan  
Department: Purchasing
- 5.2 Each set of samples must be labelled individually with the following information:
  - RFP Number
  - Item S/N (as per price schedule S/No)
  - Company Name
  - Product Code Number
- 5.3 The samples are to be submitted **within three (3) weeks from the Request For Proposal opening date**, or such extended time period as the Company may agree to in writing upon request by the Company, **after the submission of the Request For Proposal**. The vendor may be rejected if samples are not submitted on time.
- 5.4 If more sample are required, as may be requested by NKF from time to time, on the terms and conditions set out in the Request For Proposal.

Authorised Signature: \_\_\_\_\_ Vendor's stamp : \_\_\_\_\_

### REQUIREMENT SPECIFICATIONS

S/No	Specification and Requirement	Comply (YES/NO/N.A)	Vendor Remarks (if any)
1.	<p><b><u>Description of Product:</u></b></p> <p>Sterile Absorbent Drape</p>		
2.	<p><b><u>Details of Product:</u></b></p> <p>a. Size: 33.5cm x 46cm</p> <p>b. Color : blue/green</p> <p>c. Sterile pack, 1s/packet</p> <p>d. Suitable for use as a sterile field or minor procedure drape</p>		
3.	<p><b><u>Packaging Requirement</u></b></p> <p>a. Packaging Include key information such as: date of exp.; date of Manufacturer, lot no. ; sterile method/sterile indication; indication of compliance to a reputable regulatory standard, etc. CE Marking</p> <p>b. Product Information (PI) insert is required if any</p>		
4.	<p><b><u>Delivery Requirement</u></b></p> <p>Able to start delivery from January 2025</p>		
5.	<p><b><u>Certification Requirement:</u></b></p> <p>a. Is the product HSA registered? (If yes, please indicate HSA class and registration no.)</p> <p>Vendor shall provide the following documents to support the certification of the product:</p> <p>b. Product licence with Health Sciences Authority</p> <p>c. Manufacturing licence with Health Sciences Authority</p> <p>d. Quality Certificate of Product</p> <p>e. Product literature</p> <p>f. Any other relevant certification or clinical papers necessary for the product</p>		

Authorised Signature: \_\_\_\_\_ Vendor's stamp \_\_\_\_\_

### REQUIREMENT SPECIFICATIONS

S/No	Specification and Requirement	Comply (YES/NO/N.A)	Vendor Remarks (if any)
1.	<p><b><u>Description of Product:</u></b></p> <p>Alcohol Swab, Sterile</p>		
2.	<p><b><u>Details of Product:</u></b></p> <p>a. Non-woven pad material saturated with 70% Isopropyl alcohol, sterile</p> <p>b. Individually wrapped in foil packages, size: 3cm x 3cm, 2ply</p> <p>c. Packaging : 1pc/sachet</p> <p>d. To disinfect the skin prior to lancing or injections</p>		
3.	<p><b><u>Packaging Requirement</u></b></p> <p>a. Each pack of the packaging must have clear indicating the batch number or lot number, manufacturing date &amp; expiry date</p> <p>b. Packaging Include key information such as: date of exp.; date of Manufacturer, lot no. ; sterile method/sterile indication; indication of compliance to a reputable regulatory standard.</p> <p>c. Product Information (PI) insert is required if any</p>		
4.	<p><b><u>Delivery Requirement</u></b></p> <p>Able to start delivery from January 2025</p>		
5.	<p><b><u>Certification Requirement:</u></b></p> <p>a. Is the product HSA registered? <i>(If yes, please indicate HSA class and registration no.)</i></p> <p>Vendor shall provide the following documents to support the certification of the product:</p> <p>b. Product licence with Health Sciences Authority</p> <p>c. Manufacturing licence with Health Sciences Authority</p> <p>d. Quality Certificate of Product</p> <p>e. Product literature</p> <p>f. Any other relevant certification or clinical papers necessary for the product</p>		

Authorised Signature: \_\_\_\_\_

Vendor's stamp : \_\_\_\_\_

### REQUIREMENT SPECIFICATIONS

S/No	Specification and Requirement	Comply (YES/NO/N.A)	Vendor Remarks (if any)
1.	<p><b><u>Description of Product:</u></b></p> <p>Chlorhexidine Gluconate Swab With Alcohol</p>		
2.	<p><b><u>Details of Product:</u></b></p> <p>a. 2% Chlorhexidine gluconate &amp; 70% Isopropyl alcohol</p> <p>b. Individually wrapped in foil packages, size: 7.5cm x 7.5cm, 2ply folded into quarter</p> <p>c. Packaging : 1pc/sachet</p> <p>d. Used for skin antisepsis prior to invasive procedures</p>		
3.	<p><b><u>Packaging Requirement</u></b></p> <p>a. Each sacket of the packaging must have clear indicating the batch number or lot number, manufacturing date &amp; expiry date</p> <p>b. Packaging Include key information such as: date of exp.; date of Manufacturer, lot no.; sterile method/sterile indication; indication of compliance to a reputable regulatory standard.</p> <p>c. Product Information (PI) insert is required if any</p>		
4.	<p><b><u>Delivery Requirement</u></b></p> <p>Able to start delivery from January 2025</p>		
5.	<p><b><u>Certification Requirement:</u></b></p> <p>g. Is the product HSA registered? (If yes, please indicate HSA class and registration no.)</p> <p>Vendor shall provide the following documents to support the certification of the product:</p> <p>h. Product licence with Health Sciences Authority</p> <p>i. Manufacturing licence with Health Sciences Authority</p> <p>j. Quality Certificate of Product</p> <p>k. Product literature</p> <p>l. Any other relevant certification or clinical papers necessary for the product</p>		

Authorised Signature: \_\_\_\_\_

Vendor's stamp : \_\_\_\_\_

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S/No	Specification and Requirement	Comply (YES/NO/N.A)	Vendor Remarks (if any)
1.	<p><b><u>Description of Product:</u></b></p> <p>Sterile Plain Woven Gauze</p>		
2.	<p><b><u>Details of Product:</u></b></p> <p>a. Size: 7.5cm x 7.5cm ,12ply, 5s per pack</p>		
	<p>b. Mesh count 19 x 15</p>		
	<p>c. Suitable for use as a sterile field or minor procedure drape</p>		
3.	<p><b><u>Packaging Requirement</u></b></p> <p>a. Packaging Include key information such as: date of exp.; date of Manufacturer, lot no. ; sterile method/ sterile indication; indication of compliance to a reputable regulatory standard, etc. CE Marking</p>		
	<p>b. Product Information (PI) insert is required if any</p>		
4.	<p><b><u>Delivery Requirement</u></b></p> <p>Able to start delivery from January 2025</p>		
5.	<p><b><u>Certification Requirement:</u></b></p> <p>a. Is the product HSA registered? <i>(If yes, please indicate HSA class and registration no.)</i></p>		
	<p>Vendor shall provide the following documents to support the certification of the product:</p>		
	<p>b. Product licence with Health Sciences Authority</p>		
	<p>c. Manufacturing licence with Health Sciences Authority</p>		
	<p>d. Quality Certificate of Product</p>		
	<p>e. Product literature</p>		
	<p>f. Any other relevant certification or clinical papers necessary for the product</p>		

Authorised Signature: \_\_\_\_\_

Vendor's stamp : \_\_\_\_\_

**LIST OF NKF DIALYSIS CENTRES**

<b>NKF DC ADDRESS LIST</b>			
ADT	<b>761 WOODLANDS</b> The Hour Glass-NKF Dialysis Centre (Admiralty Branch) BLK 761 Woodlands Ave 6. #01-108. S (730761) Tel: 6362 2153 / Fax: 6362 2360 <a href="#">SSN - Vinod Rajendran</a>	PNG	<b>PUNGGOL OASIS TERRACE</b> NKF Dialysis Centre Supported by Ngiam Kia Hum & Family BLK 681 Punggol Drive. #02-02. S (820681). Tel: 62437020 / Fax: 62437022 <a href="#">NM - Li Yang / Sivamani</a>
ALJ	<b>102 ALJUNIED</b> Hong Leong-NKF Dialysis Centre BLK 102 Aljunied Crescent. #01-265. S (380102) Tel: 6743 3572 / Fax: 6743 0817 <a href="#">NM - Lija Yarghese</a>	PSR	<b>180 PASIR RIS</b> Tampines Chinese Temple-NKF Dialysis Centre BLK 180 Pasir Ris St 11. #01-06. S (510180) Tel: 6583 9500 / Fax: 6583 0779 <a href="#">SSN - Maricis</a>
AM2	<b>633 ANG MO KIO</b> Western Digital-NKF Dialysis Centre BLK 633 Ang Mo Kio Ave 6. #01-5155. S (560633) Tel: 6459 0113 / Fax: 6552 1697 <a href="#">NM - Tan Bee Lei</a>	PR2	<b>427 PASIR RIS</b> NKF Dialysis Centre Supported by TL Whang Foundation BLK 427 Pasir Ris Drive 6. #01-35/43. S (510427) Tel: 6243 1008 / Fax: 6243 4332 <a href="#">NM - Bindumol</a>
AM3	<b>565 ANG MO KIO</b> Pei Hwa Foundation-NKF Dialysis Centre BLK 565 Ang Mo Kio Ave 3. #01-3401. S (560565) Tel: 6552 6569 / Fax: 6552 6539 <a href="#">NM - Cheong Lay Tin</a>	QT1	<b>55 STRATHMORE</b> NKF Dialysis Centre Supported by San Wang Wu Ti Religious Society BLK 55 Strathmore Ave. #01-145. S (140055) Tel: 6778 0330 / Fax: 6777 6155 <a href="#">NM - Rakkia Mary</a>
BB2	<b>113A BUKIT BATOK WEST</b> NKF Dialysis Centre Supported by Singapore Buddhist Youth Mission) BLK 113A Bt Batok West Ave 6. #01-01. S (651113) Tel: 6513 6873 / Fax: 6322 7715 <a href="#">NM - Doi Ling</a>	SKG	<b>SENGKANG COMMUNITY HOSPITAL</b> NKF Dialysis Centre Supported by San Wang Wu Ti Religious Society BLK 1 Anchorvale St. #01-26. S (544835) Tel: 6908 4501 / Fax: 6908 4504 <a href="#">SSN - Mao Wenni</a>
BED	<b>27 NEW UPPER CHANGI</b> NKF Dialysis Centre Supported by San Wang Wu Ti Religious Society BLK 27 New Upper Changi Rd. #01-694 S (462027) Tel: 6444 4278 / Fax: 6444 4978 <a href="#">SSN - Ei Cho Pann / Email ID : eicho.pann@nkfs.org</a>	SMI	<b>101 SIMEI</b> Kwan Im Thong Hood Cho Temple-NKF Dialysis Centre (Simei Branch) BLK 101 Simei St 1. #01-892. S (520101) Tel: 6785 9882 / Fax: 6786 6268 <a href="#">NM - Wang Jing</a>
BD2	<b>105 BEDOK</b> NKF Dialysis Centre Supported by Man Fatt Lam Buddhist Temple BLK 105 Bedok North Ave 4. #01-2168. S (460105) Tel: 6243 7349 / Fax: 6214 0210 <a href="#">SSN - Luo Fang</a>	SRG	<b>201 SERANGOON</b> IFPAS-NKF Dialysis Centre BLK 201 Serangoon Central. #01-30. S (550201) Tel: 6285 4113 / Fax: 6284 2553 <a href="#">SSN - Siti Khadijah Ismail</a>
BM2	<b>128 BUKIT MERAH</b> The Singapore Buddhist Lodge-NKF Dialysis Centre BLK 128 Bukit Merah View. #01-22 S (150128) Tel: 6878 0552 / Fax: 6878 0021 <a href="#">SSN - Nur Asyiqin</a>	TM1	<b>935 TAMPINES</b> National Trades Union Congress/Singapore Pools-NKF Dialysis Centre BLK 935 Tampines St 91. #01-333. S (520935) Tel: 6789 8534 / Fax: 6784 5244 <a href="#">SN - Wang Li Chao</a>
BPJ	<b>274 BANGKIT</b> NKF Dialysis Centre Supported by New Creation Church BLK 274 Bangkit Rd. #01-54. S (670274) Tel: 6764 6400 / Fax: 6764 2004 <a href="#">DNM - Zhang Xiaoling</a>	TM2	<b>271 TAMPINES</b> NKF Dialysis Centre Supported by Wong Sui Ha Edna BLK 271 Tampines St 21. #01-99. S (520271) Tel: 6789 9878 / Fax: 6789 7336 <a href="#">NM - Sujko Michael</a>
BP2	<b>275 BANGKIT</b> Le Champ-NKF Dialysis Centre (Bukit Panjang Branch) BLK 275 Bangkit Rd. #01-96. S (670275) Tel: 68912782 / Fax: 68912592 <a href="#">DNM - Aye Aye Chin</a>	TPH	<b>225 TOA PAYOH</b> NKF Dialysis Centre Supported by Toa Payoh Seu Teck Sean Tong BLK 225 Toa Payoh Lorong 8. #01-54. S (310225) Tel: 6254 2066 / Fax: 62519484 <a href="#">NM - Corales Preslee Salvador</a>

Authorised Signature: \_\_\_\_\_

Vendor's stamp : \_\_\_\_\_

CLE	<b>326 CLEMENTI</b> Lew Foundation-NKF Dialysis Centre BLK 326 Clementi Ave 5, #01-175, S (120326) Tel: 6775 0668 / Fax: 6775 0891 <a href="#">SNM - Xu Chun</a>	TP2	<b>TOA PAYOH WEST CC</b> Seck Hong Choon-NKF Dialysis Centre BLK 200 Toa Payoh Lorong 2, #03-01, S (319642) Tel: 6970 4190 / Fax: 6970 4195 <a href="#">NM - Dolly Ponnijil Poulosse</a>
CP1	<b>IRC LEVEL 1</b> NKF IRC Supported by The Sirivadhanabhakdi Foundation 500 Corporation Road Level 1S (649808) Tel: 6359 3610 / Fax: 62514174 <a href="#">NM - Harold Yu / Mar Mar Aung</a>	TWY	<b>113 TECK WHYE</b> Leong Hwa Chan Si Temple-NKF Dialysis Centre BLK 113 Teck Whye Lane, #01-666, S (680113) Tel: 6769 0178 / Fax: 6769 9231 <a href="#">NM - Wong Wai Mei</a>
CP2	<b>IRC LEVEL 2</b> NKF IRC Supported by The Sirivadhanabhakdi Foundation 500 Corporation Road Level 2 S (649808) Tel: 6359 3620 / Fax: 62514175 <a href="#">SSN - G. Birundha</a>	UBK	<b>19 UPPER BOON KENG</b> Sakyadhita-NKF Dialysis Centre Blk 19 Upper Boon Keng Rd #01-1220, S (380019) Tel: 6743 1278 / Fax: 6743 1237 <a href="#">NM - Corazon Eriguel</a>
GMH	<b>1 GHIM MOH</b> Woh Hup-NKF Dialysis Centre 1 Ghim Moh Road, #01-358, S (270001) Tel: 64679200 / Fax: 64679231 <a href="#">NM - Surban Louie</a>	URD	<b>311 UBI</b> Foo Hai-NKF Dialysis Centre BLK 311 Ubi Ave 1, #01-383 S (400311) Tel: 6747 8864 / Fax: 6747 8823 <a href="#">SSN - Aloysius</a>
HG1	<b>114 HOUGANG</b> Singapore Buddhist Welfare Services-NKF Dialysis Centre BLK 114 Hougang Ave 1, #01-1298, S (530114) Tel: 6382 6332 / Fax: 6383 0203 <a href="#">NM - Karen Ann</a>	WCR	<b>701 WEST COAST</b> The Hour Glass-NKF Dialysis Centre (West Coast Branch) Blk 701 West Coast Rd #01-323, S (120701) Tel: 6560 1184 / Fax: 6560 1076 <a href="#">NM - Umarani</a>
HG2	<b>628 HOUGANG</b> NKF Hougang-Punggol Dialysis Centre BLK 628, Hougang Ave 8, #01-108, S (530628) Tel: 6284 1877 / Fax: 6284 0867 <a href="#">SSN - Zhang Li</a>	WD1	<b>825 WOODLANDS</b> Thong Teck Sian Tong Lian Sin Sia-NKF Dialysis Centre BLK 825 Woodlands St 81, #01-30, S (730825) Tel: 6365 1810 / Fax: 6365 4179 <a href="#">SSN - Thangaraju Malini</a>
JE1	<b>240C JURONG EAST</b> NKF Dialysis Centre Supported by Yuhua Grassroots Organisations BLK 240C Jurong East Ave 1, #01-01, S (603240) Tel: 6970 1847 / Fax: 6970 1849 <a href="#">NM - Su Xiaoping</a>	WD2	<b>365 WOODLANDS</b> SCAL-NKF Dialysis Centre (Woodlands Branch) BLK 365 Woodlands Ave 5, #01-490, S (730365) Tel: 6362 4905 / 6362 3956 / Fax: 6362 5849 <a href="#">NM - Rey Mark / SSN Yanqiu</a>
Jw1	<b>744 JURONG WEST</b> Sheng Hong Temple-NKF Dialysis Centre BLK 744 Jurong West St 73, #01-19, S (640744) Tel: 6794 1061 / Fax: 6794 1071 <a href="#">NM - Kumaresan Shanmugapriya</a>	YS1	<b>203 YISHUN</b> Toa Payoh Seu Teck Sean Tong-NKF Dialysis Centre BLK 203 Yishun St 21, #01-239, S (760203) Tel: 6759 4002 / Fax: 6759 4003 <a href="#">SSN - Palana Francis Alvarez</a>
Jw2	<b>940 JURONG WEST</b> NKF Dialysis Centre Supported by The Sirivadhanabhakdi Foundation Blk 940 Jurong West Street 91, #01-441, S (640940) Tel: 6316 6246 / Fax: 6316 6194 <a href="#">NM - Minimol / SSN Kang Jianli</a>	YS2	<b>639 YISHUN</b> Le Champ-NKF Dialysis Centre (Yishun Branch) BLK 639, Yishun St 61, #01-168, S (760639) Tel: 6257 1860 / Fax: 6257 1650 <a href="#">NM - Syuhaidah Salleh</a>
KKT	<b>Temporary Closure from 29/7/24 onwards</b>	YS3	<b>840 YISHUN</b> SCAL-NKF Dialysis Centre (Yishun Branch) BLK 840 Yishun St 81, #01-382, S (760840) Tel: 64813006 / Fax: 64813076 <a href="#">DNM - A. Kalaiyani</a>
KLA	<b>43 BENEEMEER</b> Kwan Im Thong Hood Cho Temple-NKF Dialysis Centre (Kolam Ayer Branch) BLK 43 Bendemeer Rd, #01-1018, S (330043) Tel: 6291 3946 / Fax: 6291 3969 <a href="#">NM - Leah May Estacio</a>	YS4	<b>YISHUN COMMUNITY HOSPITAL</b> NKF Dialysis Centre Supported by Keppel 2 Yishun Central 2, #03-01 Yishun Community Hospital, S (768024) Tel: 6970 4213 / Fax: 6970 4216 <a href="#">SNM - Pan Mei Yu</a>
MSD	<b>204 MARSILING</b> Jo & Gerry Essery-NKF Dialysis Centre BLK 204 Marsiling Drive, #01-188, S (730204) Tel: 6368 0291 / Fax: 6368 0267 <a href="#">NM - Smitha James</a>		

Accepted By:

Authorised Signature: \_\_\_\_\_

Signatory's name : \_\_\_\_\_

Signatory's title : \_\_\_\_\_

Vendor's name : \_\_\_\_\_

Vendor's stamp : \_\_\_\_\_