

Opening Date: 2020-06-23 

Closing Date: 2020-06-30 

Closing Time: 11:00

## INSTITUTION DETAILS

Institution Name: Zululand district office 

Province: KwaZulu-Natal

Department or Entity: Department of Health


Division or section: Central Supply Chain Management

Place where goods / services is required: Zululand Health District Office

Date Submitted: 2020-06-19 

## ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 27/20/21

Item Category: Goods 

Item Description: PRINTING OF DRUG RESISTANT TB REGISTERS X (50 UNITS)  
PRINTING OF DRUG SENSITIVE TB PATIENT CARRIER CARD (GREEN CARD) X (10 500 UNITS)  
PRINTING OF DRUG SENSITIVE TB BLUE FILES TO RECORD PATIENT PROGRESS INFORMATION DURING TREATMENT (BLUE CARD) X(10 500 UNITS)  
PRINTING OF RESISTANT TB PATIENT FILES (YELLOW CARD) X(500 UNITS)  
PRINTING OF DRUG SENSITIVE TB CASE IDENTIFICATION REGISTER X (800 UNITS)

Quantity (if supplies)

## COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 

Date : 

Time: 

Venue: 

QUOTES CAN BE COLLECTED FROM: ATTACHED WITH THIS ADVERT OR COLLECT FROM SCM SECTION ZONE 6 ^  
GROUND FLOOR 

QUOTES SHOULD BE DELIVERED TO: EMAILED BACK OR ZULULAND HEALTH DISTRICT OFFICE TENDERBOX

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: S.T.MHLUNGU

Email: thabisile.madela@kznhealth.gov.za

Contact Number: 0358740681

Finance Manager Name: K.S. GWALA

Finance Manager Signature: 

**No late quotes will be considered**



**OFFICIAL PRICE PAGE FOR QUOTATIONS**

ZNQ NUMBER: **27/20/21**

DESCRIPTION: **SUPPLY OF DRUG RESISTANT TB REGISTERS, GREEN CARD, IDENTIFICATION REGISTER, YELLOW CARD AND BLUE CARD**

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
01	50 UNITS	SUPPLY AND DELIVER DRUG RESISTANT TB REGISTERS				
02	10 500 UNITS	SUPPLY AND DELIVER OF DUG SENSITIVE TB PATIENT CARRIER CARD (GREEN CARD)				
03	10 500 UNITS	SUPPLY AND DELIVER OF DRUG SENSITIVE TB BLUE FILES TO RECORD PATIENT PROGRESS INFORMATION DURING TREATMENT (BLUE CARD)				
04	500 UNITS	SUPPLY AND DELIVER OF DRUG RESISTANT TB PATIENT FILES (YELLOW CARD)				
05	800 UNITS	PRINTING OF DRUG SENSITIVE TB CASE IDENTIFICATION REGISTER				
		SAMPLES AVAILABLE				
		SPECIFICATION ATTACHED				
VALUE ADDED TAX @ 15% (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

<p><b>Enquiries regarding the quote may be directed to:</b></p> <p>Contact Person: <b>S.T. MHLUNGU</b> Tel: <b>0358740681</b></p> <p>E-Mail Address: <b>thabisile.madela@kznhealth.gov.za</b></p>	<p><b>Enquiries regarding technical information may be directed to:</b></p> <p>Contact Person: <b>E.L. MBATHA</b> Tel: <b>0358740731</b></p>
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**DECLARATION OF INTEREST**

1. Any legal person, including persons employed by the state<sup>1</sup>, 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 <sup>2</sup> ):..... | 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
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<sup>1</sup>State<sup>1</sup> 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.  |

<sup>2</sup>Shareholder<sup>2</sup> 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. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 4.4. Quotation submitted must be complete in all respects.
- 4.5. Any alteration made by the bidder must be initialled.
- 4.6. Use of correcting fluid is prohibited
- 4.7. Quotation will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

### 5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.

- 5.5. No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
- 5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

**6. SAMPLES**

- 6.1. 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.
- 6.2. **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.

**7. COMPULSORY SITE INSPECTION / BRIEFING SESSION**

7.1. 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 N/A take place
- (ii) Date        /        /        Time        :        Place

Institution Stamp:	Institution Site Inspection / briefing session Official  Full Name: .....  Signature: .....  Date: .....
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**8. STATEMENT OF SUPPLIES AND SERVICES**

8.1. 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.

**9. SUBMISSION AND COMPLETION OF SBD 6.1**

9.1. 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.

**10. TAX COMPLIANCE REQUIREMENTS**

- 10.1. 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.**
- 10.2. 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.**

**11. TAX INVOICE**

11.1. 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.

**12. PATENT RIGHTS**

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.

### **13. PENALTIES**

- 13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- 13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- 13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 13.4. 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.

### **14. TERMINATION FOR DEFAULT**

- 14.1. 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.
- 14.2. 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.
- 14.3. 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.

### **15. 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
<b>Total points for Price and B-BBEE must not exceed</b>	<b>100</b>

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:

$$P_s = 80 \left( 1 - \frac{P_t - P_{\min}}{P_{\min}} \right) \text{ Where}$$

- P<sub>s</sub> = Points scored for price of bid under consideration
- P<sub>t</sub> = Price of bid under consideration
- P<sub>min</sub> = 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 least 51% owned by:	EME √	QSE √
Black people	<input type="checkbox"/>	<input type="checkbox"/>
Black people who are youth	<input type="checkbox"/>	<input type="checkbox"/>
Black people who are women	<input type="checkbox"/>	<input type="checkbox"/>
Black people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Black people living in rural or underdeveloped areas or townships	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative owned by black people	<input type="checkbox"/>	<input type="checkbox"/>
Black people who are military veterans	<input type="checkbox"/>	<input type="checkbox"/>
OR		
Any EME	<input type="checkbox"/>	<input type="checkbox"/>
Any QSE	<input type="checkbox"/>	<input type="checkbox"/>

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><b>WITNESSES</b></p> <p>1. ....</p> <p>2. ....</p>
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<p>..... <b>SIGNATURE(S) OF BIDDERS(S)</b></p> <p><b>DATE:</b> .....</p> <p><b>ADDRESS</b>..... ..... .....</p>
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## **GENERAL QUOTATIONS**

### **EVALUATION CRITERIA FOR QUOTATIONS ABOVE R30 000**

**ZNQ: 27/20/21**

**DESCRIPTION: Supply and deliver of TB register, Green card, Yellow card, TB case identification register and Blue card.**

All offers received shall be evaluated on the following:

**1. Specifications:**

Only offers that meet the specification and Special Terms and Conditions in all aspects as stipulated in the bid document shall be considered.

Offers better than specification are considered to be compliant with the specification.

**2. Correctness of information and other imperative areas to be considered:**

- a) All information required in the bid document must be accurate and duly completed including all the appropriate signatures.
- b) None compliance with any requirements from this document and terms and conditions attached may result to elimination from further evaluation process.
- c) The institution is under no obligation to accept the lowest or any quotation.
- d) The price quoted must include VAT and remain firm for the contract period.
- e) The bidder must ensure the correctness and validity of quote.
- f) Registration on Central Suppliers Database.
- g) Previous service rendered (Quality, Duration and record of offers declined)
- h) Database of tender defaulters
- i) Availability of Directors on PERSAL system.
- j) Late quotations will not be considered.
- k) All pages of the tender document must be initialed or signed.

3. **Compulsory administrative compliance requirements that must be submitted with the bid**

- a) The bidder must submit certified copy of a registration certificate with CIPC
- b) Valid Original Tax Clearance.
- c) Certified Copy of the B-BBEE Certificate.
- d) Central Suppliers Database number

***Where certified copies are requested, bidders must not submit copies of certified copies. Original certification should not be older than three (3) months. Failure to comply with this requirement shall invalidate the bid submitted.***

4. **Preferential Point System:**

The 80/20 Preference Point System will be applicable to this bid and the points will be allocated as follows:

PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTION	20
Total points for Price and B-BBEE	100

6. **Contract duration or Delivery period**

The required goods and services are anticipated to be delivered within a period of **14 days** unless unforeseen circumstances may arise and reported timeously.  
It is imperative to complete the delivery period field on the quotation form. All quotations returned with blank field on delivery period will be disqualified.

Note: For purposes of comparison and in order to ensure a meaningful evaluation, bidders must submit detailed information in substantiation of compliance to the evaluation criteria mentioned. Should the space provided not be adequate, bidders are kindly requested to add extra pages.

## NEW TB IDENTIFICATION REGISTER

<b>Artwork</b>	Sample of the front cover page to be supplied as hard copy. Sample of content to be supplied electronically. The content is in an EXCEL spreadsheet to be adjusted to fit the size of the register						
<b>Size</b>	210 height X 485 width mm						
<b>Pages</b>	Instruction page 60 pages in triplicate = 180 pages(patient information pages <ul style="list-style-type: none"> <li>• First and second pages to carbonized and perforated for easy tear off.</li> </ul> 5 SINGLE - pages (Summary of TB detection and Follow Up Sputum Register) Total pages- 186 All patient information pages to be numbered up to 60 (e.g. 01, 17, 60 same numbers for perforated pages and fixed page).						
<b>1<sup>st</sup> page Instruction Page</b>	210 height x 240 width mm Not carbonized 80g bond Printed in table with three columns and 4 rows. First and fourth row of black writing on white background second row of black writing in printed on pink background Third row of black in writing printed on yellow background  Example: <table border="1" data-bbox="475 1064 1141 1142"> <tr> <td>Pink</td> <td>To define</td> <td>Submit to</td> </tr> <tr> <td>Yellow</td> <td>To determine</td> <td>Submit to</td> </tr> </table>	Pink	To define	Submit to	Yellow	To determine	Submit to
Pink	To define	Submit to					
Yellow	To determine	Submit to					
<b>Print:</b>	One sided in one color (black) 1 <sup>st</sup> copy: idem CB Pink Perforated 2 <sup>nd</sup> copy: idem CFB Yellow Perforated 3 <sup>rd</sup> copy: idem CF White fixed						
<b>Paper</b>	Text: Bond 58 gsm						
<b>Front Cover</b>	Yellow board 160 gsm, printed on both sides Outside cover printed with DOH Logo, title page register number, version, GW number, district sub district and facility. Inner side of the cover printed with instruction on filling patient information and data summary sheet.						
<b>Back Cover</b>	Yellow board 160 gsm, <b>BLANK</b> Quarter bound and trimmed to size with fold out flap (page separator) attached to back cover						
<b>Finishing</b>	Front and back cover attached and glued with binding tape. Must be flexible to open but durable for daily use and reinforced with staples.						
<b>Binding:</b>	Side Stitch						
<b>Packaging:</b>	Pack in 100's. Wrapped in parcels						
<b>Quantity</b>							
<b>Delivery:</b>	Distribution List						

<b>Delivery Time</b>	Normal delivery period of 4 weeks, alternative dates can be arranged
----------------------	--

# Specification

## 1. TB TREATMENT RECORD: (BLUE CARD) GW 20/12:

<b>Pages</b>	4 pages
<b>Size</b>	A3 297 X 420 mm
<b>Paper</b>	Litho Board Blue 200gsm - outside cover Bond White 80gsm - inside
<b>Printing</b>	Inside papers both side in black print on white paper Front and back cover: Printed both sides in one colour
<b>Binding</b>	Scored once vertically and side stitch.
<b>Packaging</b>	Packed in 200's

## 2. GW 20/15: PATIENTS TREATMENT CARD (GREEN CARD)

<b>Pages:</b>	2 pages
<b>Size:</b>	A5 148 X 210 mm
<b>Paper:</b>	Litho Board Green, 200 gsm
<b>Print:</b>	Printed both sides in one colour (black)
<b>Binding:</b>	Scored once vertically
<b>Packaging:</b>	Packed in 200's Wrapped in parcels

## 2. GW 20/11: TB REGISTER

<b>Size</b>	<b>To supply example</b> 210 X 575 mm
<b>Print</b>	15 pages in quadruplicate per book (Total 60 pages per book) 1 common colour 1 side only on 58 gsm Text: Original Printed one side in one colour on pink paper

GREEN CARD

**SMEAR MICROSCOPY**

Data specimen taken	End of Intensive Phase		End of treatment 23 weeks
	Baseline	7 weeks	
		11 weeks	
Appointment Dates			

**TREATMENT SUPERVISOR**

Name: \_\_\_\_\_

Telephone/ cell: \_\_\_\_\_

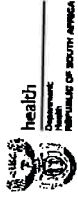
**TREATMENT OUTCOME**

Outcome: \_\_\_\_\_

Discharge date: \_\_\_\_\_

G.P.-S. 004-1001

GW 20/15  
2016



**PATIENT TB TREATMENT CARD**

District: \_\_\_\_\_ Facility Name: \_\_\_\_\_  
Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  M  F Age: \_\_\_\_\_

ID Number:

TB Registration Number:

Registration Date:

**TYPE OF REGISTRATION**

Newly registered

Moved in

Transferred in

**PATIENT CATEGORY**

New	
Relapse	
Treatment after failure	
Treatment after loss to follow up	
Other previously treated	

**DISEASE CLASSIFICATION**

Pulmonary (PTB)	
Extra pulmonary (EPTB)	

Site of EPTB disease: \_\_\_\_\_

**DISEASE TYPE**

Rifampicin susceptible TB	
Isoniazid resistant TB	

**NOTIFICATION**

Notified  Y  N







health

Department: Health REPUBLIC OF SOUTH AFRICA

TB TREATMENT RECORD

GW 20/12 2018

TB Registration Number:

Facility Name: \_\_\_\_\_ District: \_\_\_\_\_

Patient Folder Number: \_\_\_\_\_

- N Newly Registered in this facility
- M Moved in from facility in this district
- T Transferred in from another district

Facility Name: \_\_\_\_\_

TB Reg No: \_\_\_\_\_

PATIENT DETAILS

ID Number/Date of birth: 

y	y	m	m	d	d	.												
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

 Age  Gender  M  F

PHYSICAL ADDRESS

Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Tel No./Cellphone: \_\_\_\_\_

Name of Company/ Employer: \_\_\_\_\_  
 Work address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Tel No: \_\_\_\_\_

PATIENT CATEGORY

- New
- Relapse
- Re-treatment after Loss to follow up
- Re-treatment after Failure
- Other Previously Treated

CLASSIFICATION OF DISEASE

ICD10 Code

Pulmonary TB

Extra Pulmonary TB

Site of disease \_\_\_\_\_

Indicate Type of TB (Tick where applicable)

Rifampicin susceptible TB

Isoniazid resistant TB

Name:

TREATMENT REGIMEN

Regimen 1  Regimen 3  Other Specify: \_\_\_\_\_  
 \_\_\_\_\_

Treatment Start Date 

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

NEXT OF KIN or FRIEND DETAILS

Surname \_\_\_\_\_ First Name(s) \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

NOTIFICATION INFORMATION (GW17/5)

Has the GW17/5 form been completed?  Y  N

Notification date: 

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

**XPERT LINE PROBE ASSAY, CULTURE, DST RESULTS**

GENEXPERT				
Date	Result			Rifampicin Susceptibility Results
	Positive	Negative	Unsuccessful	Resistant
	Positive	Negative	Unsuccessful	Resistant
	Positive	Negative	Unsuccessful	Resistant

LINE PROBE ASSAY (LPA)					
Date	Result			Rifampicin	
	Positive	Negative	Contaminated	Resistant	Susceptible
	Positive	Negative	Contaminated	Resistant	Susceptible

CULTURE					
Date	Culture Result			Drug Susceptibility Test (DST) Result	
	Positive	Negative	Contaminated	Resistant	Susceptible
	Positive	Negative	Contaminated	Resistant	Susceptible

**SMEAR MICROSCOPY RESULTS**

Date	Baseline		End of treatment			
			7 w		11 weeks	
	Result		Re Date		Result	
	Positive	Negative	Positive	Negative	Positive	Negative
	Positive	Negative	Positive	Negative	Positive	Negative
	Positive	Negative	Positive	Negative	Positive	Negative
	Positive	Negative	Positive	Negative	Positive	Negative

**OTHER DIAGNOSTIC TESTS CONDUCTED**

<p>X-rays:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Findings:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Other tests conducted/ performed:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Test results:</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	--

**MEDICAL HISTORY**

KNOWN MEDICAL CONDITIONS			CURRENT MEDICATION
Hypertension	Yes	No	
Diabetes	Yes	No	
Epilepsy	Yes	No	
Mental illness	Yes	No	
Liver disease	Yes	No	
Renal insufficiency	Yes	No	
Allergies (specify)			
Other (specify)			

Last menstrual period: \_\_\_\_\_

Contraceptive method: \_\_\_\_\_

**HIV INFORMATION**

HIV Status	Pos	Neg	Unk
On Cotrimoxazole	Yes	No	N/E
On ART	Yes	No	N/E

HIV Test conducted: If yes, result: \_\_\_\_\_  
(Circle where applicable)

ART R# \_\_\_\_\_ If on ART, Regim Start Date: \_\_\_\_\_

**SOCIAL HISTORY**

Tobacco use	Yes	No
Alcohol use	Yes	No
Substance use	Yes	No

Specify: \_\_\_\_\_  
Specify: \_\_\_\_\_  
Specify: \_\_\_\_\_

Assess for severity

Has the patient ever:

Worked in a mine	Yes	No
Spent time in prison	Yes	No
Been admitted in hospital	Yes	No

Specify: \_\_\_\_\_  
Specify: \_\_\_\_\_  
Specify: \_\_\_\_\_

(Refer to occupational health clinic/ MBOO if an miner/worker)





**TREATMENT**

**INTENSIVE PHASE (IP)**

Body weight at start of IP  kg

Medicine	*RHZ (75/50/150)	RH (60/60)	R	H	Z	E	S

\* New formulation

Month	Date																															No. of Doses taken				
	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					

✓ = patient took medication  
 X = patient did not take medication  
 — = medication collected for self administration or supervision elsewhere



**HOUSEHOLD CONTACTS**

Name of contact	Age	Symptom Screened		Treatment started			
				IPT		TB	
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No

**TREATMENT OUTCOMES**

Treatment stop date:

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

- Cured
- Treatment Completed
- Lost to follow up
- Failed treatment
- Died

MDR-TB       Rif Resistant TB

**REFERRALS**

Moved                                       Transferred out                      Date: \_\_\_\_\_

Name of receiving clinic: \_\_\_\_\_

Town/ District: \_\_\_\_\_

Province/ Country: \_\_\_\_\_

Discharged by (Print name): \_\_\_\_\_



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

DR-TB Registration Number \_\_\_\_\_  
 Facility Name \_\_\_\_\_ District \_\_\_\_\_ Province \_\_\_\_\_ Tel Number \_\_\_\_\_  
 Referring Facility Name \_\_\_\_\_  
 District \_\_\_\_\_ Province \_\_\_\_\_

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

**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

Treatment start date:

**PATIENT DETAILS**

ID Number: 

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

 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	New	1
Previously treated with 1st line drugs (PT 1)	2	Relapse	2
Previously treated with 2nd line drugs (PT 2)	3	Treatment after loss to follow up (TAL)	3
Unknown (UNK)	4	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 

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

NIMDR  DOCTOR

Name:

Surname:

## PATIENT HISTORY

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

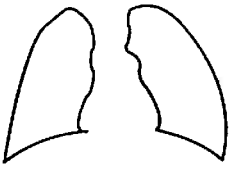
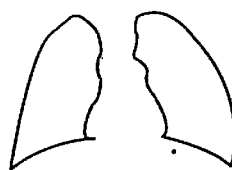
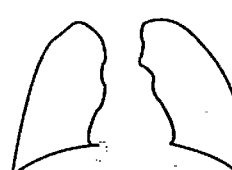

**COUNSELING SESSION 4**

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

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## GENERAL CONDITION

Vitals BP  HR  RR  T   
SP02  HgT or B/S  HB

<b>JACCOL</b>	
<b>Skin</b>	
<b>ENT</b>	

<b>PHYSICAL EXAMINATION</b>
<b>Respiratory system</b>
<b>Cardiovascular system</b>
<b>Abdomen</b>
<b>Central nervous system</b>
<b>Genito-urinary</b>
<b>Musculo-skeletal</b>

**REFERRAL / DISCHARGE**

Name of receiving clinic: \_\_\_\_\_

Town / District: \_\_\_\_\_

Province / Country: \_\_\_\_\_

Patient Continuing Treatment: 

Yes	No
-----	----

Shared Care Patient: 

Yes	No
-----	----

Name of Facility \_\_\_\_\_

District \_\_\_\_\_

Confirmation received  
(Attach acknowledgment slip on card) 

Yes	No
-----	----

**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: \_\_\_\_\_