SPESIFIKASI TEKNIKAL BAGI MEMBEKALKAN SUSU PELBAGAI FUNGSI UNTUK KEGUNAAN PESAKIT DALAM DI INSTITUT KANSER NEGARA BAGI TEMPOH SATU (1) TAHUN

BIL.	BAHAGIAN	1 (SUS	PEMAT			
			SILA TA YA	TIDAK		
1.	DDODUCT 4.4				14	IIDAN
1.	PRODUCT 1.1 ADULT POWI (VARIOUS FLA		COMPLETE	NUTRITION FORMULA		
2.	DESCRIPTION:	1				
	with water, i	makes a eal repla	olete powder, when mixed vides complete nutrition for a supplementary food and			
	2.2 It is also spending oil and proving and contain be used to sintake, or to	des ess vitamins upplem				
3.	TECHNICAL SF	PECIFIC	ATION:			
	3.1 Formula wit	hout lac	tose or with very	/ minimal lactose.		
	3.2 Per 100g of	this pro	duct contains:			
	Nutrient	Unit	Per 100g]		
	Calories	kcal	400 -455			
	Protein	g	13 -18			
	Carbohydrate	g	55 - 65			
	Fat	g	14 -17			
	3.3 Minerals :	1				
	-		, magnesium, nese, copper, ch	sodium, calcium, ferrous iromium, iodine		

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)	PEMAT SILA TA	1
		<u>YA</u>	TIDAK
	3.4 Vitamins :		
	Contain vitamin A, D, E, K. Vitamin B1,B2, B6, B12, vitamin C, Folic acid, Niacin, Pantothenic acid Biotin, Choline, Vitamin D.		
	3.5 Contain permitted food additives of chemical and plant origin.		
4.	OTHER REQUIREMENTS:		
	4.1 Product purchase shall be done in stages and according to requirement.		
	4.2 Quotation expiry date until 90 days.		
5.	LABELLING & PACKING: The product shall be supplied in suitably sealed and well-closed containers made of rust-free tins in the following sizes: 400 - 450g / can.		
6.	EXPIRY DATE: At least 18 months from date of delivery. If earlier than that, department will receive conditionally. If not used and over the expiry date, the product will be returned and should be replaced.		
7.	DELIVERY PERIOD: Within 3 weeks after ordering.		
8.	NAMA PRODUK YANG DICADANGKAN		
	*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW. IF SAMPLE IS NOT PROVIDED, THE COMPANY QUOTATION WILL NOT BE CONSIDERED.		

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)				TUHAN ANDA √	
					<u>YA</u>	TIDAK
1.	PRODUCT 1.2 ADULT POWDE PROBIOTIC	RED CC	MPLETE NUTRITION	ON FORMULA WITH		
2.	DESCRIPTION: 2.1 This formula with water, use as a m can be used 2.2 It is also s protein and (2008) guid total energy to increase	a is a numakes a eal replad for tube pecially in healthy lelines. To intake)				
3.	nutrition. TECHNICAL SF 3.1 Formula with		ATION: se or with very minir	nal lactose.		
	3.2 It contains pressential vita3.3 It contains perorigin.	amins and	blend.			
	3.4 Per 100g of	this produ	uct contains :			
	Nutrient	Unit	Per 100g			
	Calories	kcal	400 – 500 kcal			
	Protein	g	15 - 20 g			
	Carbohydrate	g	50 - 55 g			
	Fat	g	15 - 20 g			
	Prebiotic Fiber	g	5 – 7 g			
	Probiotics		≥1 billion			

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)		TUHAN ANDA √
		<u>YA</u>	TIDAK
4	OTHER REQUIREMENTS:		
	4.1 Product purchase shall be done in stages and according to		
	requirement.		
	4.2 Quotation expiry date until 90 days.		
5.	LABELLING & PACKING:		
5.			
	The product shall be supplied in suitably sealed and well-closed		
	containers made of rust-free tins in the following sizes: 400 - 450g		
	/ can.		
6.	EXPIRY DATE:		
0.	At least 18 months from date of delivery. If earlier than that,		
	department will receive conditionally. If not used and over the		
	expiry date, the product will be returned and should be replaced.		
	expiry date, the product will be returned and should be replaced.		
7.	DELIVERY PERIOD:		
	Within 3 weeks after ordering.		
8.	NAMA PRODUK YANG DICADANGKAN		
	*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW. IF		
	SAMPLE IS NOT PROVIDED, THE COMPANY QUOTATION		
	WILL NOT BE CONSIDERED.		

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)				PEMAT SILA TA	
					<u>YA</u>	TIDAK
1.	PRODUCT 1.4					
				NUTRITION FORMULA EMIC CONTROL		
2.		nplete		nutritionally balanced, rglycemia or diabetes.		
		tion as	_	an be used as the sole or part of a long term		
3.	TECHNICAL SE	PECIFIC	ATION:			
	3.1 Lactose and	gluten f	ree formula.			
	3.2 Glycemic Inc	dex is 22	2			
	3.3 Per 100g of	this pro	duct contains :			
	Nutrient	Unit	Per 100g			
	Calories	kcal	400 – 500 kcal			
	Protein	g	15 - 20 g			
	Carbohydrate	g	50 - 55 g			
	Fat	g	15 - 20 g			
	Dietary Fibre	g	5 – 7 g			
4.	OTHER REQUII 4.1 Product pure requirement. 4.2 Quotation ex	ages and according to				

BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)	<u>PEMATUHAN</u> <u>SILA TANDA √</u>	
	<u>YA</u>	TIDAK
LABELLING & PACKING: The product shall be supplied in suitably sealed and well-closed containers made of rust-free tins in the following sizes: 400 - 450g / can.		
EXPIRY DATE: At least 18 months from date of delivery. If earlier than that, department will receive conditionally. If not used and over the expiry date, the product will be returned and should be replaced.		
DELIVERY PERIOD: Within 3 weeks after ordering.		
NAMA PRODUK YANG DICADANGKAN		
*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW.		
IF SAMPLE IS NOT PROVIDED, THE COMPANY QUOTATION WILL NOT BE CONSIDERED.		
	LABELLING & PACKING: The product shall be supplied in suitably sealed and well-closed containers made of rust-free tins in the following sizes: 400 - 450g / can. EXPIRY DATE: At least 18 months from date of delivery. If earlier than that, department will receive conditionally. If not used and over the expiry date, the product will be returned and should be replaced. DELIVERY PERIOD: Within 3 weeks after ordering. NAMA PRODUK YANG DICADANGKAN *SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW. IF SAMPLE IS NOT PROVIDED, THE COMPANY	ADULT) LABELLING & PACKING: The product shall be supplied in suitably sealed and well-closed containers made of rust-free tins in the following sizes: 400 - 450g / can. EXPIRY DATE: At least 18 months from date of delivery. If earlier than that, department will receive conditionally. If not used and over the expiry date, the product will be returned and should be replaced. DELIVERY PERIOD: Within 3 weeks after ordering. NAMA PRODUK YANG DICADANGKAN *SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW. IF SAMPLE IS NOT PROVIDED, THE COMPANY

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)		PEMATUHAN SILA TANDA √			
					<u>YA</u>	TIDAK
1.	PRODUCT 1.5					
			OMPLETE NUTRI FOR GLYCAEMIC			
2.	DESCRIPTION: Powdered Complete Nutrition is nutritionally balanced, complete diet for patient with hyperglycemia or diabetes that optimizes blood glucose, cholesterol and weight. Formulated for oral or tube feeding, can be used as the sole source of nutrition as a					
	supplement, or p	part of a	long term diabetic	meal plan.		
3.	TECHNICAL SE 3.1 Lactose and 3.2 Per 100g of	gluten	free formula.			
	Nutrient	Unit	Per 100g			
	Calories	kcal	400 – 500 kcal			
	Protein	g	18 - 22 g			
	Carbohydrate	g	50 - 56 g			
	Fat	g	15 - 20 g			
	Dietary Fiber	g	3 - 5 g			
4	OTHER REQUIDED 4.1 Product pure requirement. 4.2 Quotation experiences					

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)		ΓUHAN ANDA √
		<u>YA</u>	TIDAK
5.	LABELLING & PACKING: The product shall be supplied in suitably sealed and well-closed containers made of rust-free tins in the following sizes: 400 - 450g / can.		
6.	EXPIRY DATE: At least 18 months from date of delivery. If earlier than that, department will receive conditionally. If not used and over the expiry date, the product will be returned and should be replaced.		
7.	DELIVERY PERIOD: Within 3 weeks after ordering.		
8.	NAMA PRODUK YANG DICADANGKAN		
	*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW.		
	IF SAMPLE IS NOT PROVIDED, THE COMPANY		
	QUOTATION WILL NOT BE CONSIDERED.		

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)			PEMAT SILA TA		
					<u>YA</u>	TIDAK
1.	PRODUCT 1.7 ADULT POWDE WITH FIBER	ERED C	OMPLETE NUTRIT	ION FORMULA		
2.	DESCRIPTION: This formula is consumption or function. It co essential vitamin					
3.	·	patient i e source Gluten	requiring long term ee of nutrition or as a Free.			
4.	OTHER REQUIR 4.1 Product pure requirement. 4.2 Quotation ex					

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)	PEMAT SILA TA	
		<u>YA</u>	TIDAK
5.	LABELLING & PACKING: The product shall be supplied in suitably sealed and well-closed containers made of rust-free tins in the following sizes: 350 - 400g / can.		
6.	EXPIRY DATE: At least 18 months from date of delivery. If earlier than that, department will receive conditionally. If not used and over the expiry date, the product will be returned and should be replaced.		
7.	DELIVERY PERIOD: Within 3 weeks after ordering.		
8.	NAMA PRODUK YANG DICADANGKAN		
	*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW. IF SAMPLE IS NOT PROVIDED, THE COMPANY QUOTATION WILL NOT BE CONSIDERED.		

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)				<u>PEMATUHAN</u> SILA TANDA √	
					<u>YA</u>	TIDAK
1.	PRODUCT 1.8					
	ADULT POWDS FORMULA	ERED (COMPLETE SEM	II ELEMENTAL		
2.	DESCRIPTION:					
		-	•	tide based diet and rich		
	with impaired ga	•	•	absorb form for patient		
	with impaired ge	2011011111				
3.	TECHNICAL SE	PECIFIC	CATION:			
			se with fat malabs	sorption requiring a low MCT.		
	3.2 For Oral / tu	be feed	ing administration	n.		
	3.3 Lactose and	Gluten	Free.			
	3.4 Formulated	with 10	0% whey peptide			
	3.5 Per 100g of	this pro	duct contains :			
	Nutrient	Unit	Per 100g			
	Calories	kcal	440 - 470 kcal			
	Protein	g	17 - 20 g			
	Carbohydrate	g	55 - 60 g			
	Fat	g	16 - 20 g			
4.	OTHER REQUI	REMEN	ITS:			
	4.1 Product pure	chase s	hall be done in st	tages and according to		
	requirement.					
	4.2 Quotation ex	kpiry da	te until 90 days.			
	4.3 More than o products.	ne supp	oliers can be cons	sidered to supply the		

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)	<u>PEMATUHAN</u> SILA TANDA √	
		<u>YA</u>	TIDAK
5.	LABELLING & PACKING: The product shall be supplied in suitably sealed and well-closed containers made of rust-free tins in the following sizes: 400 - 450g / can.		
6.	EXPIRY DATE: At least 18 months from date of delivery. If earlier than that, department will receive conditionally. If not used and over the expiry date, the product will be returned and should be replaced.		
7.	DELIVERY PERIOD: Within 3 weeks after ordering.		
8.	NAMA PRODUK YANG DICADANGKAN		
	*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW. IF SAMPLE IS NOT PROVIDED, THE COMPANY QUOTATION WILL NOT BE CONSIDERED.		

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)			PEMAT SILA TA	1	
					<u>YA</u>	TIDAK
1.	PRODUCT 1.9					
	ADULT POWD WITH ENERGY			RMULA SUPPLEMENT		
2.	DESCRIPTION	<u>:</u>				
	with water it can replacement, or tube feeding wh	This formula is a nutritionally complete powder, when mixed with water it can provides complete nutrition for use as a meal replacement, or as a supplementary food and can be used for tube feeding which provides 1.5 kcal / ml. Recommended for individual who require high calorie and high protein diet during the treatment.				
3.	TECHNICAL SI	PECIFIC	ATION:			
	3.1 Formula with	n minima	al lactose.			
	3.2 Suitable for	oral and	tube feeding.			
	3.3 Per 100g of	this prod	duct contains :			
	Nutrient	Unit	Per 100g			
	Calories	kcal	450 - 480 kcal			
	Protein	g	18 - 20 g			
	Carbohydrate	g	60 - 65 g			
	Fat	g	15 -17 g			
	 3.4 Contain potassium, magnesium, sodium, calcium, ferrous sulfate, zinc, manganese, copper, chromium, iodine. 3.5 Contain vitamin A, D, E, K. Vitamin B1, B2, B6, B12, vitamin C, Folic acid, Niacin, Pantothenic acid, Biotin, Choline, Vitamin D. 3.6 Contain only permitted food additives and flavor. 					
4.	OTHER REQUI	REMEN	TS:			
	4.1 Product pure requirement. 4.2 Quotation ex			ages and according to		
L	<u>I</u>			13		

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)	PEMAT SILA TA	TUHAN ANDA √
		<u>YA</u>	TIDAK
5.	LABELLING & PACKING: The product shall be supplied in suitably sealed and well-closed containers made of rust-free tins in the following sizes: 380 - 400g / can.		
6.	EXPIRY DATE: At least 18 months from date of delivery. If earlier than that, department will receive conditionally. If not used and over the expiry date, the product will be returned and should be replaced.		
7.	DELIVERY PERIOD: Within 3 weeks after ordering.		
8.	NAMA PRODUK YANG DICADANGKAN		
	*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW. IF SAMPLE IS NOT PROVIDED, THE COMPANY QUOTATION WILL NOT BE CONSIDERED.		

BIL.	BAHAGIAN 1	(SUSL	PEMAT SILA TA			
					<u>YA</u>	TIDAK
1.	WITH IMMUNO	RED N		MULA SUPPLEMENT		
2.	high protein Eicosapentanoid	an ener oral Acid (nutritional fo	orovides 1.26 kcal / ml, ormula enrich with designed for people at eight loss.		
3.	3.4 Not suitable recommender 3.5 Contain potential sulfate, zin selenium, me 3.6 Contain vitamin C, Choline, Vitatianin C,	gluten de A 1.1g/as a so ed by a assium, c, mar olybden amin A, Folic a amin D.	free formula serving le source of feed r children un medical practition magnesium, so nganese, coppenium D, E, K. Vitan acid, Niacin, Pan ted food additives	iless prescribed or ner. dium, calcium, ferrous er, chromium, iodine, nin B1, B2, B6, B12, ntothenic acid, Biotin,		
	FOS	g	3.0-3.5 g			

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)	PEMAT SILA TA	
		<u>YA</u>	TIDAK
4.	OTHER REQUIREMENTS: 4.1 Product purchase shall be done in stages and according to requirement. 4.2 Quotation expiry date until 90 days.		
5.	LABELLING & PACKING: The product shall be supplied in suitably sealed and well-closed containers made of rust-free tins in the following sizes: 350-400g / can.		
6.	EXPIRY DATE: At least 18 months from date of delivery. If earlier than that, department will receive conditionally. If not used and over the expiry date, the product will be returned and should be replaced.		
7.	DELIVERY PERIOD: Within 3 weeks after ordering.		
8.	NAMA PRODUK YANG DICADANGKAN		
	*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW. IF SAMPLE IS NOT PROVIDED, THE COMPANY QUOTATION WILL NOT BE CONSIDERED.		

BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)		PEMATUHAN SILA TANDA √			
				<u>YA</u>	<u>TIDAK</u>
PRODUCT 1.12					
ADULT POWDE	ERED IN	ISTANT FOOD	AND DRINK		
THICKENER					
a vehicle in com	monly a	ccepted approa	ch to decrease		
responsiveness,	, and ph	aryngeal pressu	re.		
TECHNICAL SE	PECIFIC	ATION:			
3.1 No maltodex	trin add	ed. Lactose and	Gluten Free		
3.2 It does not a	lter flavo	or of formulas, b	everages and foods		
3.3 Per 100g of	this prod	duct contains :			
Nutrient	Unit	Per 100g			
Calories	kcal	360 - 380 kcal			
Protein	g	0 g			
Carbohydrate	g	90 - 95 g			
Fat	g	0 g			
OTHER REQUIREMENTS: 4.1 Product purchase shall be done in stages and according to requirement.					
4.2 Quotation ex	kpiry dat	e until 90 days.			
LABELLING &	PACKIN	IG:			
The product sha	all be sup	oplied in suitably	sealed and well-closed		
containers made	e of rust-	free tins in the f	ollowing sizes: 300 -		
350g / can.					
	THICKENER DESCRIPTION: This product is a increasing the containers made DESCRIPTION: This product is a increasing the containers made DESCRIPTION: This product is a increasing the containers made DESCRIPTION: This product is a increasing the containers made This product is a increasing the containers made The product shall containers made	THICKENER DESCRIPTION: This product is an instar increasing the consister a vehicle in commonly a dysphagia difficulties an leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive change responsiveness, and phosphagia difficulties and leads to positive chan	PRODUCT 1.12 ADULT POWDERED INSTANT FOOD THICKENER DESCRIPTION: This product is an instant food and drink increasing the consistency of foods and a vehicle in commonly accepted approadysphagia difficulties and to increase beleads to positive changes in oral transit responsiveness, and pharyngeal pressuresponsiveness, and pharyngeal pressuresponsiveness and pharyngeal pressuresp	PRODUCT 1.12 ADULT POWDERED INSTANT FOOD AND DRINK THICKENER DESCRIPTION: This product is an instant food and drink thickener suitable for increasing the consistency of foods and liquid. It can be used as a vehicle in commonly accepted approach to decrease dysphagia difficulties and to increase bolus consistency which leads to positive changes in oral transit time, pharyngeal responsiveness, and pharyngeal pressure. TECHNICAL SPECIFICATION: 3.1 No maltodextrin added. Lactose and Gluten Free 3.2 It does not alter flavor of formulas, beverages and foods 3.3 Per 100g of this product contains: Nutrient Unit Per 100g Calories kcal 360 - 380 kcal Protein g 0 g Carbohydrate g 90 - 95 g Fat g 0 g OTHER REQUIREMENTS: 4.1 Product purchase shall be done in stages and according to requirement. 4.2 Quotation expiry date until 90 days. LABELLING & PACKING: The product shall be supplied in suitably sealed and well-closed containers made of rust-free tins in the following sizes: 300 -	PRODUCT 1.12 ADULT POWDERED INSTANT FOOD AND DRINK THICKENER DESCRIPTION: This product is an instant food and drink thickener suitable for increasing the consistency of foods and liquid. It can be used as a vehicle in commonly accepted approach to decrease dysphagia difficulties and to increase bolus consistency which leads to positive changes in oral transit time, pharyngeal responsiveness, and pharyngeal pressure. TECHNICAL SPECIFICATION: 3.1 No maltodextrin added. Lactose and Gluten Free 3.2 It does not alter flavor of formulas, beverages and foods 3.3 Per 100g of this product contains: Nutrient Unit Per 100g Calories kcal 360 - 380 kcal Protein g 0 g Carbohydrate g 90 - 95 g Fat g 0 g OTHER REQUIREMENTS: 4.1 Product purchase shall be done in stages and according to requirement. 4.2 Quotation expiry date until 90 days. LABELLING & PACKING: The product shall be supplied in suitably sealed and well-closed containers made of rust-free tins in the following sizes: 300 -

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)		TUHAN ANDA √
		<u>YA</u>	TIDAK
6.	EXPIRY DATE:		
	At least 18 months from date of delivery. If earlier than that,		
	department will receive conditionally. If not used and over the		
	expiry date, the product will be returned and should be replaced.		
7.	DELIVERY PERIOD:		
	Within 3 weeks after ordering.		
8.	NAMA PRODUK YANG DICADANGKAN		
	*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW.		
	IF SAMPLE IS NOT PROVIDED, THE COMPANY		
	QUOTATION WILL NOT BE CONSIDERED.		

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)		TUHAN ANDA √
		<u>YA</u>	<u>TIDAK</u>
1.	PRODUCT 1.14		
	ADULT POWDERED NUTRITION GLUTAMINE SUPPLEMENT		
2.	DESCRIPTION:		
	This product is an oral nutritional supplement, high in glutamine, antioxidant vitamins and trace elements such as vitamin E, vitamin C and Beta carotene, For the dietary management of patients in need of high glutamine and antioxidants due to oxidative stress after surgery or in chronic inflammatory diseases. To be used under medical supervision.		
3.	TECHNICAL SPECIFICATION:		
	3.1 Lactose and Gluten Free		
	3.2 Not suitable as a sole source of nutrition		
	3.3 Contains beta carotene, vitamin E and vitamin C		
	3.4 Per 100g of this product contains :		
	Nutrient 100g		
	Energy 350 - 380 kcal Protein 43 - 45 g		
	Carbohydrate 42 - 44 g		
	Fat 0 g Glutamine 43 – 45q		
	Gidiamine 43 – 43g		
4.	OTHER REQUIREMENTS:		
	4.1 Product purchase shall be done in stages and according to		
	requirement.		
	4.2 Quotation expiry date until 90 days.		
5.	LABELLING & PACKING:		
	The product shall be supplied in suitably sealed and well-closed		
	sachet in the following sizes: 20-25g sachet.		

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)		TUHAN ANDA √
		<u>YA</u>	TIDAK
6.	EXPIRY DATE:		
	At least 18 months from date of delivery. If earlier than that,		
	department will receive conditionally. If not used and over the		
	expiry date, the product will be returned and should be replaced.		
7.	DELIVERY PERIOD:		
	Within 3 weeks after ordering.		
8.	NAMA PRODUK YANG DICADANGKAN		
	*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW. IF		
	SAMPLE IS NOT PROVIDED, THE COMPANY QUOTATION		
	WILL NOT BE CONSIDERED.		

		BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)			<u>PEMATUHAN</u> <u>SILA TANDA √</u>	
				<u>YA</u>	TIDAK	
PRODUCT 1.17						
	COMP	LETE NUTRITIO	N ENERGY DENSE			
FORMULA						
DECODINE 1011						
' <u> </u>		alawia liawial fa a al	anavialia a 4 E kaal/aal with			
	•	•				
-						
Protein are need	ieu iu di	onieveu requireu	make in a ilinited volunte.			
TECHNICAL SE	PECIFIC	CATION:				
3.1 Lactose and	Gluten	Free Formula				
3.2 Suitable for	oral and	I tube feeding.				
3.3 Not Suitable	for pare	enteral use.				
3.4 Per 100ml of	f this pro	oduct contains :				
Nutrient	Unit	Per 100ml				
Calories	kcal	145-155 kcal				
Protein	g	5-7 g				
Carbohydrate	g	20-25 g				
Fat	g	4-7 g				
,						
' <u> </u>						
•	cnase si	naii de done in st	ages and according to			
•	nin, da	to until 00 days				
4.2 Quotation ex	tpiry dai	urilii 90 days.				
LABELLING &	PACKIN	NG:				
The product sha	ll be su	pplied in suitably	sealed and well-closed			
containers made	e of rust	-free tins in the fo	ollowing sizes: 200-250ml /			
can.						
	ADULT LIQUID FORMULA DESCRIPTION: This formula is a complete and ba protein are need TECHNICAL SF 3.1 Lactose and 3.2 Suitable for 6 3.3 Not Suitable 3.4 Per 100ml of Nutrient Calories Protein Carbohydrate Fat OTHER REQUII 4.1 Product pure requirement. 4.2 Quotation extends a containers made	ADULT LIQUID COMPLETORMULA DESCRIPTION: This formula is a high can complete and balance in protein are needed to accomplete and balance in protein are needed to accomplete and balance in protein are needed to accomplete and Gluten 3.2 Suitable for oral and 3.3 Not Suitable for pare 3.4 Per 100ml of this protein Unit Calories kcal Protein g Carbohydrate g Fat g OTHER REQUIREMEN 4.1 Product purchase slarequirement. 4.2 Quotation expiry data LABELLING & PACKINTHE The product shall be su containers made of rust	DESCRIPTION: This formula is a high calorie liquid food complete and balance nutrition. It is use protein are needed to achieved required TECHNICAL SPECIFICATION: 3.1 Lactose and Gluten Free Formula 3.2 Suitable for oral and tube feeding. 3.3 Not Suitable for parenteral use. 3.4 Per 100ml of this product contains: Nutrient Unit Per 100ml Calories kcal 145-155 kcal Protein g 5-7 g Carbohydrate g 20-25 g Fat g 4-7 g OTHER REQUIREMENTS: 4.1 Product purchase shall be done in st requirement. 4.2 Quotation expiry date until 90 days. LABELLING & PACKING: The product shall be supplied in suitably containers made of rust-free tins in the formula in the formul	DESCRIPTION: This formula is a high calorie liquid food providing 1.5 kcal/ml, with complete and balance nutrition. It is useful when extra calories and protein are needed to achieved required intake in a limited volume. TECHNICAL SPECIFICATION: 3.1 Lactose and Gluten Free Formula 3.2 Suitable for oral and tube feeding. 3.3 Not Suitable for parenteral use. 3.4 Per 100ml of this product contains: Nutrient Unit Per 100ml Calories kcal 145-155 kcal Protein g 5-7 g Carbohydrate g 20-25 g Fat g 4-7 g OTHER REQUIREMENTS: 4.1 Product purchase shall be done in stages and according to requirement. 4.2 Quotation expiry date until 90 days. LABELLING & PACKING: The product shall be supplied in suitably sealed and well-closed containers made of rust-free tins in the following sizes: 200-250ml /	DESCRIPTION: This formula is a high calorie liquid food providing 1.5 kcal/ml, with complete and balance nutrition. It is useful when extra calories and protein are needed to achieved required intake in a limited volume. TECHNICAL SPECIFICATION: 3.1 Lactose and Gluten Free Formula 3.2 Suitable for oral and tube feeding. 3.3 Not Suitable for parenteral use. 3.4 Per 100ml of this product contains: Nutrient Unit Per 100ml Calories kcal 145-155 kcal Protein g 5-7 g Carbohydrate g 20-25 g Fat g 4-7 g OTHER REQUIREMENTS: 4.1 Product purchase shall be done in stages and according to requirement. 4.2 Quotation expiry date until 90 days. LABELLING & PACKING: The product shall be supplied in suitably sealed and well-closed containers made of rust-free tins in the following sizes: 200-250ml /	

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)	PEMATUHAN SILA TANDA √		
		<u>YA</u>	TIDAK	
6.	EXPIRY DATE: At least 18 months from date of delivery. If earlier than that, department will receive conditionally. If not used and over the expiry date, the product will be returned and should be replaced.			
7.	DELIVERY PERIOD: Within 3 weeks after ordering.			
8.	NAMA PRODUK YANG DICADANGKAN			
	*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW. IF SAMPLE IS NOT PROVIDED, THE COMPANY QUOTATION WILL NOT BE CONSIDERED.			

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)					TUHAN ANDA √
					<u>YA</u>	TIDAK
1.	PRODUCT 1.19 ADULT LIQUI CARBOHYDRA RESTRICTION	D COM		ITION WITH MODERATE ROLYTE AND FLUID		
2.	Vanilla Flavor is calorically d formulated to 2.2 This formula on dialysis, restriction.	Liquid I a ready ense, co meet to is indica acute	y to use, omplete nutrition he unique nee cated for patients kidney injury,	ctrolyte Fluid Restriction with nal liquid formula specifically ds of renal patients. Swith chronic kidney disease and fluid and electrolyte otein level, low electrolytes,		
				noderate carbohydrate level		
3.	feeding. 3.3 Contain po phosphorus, chloride. 3.4 Contain vita Folic acid, N	ula al supplement or for enteral sodium, calcium, ferrous, copper, iodine, L-Carnitine, B1,B2, B6, B12, vitamin C, Biotin, Choline. chemical and plant origin				
	Nutrient	Unit	Per 100 ml			
	Calories	kcal	200-230 kcal			
	Protein	g	9.0-10.0 g			
	Carbohydrate	g	18.0-20.0 g			
	Fat	g	10-12 g			

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)	PEMAT SILA TA	ΓUHAN ANDA √
		<u>YA</u>	TIDAK
4.	OTHER REQUIREMENTS:		
	4.1 Product purchase shall be done in stages and according to		
	requirement.		
	4.2 Quotation expiry date until 90 days.		
5.	LABELLING & PACKING:		
5.			
	The product shall be supplied in suitably sealed and well-closed		
	containers in the following sizes: 200 – 250 ml / pack		
6.	EVDIDY DATE.		
0.	EXPIRY DATE:		
	At least 18 months from date of delivery. If earlier than that,		
	department will receive conditionally. If not used and over the expiry		
	date, the product will be returned and should be replaced.		
7	DELIVERY REPLOD.		
7.	DELIVERY PERIOD:		
	Within 3 weeks after ordering.		
8.	NAMA PRODUK YANG DICADANGKAN		
	*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW. IF		
	SAMPLE IS NOT PROVIDED, THE COMPANY QUOTATION WILL		
	NOT BE CONSIDERED.		

BIL.	BAHAGIA	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)				
					<u>YA</u>	TIDAK
1.	PRODUCT 1.23					
	ADULT LIQUID	COMP	LETE NUTRITIC	ON ISOTONIC VANILLA FREE		
	WITH FIBRE					
2.	DESCRIPTION:	_				
			•	with fiber bland that provides		
	•			equiring long term tube feeding.		
	·		•	or those with increase nutrient		
	need or those w	ith redu	ce calorie require	ement.		
	TECHNICAL SF	DECIEIO	ATION			
3.	3.1 Vanilla Free					
	3.2 Suitable for 3.3 Not Suitable		•			
	3.4 Per 100ml o	-				
	Nutrient	Unit	Per 100ml			
		Offic	i ei Tooiiii			
	Calories	kcal	100-110 kcal			
	Protein	g	4-6 g			
	Carbohydrate	g	14-16 g			
	Fat	g	3-5 g			
4.	OTHER REQUI	REMEN	TS:			
٦.				ages and according to		
	requirement.	J. 1450 SI	iaii bo dono ili di	agoo and according to		
	4.2 Quotation ex	knirv dat	e until 90 dave			
	1.2 Quotation 6	This da	.o aritii oo aays.			
5.	LABELLING &	PACKIN	lG:			
				itably sealed and well-closed		
	·		ng sizes: 200-25	•		

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)	PEMATUHAN SILA TANDA √	
		<u>YA</u>	<u>TIDAK</u>
6.	EXPIRY DATE:		
	At least 18 months from date of delivery. If earlier than that,		
	department will receive conditionally. If not used and over the expiry		
	date, the product will be returned and should be replaced.		
7.	DELIVERY PERIOD:		
	Within 3 weeks after ordering.		
8.	NAMA PRODUK YANG DICADANGKAN		
	*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW. IF		
	SAMPLE IS NOT PROVIDED, THE COMPANY QUOTATION WILL		
	NOT BE CONSIDERED.		

BIL.	BAHAGIAN	AN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)		<u>PEMATUHAN</u> <u>SILA TANDA √</u>		
					<u>YA</u>	TIDAK
1.	PRODUCT 1.27	_				
	ADULT CLEAR	LIQUIE	SUPPLEMENT	•		
2.	DESCRIPTION:	<u>:</u>				
	2.1 Specially for	rmulated	d for the dietary	management of malnutrition		
	and other m	edical c	onditions with inc	creased nutritional needs.		
	2.2 Ideal for	pre-ope	rative carbohyd	Irate loading to aid early		
	recovery and	d enhan	ce recovery after	r surgery (ERAS)		
3.	TECHNICAL SF	PECIFIC	CATION:			
	3.1 Clear liquid		<u> </u>			
				lium, calcium, ferrous sulfate, um, iodine, molybdenum ,		
				B1,B2, B6, B12, vitamin C, Biotin, Choline, taurine.		
	3.4 Contain perr	mitted fo	ood additives of c	chemical and plant origin.		
	3.5 Per 237ml o	f this pro	oduct contains :			
	Nutrient	Unit	Per 100ml			
	Calories	kcal	250-270 kcal			
	Protein	g	9.0-10.0 g			
	Carbohydrate	g	50-55 g			
	Fat	g	0 g			
4.	OTHER REQUI			tages and according to		
	requirement.			-		
	4.2 Quotation ex	xpiry dat	te until 90 days.			

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)	PEMATUHAN SILA TANDA √	
		<u>YA</u>	TIDAK
5.	LABELLING & PACKING: The product shall be supplied in suitably sealed and well-closed		
	containers in the following sizes: 200-250ml / pack.		
6.	EXPIRY DATE: At least 18 months from date of delivery. If earlier than that, department will receive conditionally. If not used and over the expiry date, the product will be returned and should be replaced.		
7.	DELIVERY PERIOD: Within 3 weeks after ordering.		
8.	NAMA PRODUK YANG DICADANGKAN		
	*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW. IF SAMPLE IS NOT PROVIDED, THE COMPANY QUOTATION WILL NOT BE CONSIDERED.		

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)		PEMATUHAN SILA TANDA √			
					<u>YA</u>	TIDAK
1.	PRODUCT 1.28					
	GLUCOSE POL	YMER	S			
2.	DESCRIPTION:	_				
	·		,	glucose polymer module.		
		•		d energy needs or those		
				quirements from the diet.		
	It is not intended	d to be i	used as a sole so	ource of nutrition.		
3.	TECHNICAL SE	PECIFIC	CATION:			
			not for parentera	al use.		
			•	ds as well as food.		
	3.3 Gluten free		•			
	3.4 Low osmola	lity to m	inimize potential	for osmotic diarrhea		
	3.5 Low in mine	•	•			
	3.6 Per 100g of		•			
	Nutrient	Unit	Per 100g			
	Calories	kcal	380 - 400 kcal			
	Protein	g	0 g			
	Carbohydrate	g	90 - 95 g			
	Fat	g	0 g			
4.	OTHER REQUI	REMEN	ITS:			
	4.1 Product pure	chase s	hall be done in st	ages and according to		
	requirement.					
	4.2 Quotation ex	xpiry da	te until 90 days.			

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)		TUHAN ANDA √
		<u>YA</u>	TIDAK
5.	LABELLING & PACKING: The product shall be supplied in suitably sealed and well-closed containers made of rust-free tins in the following sizes: 350-		
	400g / can.		
6.	EXPIRY DATE: At least 18 months from date of delivery. If earlier than that, department will receive conditionally. If not used and over the expiry date, the product will be returned and should be replaced.		
7.	DELIVERY PERIOD: Within 3 weeks after ordering.		
8.	NAMA PRODUK YANG DICADANGKAN		
	*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW. IF SAMPLE IS NOT PROVIDED, THE COMPANY		
	QUOTATION WILL NOT BE CONSIDERED.		

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)		TUHAN ANDA √
		<u>YA</u>	TIDAK
1.	PRODUCT 1.29		
	PROTEIN MODULAR		
2.	DESCRIPTION: It is protein module with high concentrated source of pharmaceutical grade protein. It is medical nutrition supplement suitable for providing extra protein to persons with increase protein needs and to persons who are unable to achieve		
	sufficient protein requirement with their normal diet.		
3.	TECHNICAL SPECIFICATION: 3.1 For every 100g of product, should content about 78g – 80g of protein.		
	3.2 It is medical protein that contains whey protein concentrate and soy lecithin.		
	3.3 Gluten free		
	3.4 The product is an instantised, soluble milk protein with excellent solubility throughout the pH range and with enhanced dispersibility		
	3.5 It mixes readily with most enteral feeding formula and beverages.		
	3.6 It is in cream colour and with clean flavor and also does not alter flavor of formula, beverages and foods.		
4.	OTHER REQUIREMENTS:		
	4.1 Product purchase shall be done in stages and according to		
	requirement.		
	4.2 Quotation expiry date until 90 days.		
5.	LABELLING & PACKING:		
	The product shall be supplied in suitably sealed and well-closed		
	containers made of rust-free tins / packaging in the following sizes: 5-10g/ sachet		

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)	PEMATUHAN SILA TANDA √	
		<u>YA</u>	TIDAK
6.	EXPIRY DATE: At least 18 months from date of delivery. If earlier than that, department will receive conditionally. If not used and over the expiry date, the product will be returned and should be replaced.		
7.	DELIVERY PERIOD: Within 3 weeks after ordering.		
8.	NAMA PRODUK YANG DICADANGKAN		
	*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW. IF SAMPLE IS NOT PROVIDED, THE COMPANY QUOTATION WILL NOT BE CONSIDERED.		

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)			ΓUHAN ANDA √		
					<u>YA</u>	TIDAK
1.	PRODUCT 1.30					
	MEDIUM CHAIR	N TRIG	LYCERIDES (MC	CT) FAT MODULAR		
2.	2.1 This is 100 8.3 calories a carbohyd emulsified, energy sou or as an ad	 DESCRIPTION: 2.1 This is 100% pure medium chain triglycerides and provides 8.3 calories per gram. Product can be used for those on a carbohydrate restricted diet. It does not require bile to be emulsified, so it is quickly available to the body as an energy source. This product is excellent as salad dressing or as an added supplement in a meal replacement shake. 2.2 Contains carbon chain at least: 1% of C6, 50% of C8, 34% 				
		prescrib pressic	ed for critically on, pulmonary dis	/ ill patients such as seases, liver disease,		
3.	3.2 Contain min	ar that c erals su	an't be used as a			
	with Non-GN			OI 27/141 22),DOL 1100,		
	3.4 Per 15 ml of			1		
	Nutrient Calories	Unit kcal	Per 15 ml 120-150 kcal			
	Protein	g	0 g			
	Carbohydrate	g	0 g			
	Fat	g	13.0-15.0 g			
4.	OTHER REQUI 4.1 Product pur requirement.			stages and according to		
	4.2 Quotation ex	xpiry da	te until 90 days.			

BIL.	BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)		TUHAN ANDA √
		<u>YA</u>	TIDAK
5.	LABELLING & PACKING:		
	The product shall be supplied in suitably sealed and well-closed		
	containers in the following sizes: 120 ml/ bottle.		
6.	EVDIDY DATE:		
0.	EXPIRY DATE:		
	At least 18 months from date of delivery. If earlier than that,		
	department will receive conditionally. If not used and over the		
_	expiry date, the product will be returned and should be replaced.		
7.	DELIVERY PERIOD:		
	Within 3 weeks after ordering.		
8.	NAMA PRODUK YANG DICADANGKAN		
	*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW.		
	IF SAMPLE IS NOT PROVIDED, THE COMPANY QUOTATION		
	WILL NOT BE CONSIDERED.		

BIL.	BAHAGIAN 2 (SUSU MEDICAL FOOD FORMULA FOR PAEDIATRIC)			TUHAN ANDA √	
				<u> YA</u>	<u>TIDAK</u>
1.	PRODUCT 2.13(A)				
	PAEDIATRIC POWDER FORMULA (VARIOUS FL		UTRITION		
2.	DESCRIPTION:				
	or tube feeding and a	providing complete nutrit is a sole source of nutriti ilso as nutritional supple children aged 1 – 10 year	on for oral ement with		
3.	TECHNICAL SPECIFICA	TION:			
	3.1 Gluten Free and Lacto	ose Free.			
	3.2 Provides 1.0kcal / ml				
	3.3 Available in various fla	vour			
	3.4 Per 100g of this produ	ct contains:			
	Nutrient	100g			
	Energy Protein	450 – 480 kcal 13.0 – 15.0 g			
	Carbohydrate	60.0 – 65.0 g			
	Fat	17.0 – 20.0 g			
	Sodium	300 – 320 mg			
	Potassium Phosphorus	600 – 700 mg 270 – 300 mg			
	Calcium	400 – 450 mg			
4.	OTHER REQUIREMENTS	<u>S:</u>			
	4.1 Product purchase shall	l be done in stages and	according		
	to requirement.				
	4.2 Quotation expiry date until 90 days.				

BIL.	BAHAGIAN 2 (SUSU MEDICAL FOOD FORMULA FOR PAEDIATRIC)		TUHAN ANDA √
		<u>YA</u>	TIDAK
5.	LABELLING & PACKING: The product shall be supplied in suitably sealed and well-closed containers made of rust-free tins in the following sizes: 400 - 450g / can.		
6.	EXPIRY DATE: At least 18 months from date of delivery. If earlier than that, department will receive conditionally. If not used and over the expiry date, the product will be returned and should be replaced.		
7.	DELIVERY PERIOD: Within 3 weeks after ordering.		
8.	NAMA PRODUK YANG DICADANGKAN		
	*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW. IF SAMPLE IS NOT PROVIDED, THE COMPANY QUOTATION WILL NOT BE CONSIDERED.		

BIL.	BAHAGIAN 2 (SUSU MEDICAL FOOD FORMULA FOR PAEDIATRIC)			TUHAN ANDA √
			<u>YA</u>	TIDAK
1.	PRODUCT 2.13(B)			
	PAEDIATRIC POWDERED	COMPLETE NUTRITION FORMULA		
2.	DESCRIPTION:			
	2.1 It is a nutritionally comp children 1-10 years wit used for nutritional supp			
	2.2 It can be used as th supplement.	e sole source of nutrition or as a		
	2.3			
3.	TECHNICAL SPECIFICATI	ON:		
	3.1 Gluten Free and Lactos	e Free.		
	3.2 Flexible caloric delivery	: 1kcal @ 1.5kcal/ml		
	3.3 Available in various flavo	our		
	3.4 Per 100g of this product			
	0.41 of 100g of tills product			
	Nutrient	100g		
	Energy	450 – 480 kcal		
	Protein	13.0 – 15.0 g		
	Carbohydrate	60.0 – 65.0 g		
	Fat	17.0 – 20.0 g		
	Sodium	220 – 320 mg		
	Potassium	550 – 600 mg		
	Phosphorus	260 – 300 mg		
	Calcium	350 – 450 mg		
	Dietary Fiber	2.0-3.0 g		
4.	OTHER REQUIREMENTS:			
	4.1 Product purchase shall I	be done in stages and according to		
	requirement.			
	4.2 Quotation expiry date ur	ntil 90 days.		
		•		

BIL.	BAHAGIAN 2 (SUSU MEDICAL FOOD FORMULA FOR PAEDIATRIC)	PEMATUHAN SILA TANDA √	
		<u>YA</u>	TIDAK
5.	LABELLING & PACKING: The product shall be supplied in suitably sealed and well-closed containers made of rust-free tins in the following sizes: 400 - 450g / can.		
6.	EXPIRY DATE: At least 18 months from date of delivery. If earlier than that, department will receive conditionally. If not used and over the expiry date, the product will be returned and should be replaced.		
7.	DELIVERY PERIOD: Within 3 weeks after ordering.		
8.	NAMA PRODUK YANG DICADANGKAN		
	*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW. IF		
	SAMPLE IS NOT PROVIDED, THE COMPANY QUOTATION		
	WILL NOT BE CONSIDERED.		

BIL.	BAHAGIAN 2 (SUSU MEDICAL FOOD FORMULA FOR PAEDIATRIC)			TUHAN ANDA √		
			<u>YA</u>	TIDAK		
1.	PRODUCT 2.15					
	PAEDIATRIC POWDERI FORMULA	ED COMPLETE SEMI-ELEMENTAL				
2.	DESCRIPTION:					
	hydrolyzed whey proteir can be used as a sole s	vdered complete nutrition with extensively of for children 1-10 years old. This product source of nutrition for oral or tube feeding upplement with or between meals.				
3.	TECHNICAL SPECIFICATI	ON:				
	3.1 Gluten Free and Lactos	se Free, Low Residue				
	3.2 Contain at least 20% fat as medium chain triglycerides (MCT). Available in various flavour					
	3.3 Per 100g of this product contains:					
	Nutrient	100g				
	Energy	450 – 480 kcal				
	Protein	13.0 – 15.0 g				
	Carbohydrate Fat	60.0 – 65.0 g 17.0 – 20.0 g				
	Sodium	300 – 320 mg				
	Potassium	600 – 700 mg				
	Phosphorus	270 – 300 mg				
	Calcium	400 – 450 mg				
4.	OTHER REQUIREMENTS:					
	4.1 Product purchase shall I	be done in stages and according to				
	requirement.					
	4.2 Quotation expiry date ur	ntil 90 days.				
5.	LABELLING & PACKING:					
	The product shall be supp	olied in suitably sealed and well-closed				
	containers made of rust-free	e tins in the following sizes: 300-400 / can.				

BIL.	BAHAGIAN 2 (SUSU MEDICAL FOOD FORMULA FOR PAEDIATRIC)		TUHAN ANDA √
		<u>YA</u>	TIDAK
6.	EXPIRY DATE: At least 18 months from date of delivery. If earlier than that, department will receive conditionally. If not used and over the expiry date, the product will be returned and should be replaced.		
7.	DELIVERY PERIOD: Within 3 weeks after ordering.		
8.	NAMA PRODUK YANG DICADANGKAN		
	*SAMPLE/ PAMPHLET MUST BE ATTACHED FOR REVIEW. IF SAMPLE IS NOT PROVIDED, THE COMPANY QUOTATION WILL NOT BE CONSIDERED.		

ADDITIONAL CONDITIONS

1. Packaging And Labeling

- 1.1. The milk product shall be transported, stored and packed under sanitary and hygienic conditions in premises licensed in accordance with the public legislation currently enforced in the country.
- 1.2. The product shall be free from extraneous matter.
- 1.3. The product shall be contamination free from undesirable flavour or odour. It shall be wholesome and uniform.
- 1.4. Each containers shall be marked with the following particulars :
 - (a) The name and brand of the product.
 - (b) The manufacturer's name and address.
 - (c) Nutrition Information
 - (d) The net volume of content in metric units.
 - (e) The month and year of manufacturer or code.
 - (f) The shelf-life of the product.

- (g) HALAL Logo (HALAL Logo for imported product must be certified and recognized by Malaysian Law and Authorities)
- 1.5. The packaging shall not be defected upon delivery. Any dented cans will be rejected and must be replaced within **ONE** week.

2. Others Requirement

2.1. General regulations of Halal Foods (mandatory) and Halal Certificate:

When used in relation to food in any form whatsoever in the course of trade or business as or as part of, a trade description applied to the food, the expressions 'Halal', 'Ditanggung Halal' or 'Makanan Islam' or any other expressions indicating or likely to be understood as indicating the Muslims are permitted by their religion to consume such food such expression shall have the following meaning, that is to say the food relation to which such expression or expressions are used:

- (i) Neither is not consist of or contains any part or matter of animal that a Muslim is prohibited by Hukum Syarak to consume or that has not been slaughtered in accordance with Hukum Syarak.
- (ii) Clause not contain anything which is considered to be impure according to Hukum Syarak;
- (iii) has not been prepared, processed or manufactured using any instrument that was not free from anything impure according to Hukum Syarak; and
- (iv) has not in the course of preparation, processing or storage been in contact with or close proximity to any food that fails to satisfy paragraph (i), (ii) or (iii) anything that is considered to be impure according to Hukum Syarak.

3. Contract Validity

3.1. The validity of **the 12 months** contract will be effective from the date of the Offer Letter issued.

MAKLUMAT PENYEBUTHARGA (SILA LENGKAPKAN DENGAN MENGGUNAKAN PEN/COP BERDAKWAT HITAM/BIRU)

1.0 NA	MA SYARIKAT:			
2.0 AL	AMAT SYARIKAT/ NO.	TELEFON / NO. F	AKS SYARIKAT	Γ:
3.0 NC). SIJIL PENDAFTARAN	I SYARIKAT :		
4.0 NC). SIJIL KEMENTERIAN	KEWANGAN / TEM	MPOH TAMAT	PENDAFTARAN :
(Sila s	MLAH MODAL BERBA Sertakan dengan borang SNGALAMAN YANG BEI 5 PEMBEKALAN TERK	j 24, 44, 49 yang te RKAITAN	·	
Bil	Lokasi Pı		Tempoh Kontrak	Nilai Kontrak (RM)
1			Kontrak	(KW)
2				
3				
4				
5				
(R	a sertakan dengan surat uangan ini wajib diisi) :GAWAI YANG BOLEH I		ongan / notis tar	nat kontrak.
8.0 M	AKLUMAT BANK :			
•	NAMA BANK :			
•	ALAMAT BANK :			
•	NO. AKAUN BANK :			

SURAT AKUAN PENYEBUTHARGA

BAGI TAWARAN SEBUT HARGA PEMBEKALAN SUSU PELBAGAI FUNGSI KEGUNAAN PESAKIT DALAM DI INSTITUT KANSER NEGARA (IKN) PUTRAJAYA BAGI TEMPOH SATU (1) TAHUN

NO. SEBUT HARGA: IKN/SH/14/2014

nombor K.P

Saya,

vang mewakili No. Pendaftaran
lengan ini mengisytiharkan bahawa saya atau mana-mana individu yang mewakili syarikat i
idak akan menawarkan atau memberi rasuah kepada mana-mana individu dalam <u>Institu</u>
<u>(anser Negara (IKN), Putrajaya</u> atau mana-mana individu lain, sebagai ganjaran mendapatka
ender/ sebutharga* seperti di atas. Bersama-sama ini dilampirkan Surat Perwakilan Kuasa baq
saya mewakili syarikat seperti tercatat di atas untuk membuat pengisytiharan ini.
2. Sekiranya saya atau mana-mana individu yang mewakili syarikat ini didapati bersala
nenawarkan atau memberi rasuah kepada mana-mana individu dalam <u>Institut Kanser Negar</u>
<u>IKN), Putrajaya</u> atau mana-mana individu lain sebagai ganjaran mendapatkan tende
sebutharga* seperti di atas, maka saya sebagai wakil syarikat bersetuju tindakan-tindakan beriki
liambil:
2.1. Penarikan balik tawaran kontrak bagi tender/sebutharga* di atas; atau
2.2. Penamatan kontrak bagi tender /sebutharga* di atas; dan
2.3. Lain-lain tindakan tatatertib mengikut Perolehan Kerajaan
Sekiranya terdapat mana-mana individu cuba meminta rasuah daripada saya atau mana
nana individu yang berkaitan dengan syarikat ini ganjaran mendapatkan tender /sebutharga kanarti di atau maka saya barjanji akan dangan angara malanarkan parbuatan tersabut kanad
seperti di atas, maka saya berjanji akan dengan segera melaporkan perbuatan tersebut kepad Suruhanjaya Pencegahan Rasuah Malaysia (SPRM) atau balai polis yang berhampiran.
∕ang Benar,
Nama: No.K/P:
Cop Syarikat:
Catatan: * potong mana yang tidak berkenaan

JADUAL TAWARAN HARGA

A. SEBUT HARGA PEMBEKALAN SUSU PELBAGAI FUNGSI KEGUNAAN PESAKIT DALAM INSTITUT KANSER NEGARA (IKN) PUTRAJAYA BAGI TEMPOH SATU (1) TAHUN

BAHAGIAN 1 (SUSU MEDICAL FOOD FORMULA FOR ADULT)

KOD	ITEM	KUANTITI	TAWARAN HARGA SEUNIT (RM)	JUMLAH TAWARAN HARGA (RM)
1.1	Adult Powdered Complete Nutrition Formula (Chocolate Flavors) (400-450 g/can)	436 can		
1.1	Adult Powdered Complete Nutrition Formula (Vanilla Flavors) (400-450 g/can)	406 can		
1.2	Adult Powdered Complete Nutrition Formula With Probiotic (400-450 g/can)	30 can		
1.4	Adult Powdered Complete Nutrition Formula With Normal Protein for Glycaemic Control (400-450 g/can)	165 can		
1.5	Adult Powdered Complete Nutrition Formula With High Protein For Glycaemic Control (400-450 g/can)	75 can		
1.7	Adult Powdered Complete Nutrition Formula With Fiber (350-400 g/can)	45 can		
1.8	Adult Powdered Complete Semi Elemental Formula (400-450 g/can)	75 can		
1.9	Adult Powdered Nutrition Formula Supplement With Energy Dense (380-400 g/can)	105 can		
1.10	Adult Powdered Nutrition Formula Supplement With Immunonutrition Enriched Epa (Various Flavours) (350-400 g/can)	240 can		
1.12	Adult Powdered Instant Food And Drink Thickener (300-350 g/can)	20 can		

KOD	ITEM	KUANTITI	TAWARAN HARGA SEUNIT (RM)	JUMLAH TAWARAN HARGA (RM)
1.14	Adult Powdered Nutrition Glutamine Supplement (20-25 g/sachet)- 30 sachet/ box	84 box		
1.17	Adult Liquid Complete Nutrition Energy Dense Formula (200-250 ml/can)	1442 can		
1.19	Adult Liquid Complete Nutrition With Moderate Carbohydrate For Electrolyte And Fluid Restriction (200-250 ml/pack)	165 pack		
1.23	Adult Liquid Complete Nutrition Isotonic Vanilla Free With Fibre (200-250 ml)	105		
1.27	Adult Clear Liquid Supplement (200-250 ml/pack)	2599 pack		
1.28	Glucose Polymers (350-400 g/can)	30 can		
1.29	Protein Modular (5-10 g/sachet)	4192 sachet		
1.30	Medium Chain Triglycerides (MCT) Fat Modular (120 ml/bottle)	60 bottle		

BAHAGIAN 2 (SUSU MEDICAL FOOD FORMULA FOR PAEDIATRIC)

KOD	ITEM	KUANTITI	TAWARAN HARGA SEUNIT (RM)	JUMLAH TAWARAN HARGA (RM)
2.13 (A)	Paediatric Powdered Complete Nutrition Formula (Various Flavour) (400-450 g/can)	50 can		
2.13 (B)	Paediatric Powdered Complete Nutrition Formula (400-450 g/can)	20 can		
2.15	Paediatric Powdered Complete Semi-Elemental Formula (300-400 g/can)	12 can		

PENYEBUTHARGA PERLU MENGAMBIL KIRA KOS TRANSAKSI ePEROLEHAN SEBANYAK 0.4% DALAM JUMLAH TAWARAN HARGA KESELURUHAN

Saya bersetuju untuk menawarkan pembekalan ini bagi tempoh satu (1) tahun.

Tawaran ini adalah sah bagi tempoh sah laku : 90 hari dari tarikh buka sebutharga.

Tandatangan Pemilik/Wakil

Nama Penuh:

No.K/P:

Alamat

Meterai atau Cop Pembekal

SAMPEL KERATAN NO CADANGAN ID PEMBEKAL YANG PERLU DILEKATKAN PADA SAMPUL CADANGAN TEKNIKAL, HARGA DAN SAMPUL BESAR YANG MENGANDUNGI KEDUA-DUA CADANGAN TERSEBUT

NO. SEBUTHARGA : X
NO.CADANGAN SEBUTHARGA : Y
ALAMAT JABATAN : JABATAN PENGURUSAN, INSTITUT KANSER NEGARA, ARAS 6, NO.4, JALAN P7, PRESINT 7, 62250 PUTRAJAYA

SENARAI SEMAK (BEKALAN/PERKHIDMATAN/KERJA)

SEBUT HARGA PEMBEKALAN SUSU PELBAGAI FUNGSI KEGUNAAN PESAKIT DALAM DI INSTITUT KANSER NEGARA (IKN) PUTRAJAYA BAGI TEMPOH SATU (1) TAHUN NO. SEBUT HARGA : SH/IKN/14/2014

Sila tandakan	/	bagi dokumen-dokumen	vand	disertakan
Olia taridakari	,	bagi dokumen dokumen	yang	discritanti.

Bil	Perkara/Dokumen ——	Untuk Ditanda Oleh Syarikat	Untuk ditanda Oleh Jawatankuasa Pembuka Sebutharga
1	Salinan sijil akuan pendaftaran dari Kementerian Kewangan (Bekalan/Perkhidmatan)		
2	Salinan sijil akuan bumiputera dari Kementerian Kewangan (Bekalan/Perkhidmatan)		
3	Salinan sijil akuan pembuat dari Kementerian Kewangan (Bekalan/Perkhidmatan)		
4	Salinan sijil pendaftaran dari pusat khidmat kontraktor (kerja)		
5	Salinan sijil taraf bumiputera dari pusat khidmat kontraktor (kerja)		
6	Salinan sijil pendaftaran dari CIDB		
7	Borang sebutharga telah diisi dengan lengkap (termasuk nilai tawaran dan tempoh siap) dan ditandatangani		
8	Borang maklumat penyebut harga		
9	Pematuhan kepada spesifikasi		
10	Borang penyerahan contoh dan catalog (jika berkaitan)		
11	Cadangan penyelenggaraan/penyenggaraan (jika perlu)		
12	Senarai kakitangan teknikal (jika berkaitan)		
13	Salinan penyata bulanan akaun bank bagi tiga (3) bulan terakhir		
14	Lain-lain sekiranya ada		

PENGESAHAN OLEH SYARIKAT		UNTUK KEGUNAAN JABATAN			
	Dengan ini saya mengesahkan bahawa saya	Jawatankuasa	Pembuka	Sebut	Harga
	telah membaca dan memahami semua syarat-	mengesahkan	penerimaan	dokumen	bertanda
	syarat dan terma yang dinyatakan di dalam	kecuali bagi	perkara	bil	
	dokumen sebutharga. Semua maklumat yang		·		
	dikemukakan adalah benar.	,			
		Tandatangan:			
		Nama :			
	Tandatangan:	Jawatan :			
	•	Tarikh:			
	Nama:				
	Jawatan:	Tandatangan:			
	Tarikh:	Nama :			
		Jawatan :			
		Tarikh:			