

World Relief Sudan
Blue Nile Office

20/04/2026

RE: PROVISION OF MEDICAL DRUGS & EQUIPMENT – BLUE NILE

Dear Sir/Madam:

World Relief Sudan (WRS) hereby request you to submit a Tender for the supply as per the attached Bidding Form titled '**ITB No BN/H&N/SHFC0471/APRIL/2026, PROVISION OF MEDICAL DRUGS AND EQUIPMENT, BLUE NILE**'.

The ITB details are as follows:

Description of Activity: *PROVISION OF MEDICAL DRUGS AND EQUIPMENT*

ITB Period: *TWO WEEKS*

ITB Closure Date and Time: *03/05/2026 at 16.00 pm*

Required Minimum validity period of submitted bid: *TWO WEEKS*

The following documents must be submitted in a hard copy in a sealed envelope at the WRS Damazine Office, OR attached to your response to sudantendersktm@wr.org for your Bid to be accepted by the Tender Opening Committee:

1. The subject Matter should be "**BN/H&N/SHFC0471/APRIL/2026, PROVISION OF MEDICAL DRUGS AND EQUIPMENT, BLUE NILE**"
2. This covering Letter
3. Company profile including references for similar supplies in Sudan
4. Tax clearance
5. Code of conduct signed and stamped
6. Evidence of compliance certification for good manufacturing practice (GMP) and Good Distribution Practice (GDP)
7. Certification by Ministry of Health (authorization to supply medical drugs).
8. Bidding document and or Price quotation list signed and stamped on all pages

Please take note of the following points;

- a) Ensure no alterations on numbers included in the Price quotation list
- b) No White wash or deletion is accepted on the Price quotation list
- c) All documents should be well scanned and clear
- d) All documents should be stamped on all pages

The deadline for receipt of your quotation is 16:00 pm on Sunday 3 May 2026. All inquiries and questions should be addressed to: BNLogOfficer@wr.org and ttagwireyi@wr.org.

Bidders shall observe the highest standard of ethics during the procurement and execution of contracts. WR will reject a Bid if it determines that the Bidder recommended for award has engaged in corrupt, fraudulent, collusive, or coercive practices in competing for, or in executing, the Contract.

Yours sincerely

WR BID FORM- Invitation to Bid No: BN/H&N/SHFC0471/APRIL/2026, PROVISION OF MEDICAL DRUGS AND EQUIPMENT, BLUE NILE'

<i>WR to complete</i>				<i>Bidder to complete</i>	
Ser	Item Required	Unit of Measure	Quantity required	Unit price	Total Price
1	Amoxicillin 500 mg Caps.	Strip	4622		
2	Amoxicillin 250 mg Caps.or Tablet	Strip	5200		
3	Anti Acid {Mg Sulphate + Alum} Tabs.	Strip	1000		
4	Artemether 80mg+Lumifantrine 480mg 6Tablet/Strip	Strip	4000		
5	Artemether 20mg+Lumifantrine 120mg Box/4 Strips x 6 Tablet	strip	5000		
6	Azithromycin 250 mg Strip/6 Tabs.	Strip	500		
7	Azithromycin 500 mg Strip/3 Tabs.	Strip	500		
8	Biscodyl Laxitive 5 mg Tablet	Strip	500		
9	Cefixime 400 mg Tabs.Strip/6 Tabs.	Strip	600		
10	Diclofenac Sodium 25 mg Tabs.	Strip	1000		
11	Doxycyclin 100 mg Caps or Tablet	Strip	500		
12	Erythromycin 250 mg Tablet	Strip	1000		
13	Folic Acid 5 mgTabs.	Strip	1000		
14	Folic Acid + Ferrous Sulphate { Fefol Caps} or Tablet	Strip	1000		
15	Hyoscine Butylbromide 10 mg Tabs.	Strip	1000		

16	Ibuprofen 200 mg Tablet	Strip	500			
17	Ibuprofen 400 mg Tablet	Strip	1000			
18	Mefenamic Acid 500 mg Tablet	Strip	500			
19	Mebendazole 100 mg Tablet	Strip	2000			
20	Metoclopramide 10 mg Tablet	Strip	500			
21	Metformin 500 mg Tablet	Strip	200			
22	Metformin 850 mg Tablet	Strip	200			
23	Metronidazole 250 mg Tablet	Strip	2000			
24	Metronidazole 500 mg Tablet	Strip	2000			
25	Oral Rehydration salt { ORS } 25 g	Sachet	2000			
26	Paracetamol 500 mg Tablet.	Strip	3000			
27	Zink sulphate 20 mg Tablet	Strip	3000			
28	Amoxicilline 125mg/5ml Suspension	Bottle	1000			
29	Amoxicilline 250mg /5ml Suspension	Bottle	400			
30	Anti Cough Expectorant Sy for adult	Bottle	200			
31	Anti Cough Expectorant Sy for pediatric	Bottle	300			
32	Cefixime 100 mg/5ml Sy	Bottle	1000			
33	Co-trimoxazole 240 mg/5ml Sy	Bottle	500			
34	Erythromycin 125 mg / 5ml Suspension	Bottle	1000			
35	Metronidazole 200 mg Sy	Bottle	1000			

36	Nystatin Oral Drops	Bottle	400			
37	Paracetamol 120 mg Sy	Bottle	1000			
38	Benzyl Pencillin 1 MIU	Vial	400			
39	Chlorpheniramine 10 mg/1 ml	Amp.	100			
40	Diclofenac Sodium 75 mg injection	Amp.	200			
41	Hydrocortisone sodium 100mg injection	Vial	100			
42	Hyoscine Butylbromide 20 mg incetion	Amp.	100			
43	Water For Injection 5 ml	Amp.	2000			
44	Dextrose 10 % -500 ml	Bottle	100			
45	Dextrose 5 % + Sodium Chloride 0.9%-500 ml	Bottle	100			
46	Ringer Lactate Compound 500 ml	Bottle	100			
47	Sodium Chloride 0.9%-500 ml	Bottle	200			
48	Alcohol swab Box /100 Pcs	Box	250			
49	Candide cream	tube	200			
50	Panderm cream	tube	200			
51	Chlorohexidine Digluconate 5%-1liter	Bottle	200			
52	Povidone Iodine 10 %soltion - 200 ml	Bottle	200			
53	Silver Sulphadiazine Cream1 % Tube	Tube	160			
54	Tetracycline HCL 1 % Eye Ointment ,5g.	Tube	300			
55	Adhesive Plater size 2.5cm x 5m.	Roll	200			

56	maxil 750mg injection	Bottle	200			
57	Gentamycin eye drop	Bottle	200			
58	Dexamethasone eye drop	Bottle	50			
59	Fefol cap	strip	500			
60	Elestic Cerepe Bandage7.5cm x 5M	Roll	30			
61	Examination Gloves size Medium	Box	40			
62	Face Masks	Box	40			
63	Gauze Bandage	Roll	40			
64	Gauze Compasses none sterile 10x10cm	Box	40			
65	IV. cannula size 24	Box	20			
66	IV. Cannula size 22	Box	20			
67	IV. cannula size 20	Box	20			
68	IV. cannula size 18	Box	20			
69	Sterile Surgical Gloves	Box	12			
70	Syringe 3 ml	Box	24			
71	Syringe 5 ml	Box	30			
72	Siting Bench	piece	12			
73	Syringe 10 ML	box	30			
74	stethoscope	piece	1			
75	Examination Table	piece	1			

76	Sphygmomanometer	piece	1		
77	Dressing set	Set	1		
78	Lab coats	piece	15		
79	Trolley	piece	1		
80	Adult scale	piece	1		
Grand total					

(You may not fill the table if a separate bid document has been drafted)

To be filled in by WR Logistics Department	To be filled in by the Bidder
Required Delivery Date: 14 May 2026	Offered Delivery Date:
Required Delivery Destination: Blue Nile, Damazine	Offered Delivery Destination:
Currency of Bid: SDG	This Bid is valid for: _____ days

Company Name: _____ Contact person: _____

Address: _____ Phone No: _____

_____ Email address: _____

Signed: _____ Title/Position: _____

Print Name: _____ Date: _____

A duly authorized company representative.

Please stamp this Bid Form with your Company Stamp