health Department Health PROVINCE OF KWAZULU-NAYAL
Opening Date:
Closing Date:

### **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 ADVER	RT MAY BE DIRECTED TO:
Name:	Philani Moyo
Email:	philani.moyo@kznhealth.gov.za
Contact Number:	033 395 4569 \
Finance Manager Name:	Mr D Thanklian
Finance Manager Signature:	

ANDARD QUOTE DOCUMENTATION OVER R30 000.00

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ox is open from 08:00 to 15:30	
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FERENCE POINTS FOR B-BBEE]	

YES NO

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

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	
Т9	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

	PLAIN ORAL/NASAC	TRACHEAL	TUBE
COFFED DESCRIPTION OF ITEM: WITH	A MURPHY EYE	517E 5,5	•
Order number		uired to be delivered as	

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	36	16/09/2019
OCTOBER	30	21/10:12019
NOVEMBER	90	11 11 2019
DEC .	30	04/12/2019
JANUARY		
FEBRUARY		·
MARCH		

Your urgent response will be highly appreciated.

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