

Quotation Advert

NOTIFICE OF MARKOTO SCREET	
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: 163/19-20
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 :	Zanasana (1997), 200 (1997), 2
Time:	, , , , , , , , , , , , , , , , , , ,
Venue:	A contractive of the contractive
QUOTES CAN BE COLLECTED FROM:	Catherine Booth Hospital
QUOTES SHOULD BE DELIVERED TO:	Catherine Booth Hospital, Amatikulu; 3801
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:
Name:	Ms Nomsa N5 Zulu
Email:	nomusa.zulu@kznhealth.gov.za
Contact Number:	035 474 8407
Finance Manager Name:	Mr MS Mtshall
Finance Manager Signature:	-2 ND

STANDARD QUOTE DOCUMENTATION OVER R30 000.00 YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT CATHERINE BOOTH HOSPITAL DATE ADVERTISED: 19/06/2019 PHYSICAL ADDRESS: KWAKHOZA RESERVE SALVATION ARMY AMATIKULU,3801 ZNQ NUMBER: 163/19-20 CLOSING DATE: 25/06/2019 CLOSING TIME: 11:00 SUPPLY AND DELIVER MDR-TB CLINICAL BOOKLET X600 ONCE-OFF CONTRACT PERIOD..... VALIDITY PERIOD 60 Days SARS PIN.,,,,, CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. UNIQUE REGISTRATION REFERENCE DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) CATHERINE BOOTH HOSPITAL NEAR ADMIN OFFICES UFFICES Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration. The quote box is open from 08:00 to 15:30. ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS - (NOT TO BE RE-TYPED) THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT. THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR QUOTE BEING DISQUALIFIED) NAME OF BIDDER POSTAL ADDRESS STREET ADDRESS TELEPHONE NUMBER CODE......NUMBER...... FACSIMILE NUMBER CODENUMBER...... **CELLPHONE NUMBER** E-MAIL ADDRESS VAT REGISTRATION NUMBER (If VAT vendor) YES NO HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1) **ITICK APPLICABLE BOX** IF YES, WHO WAS THE CERTIFICATE ISSUED BY? AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA) A VERIFICATION AGENCY ACCREDITED BY THE SOUTH AFRICAN ACCREDITATION SYSTEM (SANAS); A REGISTERED AUDITOR...... [A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMES& QSES) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]

NO

YES

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

Item No	Quantity	CH THIS QUOTE IS SIGNED Description							
1				E	Brand	&	Country of	Price	
1					n	nodel	manufacture	R	C
1		SUPPLY AN						ļ	
	600	MDR-TB CLINIC							
		(38 PA	AGES)						_
		SEE ATTACHE	D BOOKLETS						
									\bot
							#AHHII4190 ·		+
									
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	-								+
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		VALID TAX CLEARE	···	-				 	+
		VALID BBBEE CERT	OVE	IUK				+	+
			IMARY REPORT						+
		NB:FAILURE TO COM							+
		WILL RESULT IN YOU		***					+
VALUE AD	DED TAX (C	Only if VAT Vendor)	K BIB BEIRG 17	.0022					十
		RICE (VALIDITY PERIOD 60	Days)						
D TU C		With The Consideration?	Door The Art	tiolo Confor	m To Th	0 C A N	I.S. / S.A.B.S. Specificat	ion2	
Is The Price		With The Specification?	State Deliver					10117	
			1	4					
Fnanides	regarding th	ne <u>quote</u> may be directed to:	Er	naulries rec	garding	techni	<u>cal information</u> may be	e directed	to:
		Tel:,,,,,,			-		Tel:,		

Solimartica 2019 health Department: Healin REPUBLIC OF SOUTH AFRICA

NATIONAL TURBERCULOSIS CONTROL PROGRAMME DRUG-RESISTANT TB TREATMENT RECORD

Facility Name District Referring Facility Name District Province N Newly Registered in this facility M Moved in from another facility within the same district	<u>.</u>			OF DR-TB		
N Newly Registered in this facility				. 61 611 16		
Transferred in from another facility outside this district Shared care		Mono resistan or Poly resistan TB (M or P	Rifampicin Resistant (RR)	MDR-TB Confirmed MDR-TB Not Confirmed	-	Confirmed Confirmed
PATIENT DETAILS ID Number: y y 10 10 10 10 10 10 10 10 10 10 10 10 10		A	ge	G	ender	M
PHYSICAL ADDRESS (Traceable i.e. where s/he lives)	WO	RK ADDRESS				
Residential Address:	Nan	ne of company/e	employer			
	_					
T I/O H . l	- 	Cell phone				
Tel/Cell phone						
NEXT OF KIN or FRIEND DETAILS			ESS (Traceable			
Surname Full Name(s) Tel/Cell phone	_	sidential Address	of Next of kin:			
PREVIOUS DRUG HISTORY	PAT	IENT CATEG	ORY			
New	Nev	N				
		apse				
			to follow up (TA ure 1st line drug			
	<u> </u>		ure 2nd line drug			
CLASSIFICATION OF DISEASE	Oth	er (specify)				
Pulmonary TB (PTB)	1 Exti	ra Pulmonary TB	(FPTR)			
PREVIOUS TB TREATMENT EPISODES	<u>. </u>	ia i dillonacy i p	<u></u>			
	acond Lie	e Drugs Used				
Treatment Start Date Previous Drug Regimen Start Date (If unknown, state year) (1,2 or 3)		reviations))	Duration		Outcome	;
3						
NOTIFICATION INFORMATION						
Has the DR-TB register been completed?		klat	fication date	4 8 98 I	3) Y	V 19

Does the patient have	any of the follow	ving conditio	ns:			Currer	t Medication (Name, Frequency, Dosage)	
Hypertension	, 0. 110 10101		I	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 (speci	fv)							
Family medical history								
Other (specify)	(apoonly)							
Office (Specify)							Due Date	
ast Menstrual Period_				с	ontraceptive	Method	Due Date	
HIV INFORMATIO	N							
		Dogitus	Magat	ina	Unknown	Date of last test		
HIV status		Positive	Negat		Count	Data of flat tout		
CD4 cell count done		Yes	No		Result			
Viral Load done		Yes	No		UGSUH			
On Cotrimoxazole		Yes	No			Start Date		
On ART		Yes	No	<u></u>		Jan Date		
BASELINE OBSER	RVATION							
i atawa Data		b/min				Failure	to thrive (check growth curve in RTH card)	YN
lespiratory Rate		•C						_
emperature		b/min				Neck s	stiffness	YN
Pulse		mmHg						
3P		kg				Visible	masses neck/axilla/groin	YN
Veight		1					-	
leight		m				Pregna	ant	YV
BMI		QTcF				, .		L <u></u> -
ECG		mg/dl				Breas	t feeding	Y
Blood Glucose		nig/ui					· · · · · ·	L
Ward HB		-				Date o	of pregnancy test	
Urine Dipstick Result]						
FURTHER TESTI	NG							
HAS SPUTUM BEEN C).						
HAS SPUTUM BEEN G	OLLEGIED FOR). D	ATE			SPECIMEN BA	AR CODE/SPECIMEN NUMBER	
GENE XPERT								
TB MICROSCOPY (B	aseline)							
1ST LINE LPA								
2ND LINE LPA								
TB CULTURE (Baseli	ine)						-	+
DST 1ST LINE TB DE								
DST 2ND LINE TB D				 				<u> </u>
DOLFIED FULL ID D				1				-

SOCIAL PROFILE

DUCATION AND IN	COME											
EDUCATION						INCOM	E					
No schooling			Secondary		years	Sa	lary/wages		Casua			UIF
Primary		years	Tertiary		years	Dís	ability grant		No incon	ne	Self e	mployed
No. of dependants												
SUPPORT NETWO												
Living alone	Υ	N	Living with o	hers		Relative	S	Part	tner		- Ot	her
SOCIAL AND DCCU	PATIONAL	L HISTORY										
Smoker	Υ	N	Number/day		Alcohol		None	Light (Once	a month)	Moderate (0.00)	a week)	Heavy (Daily)
If yes, type of smo	oker	Cigarette	Pipe	Hubbly	Other S	ubstance	; Tik	Dagga		Mandrax		Other
Details of interven		/or rehabilit	ation for substanc	e abuse (if a	iny):							
Has the patient ev	er worke	d or spent t	ime in:									•
Mines Yes	No	when				Cli	nic/hospital	Yes N	io v	when		
Prison Yes	No	when										
Health Care Works	er Ye:	s No	when			-						
CLOSE CONTA	ете											
Proge Comin	KG I O							Dura bulayia	ne	TB/DR-TB		DR-TB
	Ŋ	V ame		Ag	je S	creened	Results	Prophylaxis started		ment started	regis	tration number
					Y	es No						
						es No es No					<u> </u>	
						es No						
					Y	es No						
						es No					-	
						'es No 'es No			<u> </u>		-	
, , , , , , , , , , , , , , , , , , , ,						es No						
					\	es No						
							83 U V	Y				
COUNSELING SES	SION 1											
Problems Identifi	ed (list):											
The state of the s											· · · · · · · · · · · · · · · · ·	
Action Plan (list):												
Couñselor sign	•		Date			Pat	ient sign			Date	3	

Counselor sign

OUNSELING SESSION 2			
Problems Identified (list):			
Action Dian (liet):			
Action Plan (list):			
-			
		D.H. deien	Date
Counselor sign	Date	Patient sign	
OUNSELING SESSION 3			
Problems Identified (list):			
ı			
•			
			•
Action Plan (list):			
	Date	Patient sign	Date
Counselor sign	- DAG		
COUNSELING SESSION 4			
Problems Identified (list):			
(100,0,10,10,10,10,10,10,10,10,10,10,10,1			
Action Plan (list):			
Counselor sign	Date	Patient sign	Date
OSCIOCIO CONTRACTOR DE CONTRAC			
FOLLOW-UP COUNSELING SESSION			
Problems Identified (list):			
A. H Dies- /H-A.			
Action Plan (list):		,	
			Doto . ·
Counselor sign	Date	Patient sign	Date

CHEST X-RAY

Pre-treatment Baseline Date//	Date/	Date//	Date//
MAIN COMPLAINTS			
GENERAL CONDITION Vitals BP HR SP02 HgT or		т	
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 R	esult
CT Scan		Date	
	·		
REFERRAL			
Audiology	Yes No	Date	
НСТ	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			
Dankoula Noves		Signature	
Doctor's Name			

SPUTUM RESULTS

GENE EXPERT, LINE PROBE ASSAY, CULTURE

		х	pert MTB/RiF						Mutation/s			
Date	Date Mycobacterium TB Results Drug Susceptibility Results (Rifampicin						Date	Rifamı	oicin	Isonia	szíd	satG
	Pesitive	Hegaliva	Unsuccessful	Resistant	Sensitive	Unsuccessful		flesislant	Sensitiva	flesistani	Sensitive	InhA
	Positiva	Negalive	thisuccessful	Resistant	Sensitive	Unsuccessful	·	Resistant	Sensitive	Resistant	Sensitive	Both katG and lotA

Pre-treatm	ent SMEAR MI	CROSCDPY		Pre-treatmen	nt TB Culture		2nd Line LPA Drug Susceptibility Results							
Date			Date		Result		Date	Fluoroqu	ilnolones	Injectables				
	Positive	Begalive		Positive	Negative	Contaminated		Resistant	Sensitive	Resistant	Sensitive			
	Positive (degative			Positiva	Hagalive Centaminated			Resistant	Sensitiva	Resistant	Sensitive			

	DRUG SU	SCEPTIBL	LITY TEST	r result	s											(R =	resistant;	S = sensi	tive; ND = not done
ļ	Date	В	Н	7	ΙĘ	s	Am	Km	Cm	0fx	Mfx	Lfx	Eto	Trđ	Bdq	Lzd	Dlm	Cfz	Other (Specify)
	DILLO				- -														

		Smear Microscopy			TB Culture	
	Date	Specimen bar code	Result	Date	Specimen bar code	Result
Baseline results						
Mönth 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						9
Month 16						
Month 17						
Month 18		·				
Month 19						
Month 20						
Month 21						

Month 32 Month 32

LABORATORY RESULTS MONITORING SHEET

	Date			 					
U&E	Normal								
Na	131-147								
К	3.9-5.3		,	 ,					
CI	96-110								
Bicarb	22-30								
Urea	2.4-7.4								
Creat	52-115					,			
eGFR	>60								
FBC									
WBC	4-11								
HGB	13-18	,							
PLT	150-400								
INR	>1.2								
LFT									
T.Protein	60-78			'					
Albumin	35-52			 					
T,Bili	3-17							-	
ALT	10-40			 					
ALP	53-128		 						
GGT	10-60			 					
Amylase									
CPM						:			
Ca	2.15-2.55								
Mg	0.63-1.05								
P04	0.78-1.42		 						
TFT			 				1		
TSH	0,27-4,20								
FT4	11,50-22,70								
CD4					<u> </u>				
Viral Load									
	<u> </u>								
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AU	DIOLOGICA	AL SC	REENII	VG																	
	ine Audiogr					-								huΔ	iom	eter					
Date	of assessme	ent				I	ester		· · · · · · · · · · · · · · · · · · ·						T	<u> </u>				1	
Frequ	ency (HZ)		250 HZ	500 H	Z 1	000 HZ	2000 H	IZ	3000 HZ	400	00 HZ	60081	ΗZ	8000 H	Z	10 000	HZ 1:	2 000 HZ	14 000	HZ 16	000 HZ
Hearl	ıg level (dB) Right	ear																		_	
Heari	ng level (dB) Left o	ar																			
Conve	entional Audiomete	er				Pre-	existing He	aring Lo	ss y	ð5	No			800 regi	stratio	on		Yes	No		
Autor	nated High Freque	ency Audio	ometer			Ototo	oxicity Dete	ection	Y	ès	No	,	Ī								
Conv	entional High Freq	иелсу Аи	diometer			Otot	oxicity Ear	Detecter	d 8i	ghi	Lef	fl									
				I		<u></u>															
Follow-	up hearing evalua	ition dale:									£	(12-)	1000	11. 2000	us.	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	Date	Frequen Hearing		1000	liz 2000	HZ	4000 HZ	0000 112	10000112	12000112	11000111	
	Hearing level (dB) Right ear Hearing level										(dB) Aig Hearing	level									
	(dB) Left ear										(dB) Lef	ft ear							[<u> </u>
Oate	Frequency (Hz)	1000 Hz	2000 Hz	4000 Hz	8000 Hz	10000 Hz	12000 Hz	14000	Hz 16000 Hz	Oate	Frequer	ncy (Hz)	1000	Hz 2000	Hz	4000 Hz	8000 Hz	10000 Hz	12000 Hz	14000 Hz	16000 Hz
	Hearing level (dB) Right ear										Hearing (dB) Rig	jht ear		_	_			_			
	Hearing level (dB) Left ear										Hearing (dB) Let										<u> </u>
Date	Frequency (Hz)	1000 Hz	2000 Hz	4000 Hz	8000 Hz	10000 Hz	12000 Hz	14000	Hz 16000 Hz	Date	Freque	ncy (Hz)	1000	Hz 2000	Hz	4000 Hz	8000 Hz	10000 Hz	12000 Hz	14000 Hz	16000 Hz
	Hearing level (dB) Right ear										Hearing (dB) Rig										
	Hearing level (dB) Left ear										Hearing (dB) Le	j levei ft ear									
		<u> </u>	 			·			14 45000 11-	Date	Eronua	acy (Hz)	1000	Hz 2000	ı Hz	4000 Hz	8000 Hz	10000 Hz	12000 Hz	14000 Hi	z 16000 Hz
Date	Frequency (Hz) Hearing level	1000 Hz	2 2000 Hz	4000 Hz	8000 Hz	10000 Hz	12000 Hz	14000	Hz 16000 Hz	Date	Hearing	g level	1000	112 2000	, 112	1000111					
	(dB) Right ear Hearing level										(dB) Rig Hearing (dB) Le										
<u> </u>	(dB) Left ear				<u> </u>			<u> </u>		<u> </u>	(dB) Le	on ear							<u></u>		
													R	eferral	for (diagno	stic as	sessme	nt	Yes	No
	Audiogram of assessm	ıont			Tes	ter			Si	te of	referra	al for d	liagn	ostic A	udi	ologica	l asse	ssment_			
Date	U) 45565511			T			1			Т —		Τ		T		1			14 000	1 47	16 000 HZ
\vdash	uency (HZ)		250 HZ	500	HZ	1000 HZ	2000	HZ	3000 HZ	40	000 HZ	6000		8000	HZ 	10 001	U HZ	12 000 HZ	14 001	J 112	
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ADVERSE EVENTS

Clinical Event	Grade 1-5	Start date	Drug Suspected	Action A,B,C	Actual intervention	Outcome	Outcome Date
					-		
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						i	

GRADE 1. Mild / No intervention 2. Moderate - Local / non ivasive intervention 3. Severe - Significant / not immediately life threatening 4. Life threatening / urgent intervention 5. Death

Action
A. Drug discontinuation
B. Dose decrease
C. Adjuvant

Has the pharmacovigilance form been completed?

Yes No

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	en and regime	_	_				T	_		Т	1		T						T	. T		Τ					T.			Τ.	. 1		
Trealment Slart Date	Treatment Stop Date	+	£	Z	_	Am	Kr	" -	Cm	Of	×	Lfx	MI	fx	Eto	Tír	d	Lzd	CH	2	Cir	Hi	gh đạ	sa INH	_	Bdq	Amx	/CLv	PAS	D	im	Othe	r (Specify)
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Start Date	Stop Date		AZT)4T	N	VΡ	AB	c	TOF	T	этс	7	EFZ	Allı	uvia	OF	ıv	ATV		RAL	T	iPV	T				OH	her (Sp	ecify)	****		
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INTENSIVE P																																	
Use one of the	e following sy	mb	ols i	n the	e up	per	spa	ce o	f the	app	rop	riate	box	and	d init	ial i	1 th	e lov	ver s	spac	e af	ter t	he d	rugs	hav	ve b	een	adn	ninist	ere	d		
√ med	ication taken	und	ler				F	х	Ma	edica	tion	пot	takı	on				_	٦	me	dicat	tion	colle	ecte	d for	sel	f adr	nini	strat	іоп	or si	uper	vision
_V dired	ct observation						<u>L</u>		WIC	uica	ILIULI	HOF	lan	GIL				Ŀ		else	whe	ere;	indio	cate	the	nun	ıber	of c	lays	sup	ply v	nas (given
Drugs		Mor	eth - Y	ear																													No. c
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Drugs		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Dose
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astfeeding and infant?	Yes No								
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ONCOMITANT MEDIC	ATIONS /Ra	cord ONLY Non-	TR medica	ations that a	ire taker	n to treat a B	ehavior, Disease	, or Condition list	ed below
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<u>Unit Codes:</u>	mg , μg , mL , g , .	(U, Other (specify)		til til fra fra	100			raperitoneal, Nasal, Va	ainal Boots

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Please submit identified AEs directly to Janssen Global Medical Safety

Fax: +01 (215) 293- 9955

Email: GMS_AE_Inbo@its.jnj.com

		going Duicoine	Recovered/Resolved	ing Recovering/Resolving	Recovered/ Resolved with Sequelae		Fatal	Unknown							www.mad-1-1-buc-2-44	
	for each event: Pageof	Date Resolved Mark if Ongo	Polysparent Indicate	Improving	Stable	Worsening										
No Adverse Events Experienced	Adverse Events to Report (Please fill out one page for each event: Page_	Event (inset bate)	Mortality	OT prolongation	Hepatic-related adverse drug reactions	Nausea	Arthralgia	Headache	Hemophysis	Chest pain	Anorexia	Blood amylase increased	Transaminases increased	ųs	Other, Specify:	
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Dose/Unit:

Please Specify Medication: _

Date of First BDQ Dose: ...

Frequency:				
BDQ Stop Date:/				
Notes:				
Recorder Name:				
Title:	Date of Note:			
Med Codes: Amikacin, Amoxicillin/Clavulanate, Bedaquil Imipenem, Isoniazid, Kanamycin, Levofloxacin, Linezolid, Streptomycin, Terizidone, Thioacetazone, Other (specify) Bedaquiline (BDQ) Treatment State	Moxifloxacin, Ofloxacin, p	o-Aminosalicyclic Acid (P <i>i</i>	Hofazimine, Ethambutol AS), Prothionamide, Pyra	, Ethionamide, Gatifloxacin, azinamide, Rifabutin, Rifampicir
Has the patient completed Bedaquiline	(BDQ) therapy?	Yes No		
Duration of BDQ: 6months	9months			
If No, Date of Last BDQ Dose:				
Reason for stopping: Defaulte	d Died	d Adver	se event	

PROGRESS NOTES

P24 - 37

Date	Weight	Progress Notes	Signature
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NB: Please this note for a consent should be written inside of the last hard booklet page

UBUFAKAZI BOKUCHAZELWA	A NGOKWELASHWA KWESIFOMDR TB NEFUZELA LEMITHI
Mina	Reg. no/
besikhathi sokwelashwa, ubude obuhla ukuteta umntwana okhubazekile uma rushintsho esikhumbeni sami. Ngitshelik kungenzeka kumiswe ukwelashwa kwangiyavuma ukwedluliselwa esibhedlela loluhlobo lwe TB iyabiza. Ngiyavuma ukunesidingo Ngiyazibophezela ukuthi	le kabanzi ukuthi siyini isifo sofuba I-MDR-TB. Ngitsheliwe ngobude alwa esibhedlela., Ngitsheliwe ukuthi eminye imithi ingadala ukungaboni , ngikhulelwa ngisadla imithi yeTB, ifuzela elibi ezinsweni nasesibindini, we ngefuzela elibi lokungayilandeli imigomo yokwelashwa ukuthi ami kumbe ngigcine ngingaselapheki. Uma ngingenwa yi XDR TB esifanele ngiyolashwa khona.Ngitsheliwe ukuthi imithi yokwelapha kuqaliswa imithi.nokulaliswa isikhathi esizonqunywa odokotela uma ngizoletha izikhwehlela ezimbili njalo ngenyanga, ngivikele amalungu amagazi uma kudingekile.Ngizohlonipha ngilandele imigomo ebekwa ukwelashwa.
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SAYINA	USUKU:
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NURSE ,	
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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 wherethe 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. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote. 2.4. Company Registration Number: 2.1. Full Name of bidder/representative..... 2.5. Tax Reference Number: 2,2, Identity Number: 2.3. Position occupied in the Company (director, trustee, shareholder²):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, [TICK APPLICABLE] employee / persal numbers must be indicated in paragraph 3 below. YES NO 2.8. Are you or any person connected with the bidder presently employed by the state? 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: 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? 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 YES NO state in the previous twelve months? 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 YES NO or not they are bidding for this contract? 2.12.1. If so, furnish particulars: 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. **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. Signature Position Date Name of bidder

1"State" means -

- 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);
- any municipality or municipal entity;

- provincial legislature;
- national Assembly or the national Council of provinces; or
- Parliament.

^{2&}quot;Shareholder" 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. E	Gidders who fail to attend the compulsory meeting will be disqua	ified from the evaluation process.
(i) - (ii) [The institution has determined that a compulsory site meeting Date Place Place	take place
Institut	ion Stamp:	Institution Site Inspection / briefing session Official
		Full Name:
		Signature:
		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 (hear after 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;
 - 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:

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

Ps

Points scored for price of bid under consideration

Pt

Price of bid under consideration

Price of lowest acceptable bid Pmin

POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

in terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for 4.1 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)
- BBBB Status 20101 O Onnibator	1
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

5	RID	DECL	ΔRΔ	TION

- 5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:
- B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1 6.
- 6.1 B-BBEE Status Level of Contributor: =(maximum of 20 points)

	claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph B-BBEE status level of contributor.	4.1 and must be substantiated by	relevant
7.	SUB-CONTRACTING	(Tick applicable box)	
7.1	Will any portion of the contract be sub-contracted?	YES NO	
7.1.1	If yes, indicate:		
8.	i) What percentage of the contract will be subcontracted% ii) The name of the sub-contractor	(Tick applicable box)	
	2.2. A section of the second section with the section with the profession of the section with the section wi	torse lives lives	

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms YES of Preferential Procurement Regulations,2017: QSE Designated Group: An EME or QSE which is at last 51% owned by: EME $\sqrt{}$ 1 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.	DECLAR	ATION WITH REGARD TO COMPANY/FIRM	
9.1	Name	of company/firm:	
9.2	VAT re	gistration number:	
9.3	Compa	ny registration number:	
9.4	TYPE	OF COMPANY/ FIRM [TICK APPLICABLE BO	X
		Partnership/Joint Venture / Consortium One person business/sole propriety Close corporation Company (Pty) Limited	
9.5		RIBE PRINCIPAL BUSINESS ACTIVITIES	
9.6	•••••		
		Manufacturer Supplier Professional service provider Other service providers, e.g. transporter, etc.	
9.7	Total n	umber of years the company/firm has been in I	business:
9.8	I/we, th the B-E	e undersigned, who is / are duly authorised to	o do so on behalf of the company/firm, certify that the points claimed, based or agraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm fo
	i) Ti	ne information furnished is true and correct;	
	ii) Ti	ne preference points claimed are in accordance	e with the General Conditions as indicated in paragraph 1 of this form;
			esult of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may satisfaction of the purchaser that the claims are correct;
		the B-BBEE status level of contributor has bee ave not been fulfilled, the purchaser may, in ad	en claimed or obtained on a fraudulent basis or any of the conditions of contract Idition to any other remedy it may have –
	(a)	disqualify the person from the bidding proces	ss;
	(b)	recover costs, losses or damages it has incu	arred or suffered as a result of that person's conduct;
	(c)	cancel the contract and claim any damages arrangements due to such cancellation;	which it has suffered as a result of having to make less favourable
	(d)	who acted on a fraudulent basis, be restricted	s shareholders and directors, or only the shareholders and directors ed by the National Treasury from obtaining business from any organ s, after the audi alteram partem (hear the other side) rule has been
	(e)	forward the matter for criminal prosecution.	
		ESSES	SIGNATURE(S) OF BIDDERS(S)
		<u>i</u> .	DATE:
	2		ADDRESS