Unit: <u>Ampoule</u>

## 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 August 2025 to July 2026 and the final selection be made upon award.

Vendor Name:

Item 1:	Dipyridamole 10mg/2mL Injection 2mL				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
CGH	2,000	(4 lots)	#DIV/0!	(4 lots)		#DIV/0!	0	#DIV/0!
CGH SGH	150	(3 lots)	#DIV/0!	(3 lots)		#DIV/0!	0	#DIV/0!
SKH	8,300	(11 lots)	#DIV/0!	(11 lots)		#DIV/0!	0	#DIV/0!
NHC	22,000	(11 lots)	#DIV/0!	(11 lots)		#DIV/0!	0	#DIV/0!
КТРН	8,050	(12 lots)	#DIV/0!	(12 lots)		#DIV/0!	0	#DIV/0!
TTSH	4,000	(24 lots)	#DIV/0!	(24 lots)		#DIV/0!	0	#DIV/0!
СМН	10,200	*	#DIV/0!	*		#DIV/0!	0	#DIV/0!
Total	54,7	00	#DIV/0!		0	#DIV/0!	0	#DIV/0!
Remarks:								

Remarks:

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

	Prevailing Price as at Proposal (S\$)
!	

## Item 1

## Requirements Product Specification

Dipyridamole 10mg/2ml Infusion BP 2017. Presentation

Pack size preferred:2ml / ampoule. Packaging preferred:5 ampoules / box.