

Quotation Advert

Opening Date: 2019-06-19

Closing Date: 2019-06-25

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Catherine Booth hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required Catherine Booth Hospital

Date Submitted 2019-06-18

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 163/18-20

Item Category: Goods

Item Description: Supply and deliver MDR-TB clinical booklets

Quantity (if supplies) 600

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select...

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: Catherine Booth Hospital

QUOTES SHOULD BE DELIVERED TO: Catherine Booth Hospital,Amatikulu;3801

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Ms Nomsa NS Zulu

Email: nomsa.zulu@kznhealth.gov.za

Contact Number: 035 474 8407

Finance Manager Name: Mr MS Mtshall

Finance Manager Signature: 

No late quotes will be considered

ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS / SERVICES / WORKS OFFERED? [IF YES ENCLOSE PROOF]

OFFICIAL PRICE PAGE FOR QUOTATIONS

SIGNATURE OF BIDDER DATE.....
 [By signing this document I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED.....

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
		SUPPLY AND DELIVER				
1	600	MDR-TB CLINICAL BOOKLETS (38 PAGES)				
		SEE ATTACHED BOOKLETS				
		DOCUMENTS REQUIRED:				
		VALID TAX CLEARANCE CERTIFICATE				
		VALID BBBEE CERTIFICATE LEVEL 1 OR ABOVE				
		CSD FULL SUMMARY REPORT				
		NB:FAILURE TO COMPLY WITH THE ABOVE WILL RESULT IN YOUR BID BEING PASSED				
VALUE ADDED TAX (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

Does This Offer Comply With The Specification?	Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?
Is The Price Firm?	State Delivery Period E.G. E.G. 1day, 1week

Enquiries regarding the <u>quote</u> may be directed to: Contact Person: Tel:	Enquiries regarding <u>technical information</u> may be directed to: Contact Person: Tel:
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health
Department:
Health
REPUBLIC OF SOUTH AFRICA

SPEC FOR NSI - 2019

**NATIONAL TUBERCULOSIS CONTROL PROGRAMME
DRUG-RESISTANT TB TREATMENT RECORD**

DR-TB Registration Number _____

Facility Name _____ District _____ Province _____ Tel Number _____

Referring Facility Name _____

District _____ Province _____

- N** Newly Registered in this facility
- M** Moved in from another facility within the same district
- T** Transferred in from another facility outside this district
- S** Shared care

Short Regimen Long Regimen

TYPE OF DR-TB						
Mono resistant or Poly resistant TB (M or P)	RR-TB			Pre-XDR-TB	XDR-TB	
	Rifampicin Resistant (RR)	MDR-TB Confirmed	MDR-TB Not Confirmed		Confirmed	Not Confirmed

Treatment start date: _____

PATIENT DETAILS

ID Number:

y	y	0	0	d	d														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Age Gender M F

Other ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PHYSICAL ADDRESS (Traceable i.e. where s/he lives)

WORK ADDRESS

Residential Address: _____

Tel/Cell phone _____

Name of company/employer _____
Work Address _____
Tel/Cell phone _____

NEXT OF KIN or FRIEND DETAILS

PHYSICAL ADDRESS (Traceable i.e. where s/he lives)

Surname _____
Full Name(s) _____
Tel/Cell phone _____

Residential Address of Next of kin: _____

PREVIOUS DRUG HISTORY

PATIENT CATEGORY

New	1
Previously treated with 1st line drugs (PT 1)	2
Previously treated with 2nd line drugs (PT 2)	3
Unknown (UNK)	4

New	1
Relapse	2
Treatment after loss to follow up (TAL)	3
Treatment after Failure 1st line drugs (TF1)	4
Treatment after Failure 2nd line drugs (TF2)	5
Other (specify)	6

CLASSIFICATION OF DISEASE

ICD10 Code
Pulmonary TB (PTB) 1

Extra Pulmonary TB (EPTB) 2

PREVIOUS TB TREATMENT EPISODES

Treatment Episodes	Start Date (If unknown, state year)	Previous Drug Regimen (1, 2 or 3)	Second Line Drugs Used (Use abbreviations)	Duration	Outcome
1					
2					
3					

NOTIFICATION INFORMATION

Has the DR-TB register been completed? Y N Notification date

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NIMOR DOCTOR

Name: _____

Surname: _____

PATIENT HISTORY

Does the patient have any of the following conditions:			Current Medication (Name, Frequency, Dosage)
Hypertension	Yes	No	
Diabetes	Yes	No	
Epilepsy	Yes	No	
Mental illness	Yes	No	
Liver disease	Yes	No	
Renal insufficiency	Yes	No	
Hearing loss	Yes	No	
Allergies (specify)			
Surgical history (specify)			
Family medical history (specify)			
Other (specify)			

Last Menstrual Period _____ Contraceptive Method _____ Due Date _____

HIV INFORMATION

HIV status	Positive	Negative	Unknown	Date of last test
CD4 cell count done	Yes	No	Count	
Viral Load done	Yes	No	Result	
On Cotrimoxazole	Yes	No		
On ART	Yes	No		Start Date

BASELINE OBSERVATION

Respiratory Rate	<input type="text"/>	b/min	Failure to thrive (check growth curve in RTH card)	<input type="checkbox"/> Y <input type="checkbox"/> N
Temperature	<input type="text"/>	°C	Neck stiffness	<input type="checkbox"/> Y <input type="checkbox"/> N
Pulse	<input type="text"/>	b/min	Visible masses neck/axilla/groin	<input type="checkbox"/> Y <input type="checkbox"/> N
BP	<input type="text"/>	mmHg	Pregnant	<input type="checkbox"/> Y <input type="checkbox"/> N
Weight	<input type="text"/>	kg	Breast feeding	<input type="checkbox"/> Y <input type="checkbox"/> N
Height	<input type="text"/>	m	Date of pregnancy test _____	
BMI	<input type="text"/>			
ECG	<input type="text"/>	QTcF		
Blood Glucose	<input type="text"/>	mg/dl		
Ward HB	<input type="text"/>			
Urine Dipstick Result	<input type="text"/>			

FURTHER TESTING

HAS SPUTUM BEEN COLLECTED FOR:	DATE	SPECIMEN BAR CODE/SPECIMEN NUMBER
GENE XPERT		
TB MICROSCOPY (Baseline)		
1ST LINE LPA		
2ND LINE LPA		
TB CULTURE (Baseline)		
DST 1ST LINE TB DRUGS		
DST 2ND LINE TB DRUGS		

SOCIAL PROFILE

EDUCATION AND INCOME

EDUCATION				INCOME		
No schooling		Secondary	.....years	Salary/wages	Casual	UIF
Primary	.....years	Tertiary	.....years	Disability grant	No income	Self employed
No. of dependants						
SUPPORT NETWORK						
Living alone	Y	N	Living with others	Relatives	Partner	Other

SOCIAL AND OCCUPATIONAL HISTORY

Smoker	Y	N	Number/day.....	Alcohol:	None	Light (Once a month)	Moderate (Once a week)	Heavy (Daily)
If yes, type of smoker	Cigarette	Pipe	Hubbly	Other Substance:	Tik	Dagga	Mandrax	Other
Details of interventions and/or rehabilitation for substance abuse (if any):								
Has the patient ever worked or spent time in:								
Mines	Yes	No	when _____	Clinic/hospital	Yes	No	when _____	
Prison	Yes	No	when _____					
Health Care Worker	Yes	No	when _____					

CLOSE CONTACTS

Name	Age	Screened		Results	Prophylaxis started	DS-TB/DR-TB treatment started	DR-TB registration number
		Yes	No				

COUNSELING SESSIONS

COUNSELING SESSION 1

Problems Identified (list):			
Action Plan (list):			
Counselor sign	Date	Patient sign	Date

COUNSELING SESSION 2

Problems Identified (list):

Action Plan (list):

Counselor sign

Date

Patient sign

Date

COUNSELING SESSION 3

Problems Identified (list):

Action Plan (list):

Counselor sign

Date

Patient sign

Date

COUNSELING SESSION 4

Problems Identified (list):

Action Plan (list):

Counselor sign

Date

Patient sign

Date

FOLLOW-UP COUNSELING SESSION

Problems Identified (list):

Action Plan (list):


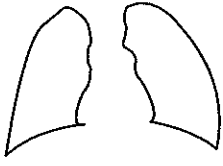
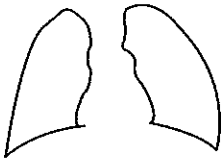
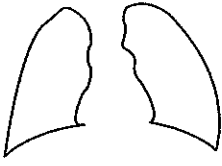
Counselor sign

Date

Patient sign

Date

CHEST X-RAY

Pre-treatment Baseline Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___
			

MAIN COMPLAINTS

GENERAL CONDITION

Vitals BP HR RR T

 SP02 HgT or B/S HB

JACCOL	
Skin	
ENT	

PHYSICAL EXAMINATION
Respiratory system
Cardiovascular system
Abdomen
Central nervous system
Genito-urinary
Musculo-skeletal

INVESTIGATIONS

Laboratory

Test done _____ Date _____

Radiology

X-Ray (other than chest) _____ Date _____ Result _____

CT Scan _____ Date _____

REFERRAL

Audiology

Yes	No
-----	----

 Date _____

HCT

Yes	No
-----	----

 Date _____

Treatment adherence

Yes	No
-----	----

 Date _____

Family planning

Yes	No
-----	----

 Date _____

Social worker

Yes	No
-----	----

 Date _____

Psychologist

Yes	No
-----	----

 Date _____

Diagnosis

Treatment Plan

Doctor's Name _____ Signature _____

Date _____ Time _____

SPUTUM RESULTS

GENE EXPERT, LINE PROBE ASSAY, CULTURE

Xpert MTB/RIF						1st Line LPA Drug Susceptibility Results					Mutation/s	
Date	Mycobacterium TB Results			Drug Susceptibility Results (Rifampicin)			Date	Rifampicin		Isoniazid		katG
	Positive	Negative	Unsuccessful	Resistant	Sensitive	Unsuccessful		Resistant	Sensitive	Resistant	Sensitive	katG
	Positive	Negative	Unsuccessful	Resistant	Sensitive	Unsuccessful		Resistant	Sensitive	Resistant	Sensitive	Both katG and inhA

Pre-treatment SMEAR MICROSCOPY			Pre-treatment TB Culture			2nd Line LPA Drug Susceptibility Results					
Date	Result		Date	Result			Date	Fluoroquinolones		Injectables	
	Positive	Negative		Positive	Negative	Contaminated		Resistant	Sensitive	Resistant	Sensitive
	Positive	Negative		Positive	Negative	Contaminated		Resistant	Sensitive	Resistant	Sensitive

DRUG SUSCEPTIBILITY TEST RESULTS

(R = resistant; S = sensitive; ND = not done)

Date	R	H	Z	E	S	Am	Km	Cm	Ofx	Mfx	Lfx	Eto	Trd	Bdq	Lzd	Dlm	Cfz	Dther (Specify)

	Smear Microscopy			TB Culture		
	Date	Specimen bar code	Result	Date	Specimen bar code	Result
Baseline results						
Month 1						
Month 2						
Month 3						
Month 4						
Month 5						
Month 6						
Month 7						

1. TB SMEAR CONVERSION DATE:

2. TB CULTURE CONVERSION DATE:

3. END OF INTENSIVE PHASE DATE:

4. END OF TREATMENT DATE:

*Dates refer to sample collection, not results reporting

	Smear Microscopy			TB Culture		
	Date	Specimen bar code	Result	Date	Specimen bar code	Result
Month 8						
Month 9						
Month 10						
Month 11						
Month 12						
Month 13						
Month 14						
Month 15						
Month 16						
Month 17						
Month 18						
Month 19						
Month 20						
Month 21						

POST TREATMENT FOLLOW UP

Month 26						
Month 32						

AUDIOLOGICAL SCREENING

Baseline Audiogram

Date of assessment _____ Tester _____ Audiometer _____

Frequency (Hz)	250 Hz	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz	10 000 Hz	12 000 Hz	14 000 Hz	16 000 Hz
Hearing level (dB) Right ear												
Hearing level (dB) Left ear												

Conventional Audiometer	
Automated High Frequency Audiometer	
Conventional High Frequency Audiometer	

Pre-existing Hearing Loss	Yes	No
Ototoxicity Detection	Yes	No
Ototoxicity Ear Detected	Right	Left

BDD registration	Yes	No
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Follow-up hearing evaluation date: _____

Date	Frequency (Hz)	1000 Hz	2000 Hz	4000 Hz	8000 Hz	10000 Hz	12000 Hz	14000 Hz	16000 Hz	Date	Frequency (Hz)	1000 Hz	2000 Hz	4000 Hz	8000 Hz	10000 Hz	12000 Hz	14000 Hz	16000 Hz	
	Hearing level (dB) Right ear										Hearing level (dB) Right ear									
	Hearing level (dB) Left ear										Hearing level (dB) Left ear									

Date	Frequency (Hz)	1000 Hz	2000 Hz	4000 Hz	8000 Hz	10000 Hz	12000 Hz	14000 Hz	16000 Hz	Date	Frequency (Hz)	1000 Hz	2000 Hz	4000 Hz	8000 Hz	10000 Hz	12000 Hz	14000 Hz	16000 Hz	
	Hearing level (dB) Right ear										Hearing level (dB) Right ear									
	Hearing level (dB) Left ear										Hearing level (dB) Left ear									

Date	Frequency (Hz)	1000 Hz	2000 Hz	4000 Hz	8000 Hz	10000 Hz	12000 Hz	14000 Hz	16000 Hz	Date	Frequency (Hz)	1000 Hz	2000 Hz	4000 Hz	8000 Hz	10000 Hz	12000 Hz	14000 Hz	16000 Hz	
	Hearing level (dB) Right ear										Hearing level (dB) Right ear									
	Hearing level (dB) Left ear										Hearing level (dB) Left ear									

Date	Frequency (Hz)	1000 Hz	2000 Hz	4000 Hz	8000 Hz	10000 Hz	12000 Hz	14000 Hz	16000 Hz	Date	Frequency (Hz)	1000 Hz	2000 Hz	4000 Hz	8000 Hz	10000 Hz	12000 Hz	14000 Hz	16000 Hz	
	Hearing level (dB) Right ear										Hearing level (dB) Right ear									
	Hearing level (dB) Left ear										Hearing level (dB) Left ear									

Referral for diagnostic assessment

Yes	No
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Exit Audiogram

Date of assessment _____ Tester _____ Site of referral for diagnostic Audiological assessment _____

Frequency (Hz)	250 Hz	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz	10 000 Hz	12 000 Hz	14 000 Hz	16 000 Hz
Hearing level (dB) Right ear												
Hearing level (dB) Left ear												

Frequency (Hz)	250 Hz	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz	10 000 Hz	12 000 Hz	14 000 Hz	16 000 Hz
Hearing level (dB) Right ear												
Hearing level (dB) Left ear												

Plan

ELECTROCARDIOGRAM (ECG) RESULTS

BASELINE ECG	DATE PERFORMED	HEART RATE/ PULSE(bpm)	QT interval (sec)	ECG FINDINGS
FOLLOW UP ECG's	DATE PERFORMED	HEART RATE/ PULSE(bpm)	QT interval (sec)	ECG FINDINGS

ADDITIONAL COMMENTS/NOTES

Notes Recorder Name: _____

Title: _____ Date of Note: ____ / ____ / ____

TUBERCULOSIS MEDICATION

Prescribed Medication	Dose / Unit	Frequency	Route	Duration	Actual Start Date	Actual Stop
1.	_____				___/___/___	___/___/___
2.	_____				___/___/___	___/___/___
3.	_____				___/___/___	___/___/___
4.	_____				___/___/___	___/___/___
5.	_____				___/___/___	___/___/___

MEDICATION 1

Prescribed Medication	Dose / Unit	Frequency	Route	Duration	Actual Start Date	Actual Stop
1.	_____				___/___/___	___/___/___
2.	_____				___/___/___	___/___/___
3.	_____				___/___/___	___/___/___
4.	_____				___/___/___	___/___/___
5.	_____				___/___/___	___/___/___

MEDICATION 2

<input type="checkbox"/> No Adverse Events Experienced <input type="checkbox"/> Adverse Events to Report (Please fill out one page for each event: Page _____ of _____)								
Event	Onset Date	Date Resolved	Mark if Ongoing	Outcome	Severity	Seriousness	Relationship to Medication	Action taken with respect to
<input type="checkbox"/> Mortality <input type="checkbox"/> QT prolongation <input type="checkbox"/> Hepatic-related adverse drug reactions <input type="checkbox"/> Nausea <input type="checkbox"/> Arthralgia <input type="checkbox"/> Headache <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Chest pain <input type="checkbox"/> Anorexia <input type="checkbox"/> Blood amylase increased <input type="checkbox"/> Transaminases increased <input type="checkbox"/> Rash <input type="checkbox"/> Other, Specify: _____	DD/MM/YYYY	DD/MM/YYYY	Indicate <input type="checkbox"/> Improving <input type="checkbox"/> Stable <input type="checkbox"/> Worsening	<input type="checkbox"/> Recovered/Resolved <input type="checkbox"/> Recovering/Resolving <input type="checkbox"/> Recovered/Resolved with Sequelae <input type="checkbox"/> Not Recovered/Not Resolved <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Not serious <input type="checkbox"/> Hospitalization (caused or prolonged) <input type="checkbox"/> Permanent disability <input type="checkbox"/> Congenital abnormality <input type="checkbox"/> Life-threatening <input type="checkbox"/> Death: Date of Death _____/_____/_____ _____/_____/_____	<input type="checkbox"/> Unrelated <input type="checkbox"/> Possible <input type="checkbox"/> Probable	<input type="checkbox"/> Drug Withdrawn <input type="checkbox"/> Drug Interrupted <input type="checkbox"/> Dose Reduced <input type="checkbox"/> Dose Not Changed <input type="checkbox"/> Not Applicable

Please Specify Medication: _____

Date of First BDQ Dose: _____/_____/_____

Dose/Unit: _____

Frequency: _____

BDQ Stop Date: ____/____/____

Notes: _____

Recorder Name: _____

Title: _____ Date of Note: ____/____/____

Med Codes: Amikacin, Amoxicillin/Clavulanate, Bedaquiline, Capreomycin, Ciprofloxacin, Clarithromycin, Clofazimine, Ethambutol, Ethionamide, Gatifloxacin, Imipenem, Isoniazid, Kanamycin, Levofloxacin, Linezolid, Moxifloxacin, Ofloxacin, p-Aminosalicylic Acid (PAS), Prothionamide, Pyrazinamide, Rifabutin, Rifampicin, Streptomycin, Terizidone, Thioacetazone, Other (specify)

Bedaquiline (BDQ) Treatment Status (6 Months after initiation)

Has the patient completed Bedaquiline (BDQ) therapy? Yes No

Duration of BDQ: 6months 9months

If No, Date of Last BDQ Dose: ____/____/____

Reason for stopping: Defaulted Died Adverse event

REFERRAL / DISCHARGE

Name of receiving clinic: _____
Town / District: _____
Province / Country: _____

Patient Continuing Treatment: Yes No

Shared Care Patient: Yes No

Confirmation received
(Attach acknowledgment slip on card) Yes No

Name of Facility _____
District _____

TREATMENT OUTCOMES

Cured
Treatment Completed
Loss to follow up
Failed treatment
Died

Moved out

Name of Facility _____
District _____

Transferred out

Name of Facility _____
District _____

Still on treatment

Comments _____

Treatment outcome date

--	--	--	--	--	--	--	--

Discharged by: _____

Signature: _____

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
 - the bidder is employed by the state; and/or
 - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.
2. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

- | | |
|--|---|
| 2.1. Full Name of bidder/representative..... | 2.4. Company Registration Number: |
| 2.2. Identity Number: | 2.5. Tax Reference Number: |
| 2.3. Position occupied in the Company (director, trustee, shareholder ²):..... | 2.6. VAT Registration Number: |

2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below. [TICK APPLICABLE]

2.8. Are you or any person connected with the bidder presently employed by the state? YES NO

2.8.1. If so, furnish the following particulars:
 Name of person / director / trustee / shareholder/ member:
 Name of state institution at which you or the person connected to the bidder is employed:.....
 Position occupied in the state institution:Any other particulars:.....

2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES NO

2.8.2.1. If yes, did you attach proof of such authority to the quote document?

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)

2.8.2.2. If no, furnish reasons for non-submission of such proof:

2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? YES NO

2.9.1. If so, furnish particulars:.....

2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this quote? YES NO

2.10.1. If so, furnish particulars:.....

2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this quote? YES NO

2.11.1. If so, furnish particulars:.....

2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? YES NO

2.12.1. If so, furnish particulars:.....

3. Full details of directors / trustees / members / shareholders.

NB: The Department Of Health will validate **details of directors / trustees / members / shareholders** on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the **information** on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

4 DECLARATION

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

..... Name of bidder Signature Position Date
-------------------------	--------------------	-------------------	---------------

¹State" means –

- | | |
|---|---|
| a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999); | c) provincial legislature; |
| b) any municipality or municipal entity; | d) national Assembly or the national Council of provinces; or |
| | e) Parliament. |

²Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

1. AMENDMENT OF CONTRACT

1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

2. CHANGE OF ADDRESS

2.1. Bidders must advise the Department of Health (institution where the offer was submitted) should their address (domicilium citandi et executandi) details change from the time of bidding to the expiry of the contract.

3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.1. The institution is under no obligation to accept the lowest or any quote.
3.2. The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT vendors.
3.3. The bidder must ensure the correctness & validity of quote:
(i) that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk
3.4. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
3.5. This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required documentation must be completed in full and submitted.
3.6. Offers must comply strictly with the specification.
3.7. Only offers that meet or are greater than the specification will be considered.
3.8. Late quotes will not be considered.
3.9. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
3.10. A bidder not registered on the Central Suppliers Database or verification has failed will not be considered.
3.11. All delivery costs must be included in the quote price, for delivery at the prescribed destination.
3.12. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
3.13. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
3.14. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered. Furthermore a verification will be done to identify if bidders have multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered.

4. SAMPLES

- 4.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
(i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
(ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
4.2. Samples must be made available when requested in writing or if stipulated on the document.
(i) If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

5. COMPULSORY SITE INSPECTION / BRIEFING SESSION

5.1. Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.

- (i) The institution has determined that a compulsory site meeting [] take place
(ii) Date [] / [] / [] Time [] : [] Place []

Table with 2 columns: Institution Stamp and Institution Site Inspection / briefing session Official. The second column contains fields for Full Name, Signature, and Date.

6. STATEMENT OF SUPPLIES AND SERVICES

- 6.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

7. SUBMISSION AND COMPLETION OF SBD 6.1

- 7.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

8. TAX COMPLIANCE REQUIREMENTS

- 8.1. In the event that the tax compliance status has failed on CSD, **it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.**
- 8.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, **the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.**

9. TAX INVOICE

- 9.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:

- (i) the name, address and registration number of the supplier;
- (ii) the name and address of the recipient;
- (iii) an individual serialized number and the date upon which the tax invoice is issued;
- (iv) a description and quantity or volume of the goods or services supplied;
- (v) the official department order number issued to the supplier;
- (vi) the value of the supply, the amount of tax charged;
- (vii) the words tax invoice in a prominent place.

10. PATENT RIGHTS

- 10.1. The supplier shall indemnify the **KZN Department of Health** (hereafter known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

11. PENALTIES

- 11.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance. The purchaser may also consider termination of the contract.

12. TERMINATION FOR DEFAULT

- 12.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
- (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
 - (ii) if the supplier fails to perform any other obligation(s) under the contract; or
 - (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 12.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
- 12.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

FAILURE TO COMPLY WITH ABOVE WILL RESULT IN YOUR QUOTE BEING PASSED OVER.

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all quotes invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

1. GENERAL CONDITIONS

- 1.1 The following preference point systems are applicable to all quotes:
- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- 1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.
- 1.3 Points for this quote shall be awarded for:
- (a) Price; and
 - (b) B-BBEE Status Level of Contributor.
- 1.4 The maximum points for this quote is allocated as follows:

	POINTS
PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTOR	20
Total points for Price and B-BBEE must not exceed	100

- 1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.
- 1.6 The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

2. DEFINITIONS

- (a) "B-BBEE" means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) "B-BBEE status level of contributor" means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) "bid" means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) "Broad-Based Black Economic Empowerment Act" means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) "EME" means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) "functionality" means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) "prices" includes all applicable taxes less all unconditional discounts;
- (h) "proof of B-BBEE status level of contributor" means:
 - 1) B-BBEE Status level certificate issued by an authorized body or person;
 - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) "QSE" means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

3. POINTS AWARDED FOR PRICE

3.1 THE 80/20 PREFERENCE POINT SYSTEMS

A maximum of 80 points is allocated for price on the following basis:

$$Ps = 80 \left(1 - \frac{Pt - P \min}{P \min} \right) \text{ Where}$$

- Ps = Points scored for price of bid under consideration
- Pt = Price of bid under consideration
- Pmin = Price of lowest acceptable bid

4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

5. BID DECLARATION

5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

6. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1

6.1 B-BBEE Status Level of Contributor: =(maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

7. SUB-CONTRACTING

(Tick applicable box)

7.1 Will any portion of the contract be sub-contracted?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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7.1.1 If yes, indicate:

- i) What percentage of the contract will be subcontracted.....%
- ii) The name of the sub-contractor.....
- iii) The B-BBEE status level of the sub-contractor.....

8. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations,2017:

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Designated Group: An EME or QSE which is at last 51% owned by:	EME √	QSE √
Black people		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

9. **DECLARATION WITH REGARD TO COMPANY/FIRM**

9.1 Name of company/firm:.....

9.2 VAT registration number:.....

9.3 Company registration number:.....

9.4 **TYPE OF COMPANY/ FIRM [TICK APPLICABLE BOX]**

- Partnership/Joint Venture / Consortium
- One person business/sole propriety
- Close corporation
- Company
- (Pty) Limited

9.5 **DESCRIBE PRINCIPAL BUSINESS ACTIVITIES**

.....
.....

9.6 **COMPANY CLASSIFICATION [TICK APPLICABLE BOX]**

- Manufacturer
- Supplier
- Professional service provider
- Other service providers, e.g. transporter, etc.

9.7 Total number of years the company/firm has been in business:.....

9.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv) If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
 - (a) disqualify the person from the bidding process;
 - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
 - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
 - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
 - (e) forward the matter for criminal prosecution.

<p>WITNESSES</p> <p>1.</p> <p>2.</p>
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<p>.....</p> <p>SIGNATURE(S) OF BIDDERS(S)</p> <p>DATE:</p> <p>ADDRESS.....</p> <p>.....</p> <p>.....</p>
