

Quantities for Item(s) 1  
All cells that are coded in yellow require your input. Enter your Business/Company name in front of 'Vendor Name'.  
**\* Note that "Quantity" and "FOC Packs (if any)" are in number of Packs.**  
The estimated contract period shall be December 2025 to November 2026 and the final selection be made upon award.

Vendor Name:

Item 1: Risperidone 1mg/mL Oral Solution, 30mL bottle

Unit: Bottle  
Units per pack:

Companies	Estimated Requirements	No. of Delivery Lots	Quantity*	No. of Delivery Lots	FOC Packs (if any)*	Quantity x Units per pack (A)	FOC Packs (if any) x Units per pack (B)	A + B	Prevailing Price as at Proposal (S\$)
CGH	795	(10 lots)	#DIV/0!	(10 lots)		#DIV/0!	0	#DIV/0!	
KKH	450	(15 lots)	#DIV/0!	(15 lots)		#DIV/0!	0	#DIV/0!	
SGH	550	(11 lots)	#DIV/0!	(11 lots)		#DIV/0!	0	#DIV/0!	
SKH	470	(12 lots)	#DIV/0!	(12 lots)		#DIV/0!	0	#DIV/0!	
KTPH	1,000	(12 lots)	#DIV/0!	(12 lots)		#DIV/0!	0	#DIV/0!	
TTSH	910	(14 lots)	#DIV/0!	(14 lots)		#DIV/0!	0	#DIV/0!	
IMH	3,000	(6 lots)	#DIV/0!	(6 lots)		#DIV/0!	0	#DIV/0!	
AIH NHGP	1,600	(8 lots)	#DIV/0!	(8 lots)		#DIV/0!	0	#DIV/0!	
CWH	1,931	*	#DIV/0!	*		#DIV/0!	0	#DIV/0!	
SACH	40	(8 lots)	#DIV/0!	(8 lots)		#DIV/0!	0	#DIV/0!	
SLH	40	(12 lots)	#DIV/0!	(12 lots)		#DIV/0!	0	#DIV/0!	
Total	10,786		#DIV/0!		0	#DIV/0!	0	#DIV/0!	

Remarks:

\*CWH will advise on the delivery lots once the contract is awarded

**Item 1**

<b>Requirements</b>
<b>Product Specification</b>
Risperidone 1mg/ml Oral Solution BP 2017.
<b>Presentation</b>
Pack size preferred: 30 30ml tamper-evident screw-cap bottles of which the diameter of bottle necks are at least 20mm.
<b>Packaging preferred:</b> 30
Pack size Preferred no. of bottles per carton 100ml or less 30 bottles or less 101ml – 499ml 30 bottles or less 500ml – 1000ml 30 bottles or less