




Quotation Advert

Opening Date: 2019-05-03 
Closing Date: 2019-05-14 
Closing Time: 11:00

INSTITUTION DETAILS



Institution Name: Edendale hospital 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required Edendale Hospital
Date Submitted 2019-05-02 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
84/19-20
Item Category: Goods 
Item Description: Cuffed plain oral/ nasal tracheal tube with a murphy eye size 5.5

Quantity (if supplies) 360 units


COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select... 
Date : 
Time:
Venue:

QUOTES CAN BE COLLECTED FROM: Edendale Hospital Supply chain (stores)

QUOTES SHOULD BE DELIVERED TO: Edendale Hospital blue tender box by security main gate

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Philani Moyo
Email: philani.moyo@kznhealth.gov.za
Contact Number: 033 395 4569
Finance Manager Name: Mr D Thangalan
Finance Manager Signature: 

No late quotes will be considered

**health**

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE: EDENDALE HOSPITAL

Physical Address: Main Road Edendale, Edendale
Postal Address: Private Bag X509, Piessislaer, 3216
Tel: 033 3954251 Fax: 033 3954270 Email: anil.sookdavu@kznhealth.gov.za
www.kznhealth.gov.za

SUPPLY CHAIN MANAGEMENT

SPECIFICATION NASAL TRACHEAL TUBE – CUFFED SIZE 5.5 MM

SECTION A – General

| Clause | Clause Description | Bidders Remarks |
|--------|---|-----------------|
| G1 | Bidders must quote on the supply and delivery of the item. | |
| G2 | SABS/SANS proof of certification or any other relevant certification documentation must be provided with the quotation. | |
| G3 | Bidders must provide a sample of the item quoted for. | |
| G4 | Bidder must state the guarantee period of the item quoted for. | _____ Months |

SECTION B – Technical Specification

| Clause | Clause Description | Bidders Remarks |
|--------|---|-----------------|
| T1 | The required item must be a low pressure High Volume Endotracheal Tube. | |
| T2 | Must have an X-ray opaque line. | |
| T3 | Must be cuffed. | |
| T4 | Must be PVC thermosensitive. | |
| T5 | Must be oral/nasal. | |
| T6 | Must come with a Murphy tip and eye. | |
| T7 | Individual sterile peel pack. | |
| T8 | SIZE: 5.5 mm | |
| T9 | The packet/box must include the following details: 4.1 Lot No. 4.2 Ref. No. 4.3 Batch No. 4.4 Manufacturing date. 4.5 Name and contact details of the company. 4.6 Expiry date | |
| T10 | Bidder to please note that the expiry date of each pack must not be less than 12 months. Failure to this will cause refusal to accept delivery and the uplifting and return of the stock will be for the suppliers own account. | |



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Edendale Hospital
Private Bag X 509, Plessislaer, 3216
Tel.: 033 395 4244, Fax: 033 395 4570
email: Mawonga.mazibuko@kznhealth.gov.za
www.kznhealth.gov.za

DESCRIPTION OF ITEM: CUFFED PLAIN ORAL/NASAL TRACHEAL TUBE
WITH A MURPHY EYE SIZE 5,5

Order number _____ for _____ is required to be delivered as

Stipulated on the templet/table below for a period of _____. First delivery is required on

| MONTH | QUANTITY | DATE OF DELIVERY |
|-----------|----------|------------------|
| APRIL | | |
| MAY | 90 | 14 / 05 / 2019 |
| JUNE | 30 | 19 / 06 / 2019 |
| JULY | 30 | 15 / 07 / 2019 |
| AUGUST | 30 | 20 / 08 / 2019 |
| SEPTEMBER | 30 | 16 / 09 / 2019 |
| OCTOBER | 30 | 21 / 10 / 2019 |
| NOVEMBER | 90 | 11 / 11 / 2019 |
| DEC | 30 | 04 / 12 / 2019 |
| JANUARY | | |
| FEBRUARY | | |
| MARCH | | |

Your urgent response will be highly appreciated.