



Quotation Advert

Opening Date: 2019-12-02
Closing Date: 2019-12-09
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: KwaMagwaza hospital
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required: Eye Clinic Department
Date Submitted: 2019-11-29

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
396/19/20
Item Category: Goods
Item Description: To provide eyecare items for 12 months contract

Quantity (if supplies) 12 Months Contract

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select...

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Andile Dladla
Email: bongani.mbokazi@kznhealth.gov.za
Contact Number: 035 450 8248

Finance Manager Name: Mr B Mbokazi

Finance Manager Signature:

No late quotes will be considered



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

St Mary's KwaMagwaza Hospital , Magwaza Road (8-9 KM)
Private Bag X 808 Melmoth 3835
Tel.: 035 450 8258 /450 8248, Fax.: 035 450 8253
Email.: bongani.mbokazi@kznhealth.gov.za
www.kznhealth.gov.za

St Mary's KwaMagwaza Hospital
Supply Chain Management

ZNQ396/19/20

12 Months contract for Supply and delivery of Visual Assistive devices

- A registered Optical company (Core commodity on CSD)
- Visual Assistive devices should comply strictly with the attached HTS specification
- Sample frame to be provided
- Companies should quote on all types of tints: **FAILURE TO QUOTE IN ALL TINTS WILL LEAD TO DISQUALIFICATION OF AN OFFER**
- Orders will be placed when a need arises within the contract period

COMPULSORY:

1. The bidder is request to put a company stamp on this specification document
2. The bidder is requested to comment under **BIDDER'S COMMENT** by indication with **COMPLIES** or **NOT COMPLY** or **MAKE REMARKS**

Bidder's Official Stamp

Bidder's Signature:

Initials & Surname

End User: B. A. Shazi

Signature

[Handwritten Signature]

Designation

OMP/aw

Date of Approval: / /

Revised: 28/02/2019

PROVINCE OF KWAZULU-NATAL

DEPARTMENT OF HEALTH

HEALTH TECHNOLOGY SERVICES (H.T.S.)

SPECIFICATION FOR:

SPECIFICATION: H.T.S. NO. M 71 (MECHANICAL)

Description of Unit:

VISUAL ASSISTIVE DEVICES

Intended Areas of Use:

Clinics
CHC
District Hospitals
Regional Hospitals
Tertiary Hospitals
Specialised Eye Hospitals

Expert Advisory Group:

Ophthalmology:

Ms. S. Mthethwa - Mr. Z. Mnwabe
Ms. J. Naidoo - Mr. P. Mdalose
Mr. S. Gwala - Ms. Shingange
Mr. S. Nyawo

SPECIFICATION: H.T.S. M 71 (MECHANICAL)

REVISED: 28/02/2019

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TECHNICAL SPECIFICATION.

Clause T1.

Complete Set of Spectacles

Definition: A complete set of spectacles with metal and plastic flexible temple, frames + lenses + spectacle case + spectacle cleaning cloth and a spectacle strap for children.

a. **Types of lenses:** Organic Plastic Lenses (CR39)
Polycarbonate Lenses (For Children)
High Refractive Index Lenses

b. **Types of tints:** Full Lens Fixed Tint
Gradient Fixed Tint
CR39 Photochromic Tint

c. **Coatings:** Anti- Reflection Coating

Clause T1.1 Single Vision Spectacle Set

Description	Sph: 0.00 to 6.00 Cyl: 0.00 to 3.00	Sph: 6.25 to 10.00 Cyl: 3.25 to 8.00	Sph: >10.00 (must go up to -24.00) Cyl: > 8.00
Clear Lenses	R	R	R
Full Lens Fixed Tint	R	R	R
Gradient Fixed Tint	R	R	R
Photochromic Tint CR39	R	R	R
With Prisms	R	R	R

Higher prescription plus powers must be knife edged to reduce edge thickness
Greater than -8.00DS and -3.00DC must be offered as a high refractive index lens.
High plus lenses must also be offered high refractive index lenses.

Clause T1.2 Bifocal Spectacle Set

Description	Sph: 0.00 to 6.00 Cyl: 0.00 to 3.00	Sph: 6.25 to 10.00 Cyl: 3.25 to 6.00	Sph: >10.00 Cyl: > 6.00
Clear Lenses	R	R	R
Gradient Fixed Tint	R	R	R
Photochromic Tint CR39			
With Prisms	R	R	R

Reading Addition: +1.00 to +4.00 in +0.25 steps

Clause T1.3 Multifocal Spectacle Set

Description	Sph: 0.00 to 6.00 Cyl: 0.00 to 3.00	Sph: 6.25 to 10.00 Cyl: 3.25 to 6.00	Sph: >10.00 Cyl: > 6.00
Clear Lenses	R	R	R
Gradient Fixed Tint	R	R	R
Photochromic Tint CR39			
With Prisms	R	R	R

Reading Addition: +1.00 to +4.00 in +0.25 steps

Clause T1.4 Ready-mades

Definition: Readers ready-mades to be available in a variety of frame designs and sizes.
Readers/ Minus must be in 0.50 DS steps starting from +/-1.00DS

Description		
Readers +1.00 to +4.00		
Minus -1.00 to -3.00		
Aphakics +8.00 to +15.00		

Clause T1.5 Spectacle Frames

Definition: Frames are used to fit in spectacle lenses.

Requirements

1. Metal frames should have flexi – temples, spring back
2. Frames should be SABS approved for normal wear
3. Frames should be of current designs
4. Frames to cater for all: Face shapes, and sizes (oval, wide etc.), with varying temple lengths
Ages (including children of all age groups- starting from 3months old) minimum pupillary
Distance and both male and female frames
5. Variety of colours to be catered for in both metal and plastic ranges.
6. Pupillary distance 40 – 80mm range.

Clause T2. Accessories

Definition: Replacements and repairs.

Description	Unit Price
Metal frame replacement	R
Plastic frame replacement	R
Single vision clear standard lens replacement	R
Single vision standard lens with full fixed tint replacement	R
Single vision standard lens with gradient fixed tint replacement	R
Single vision standard lens with photochromic tint replacement	
Single vision standard lens with ARC replacement	
Bifocal clear standard lens replacement	R
Bifocal standard lens with full fixed tint replacement	R
Bifocal standard lens with gradient fixed tint replacement	R
Bifocal standard lens with photochromic tint replacement	R
Bifocal standard lens with ARC replacement	
Nose pads replacement sets (Tools and Nosepads)	R
Screw replacement sets (Tools and Screws)	R
Tint removal	R
Fixed tint addition	R
Gradient tint addition	R

Clause T3. Low Vision Devices

Low Vision Device	Magnification									
	3x	R	4x	R	6x		8x	R		
Telescope	3x	R	4x	R	6x		8x	R		
Stand magnifier	3x	R	7x	R	9x	R	11x	R	12.5x	R
Hand held magnifier	1.5x	R	3x	R	4x	R	6x	R		
Dome magnifier	1.5x	R								
Bar magnifier	1.5x	R	2x	R	3x	R	5x	R		
Chest magnifiers										
Stand Magnifier with Light										
Mounted magnifiers in form of specs for near- (max detail) + distance + max Tv.	3x	R	4x	R	6x	R				
Binocular Telescope	3x	R	4x	R	6x	R				

Clause T4

The bidder must list all the standard accessories that will be supplied with the system at no extra cost to the final bid price.

BIDDER'S COMMENTS:

Clause T5

Bidders must ensure that all other necessary accessories, that will be required in order that the unit may be put into immediate use, must clearly be quoted for and the prices of which inclusive of V.A.T. must be included in the final bid price.

BIDDER'S COMMENTS:

Clause T6

The bidder must guarantee that no additional equipment will be required for the successful operation of the equipment bid for on delivery and commissioning at the customers site. A starter pack of all essential accessories and disposables must be supplied so that the unit can be put into immediate operation. The cost of the starter pack must be included in the final bid price.

BIDDER'S COMMENTS:

Clause T7

UPGRADABILITY:

All future upgrades (hardware and software), where applicable, involving patient safety must be offered at no additional cost. **All future upgrades** and removing software viruses from existing software, where applicable, must be supplied at no additional cost. Any software upgrade, where applicable, before or after installation of the equipment must be brought to the attention of the Manager, Health Technology Services.

BIDDER'S COMMENTS:

SCHEDULE OF OPTIONAL ACCESSORIES

Bidders must quote the price of the optional accessories listed as well as any other accessories that may be useful to the end users. The receiving Institutions may purchase individual accessories necessary for their particular Institution.

Cat No	Item	Price including VAT

DETAILED TECHNICAL SPECIFICATION

GENERAL INFORMATION REQUIRED

FAILURE TO COMPLETE THIS PART WILL DISQUALIFY THE BIDDER

Make: _____

Model Number / Part Number for: _____

Country of Origin _____

Final Bid / Quotation Price inclusive of V.A.T. _____

Local (Kwa-Zulu Natal) Agent _____

Delivery Period _____

R S A Import Permit Holder _____

SIGNATURE _____ DATE _____

ADDRESS _____

TELEPHONE NO. _____ FAX NO. _____

CONTACT PERSON _____ (PLEASE
PRINT)