

SharePoint

Sikithi Sipho - ?



KZN HEALTH

KZN Health Intranet

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AdvertQuote



Quotation Advert

Opening Date: 2022-11-29

Closing Date: 2022-12-06

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Greys hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: Grey'd Hospital

Date Submitted: 2022-11-29

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
GRS 3327/11/22

Item Category: Goods

Item Description: (A) Form C.T Scan 297mm x 615mm Printed in Black Ink on both sides on 60GSM White Paper (250 / Pkt)
(B) Sets X-Ray Request Form9 White 3 pages Carbonated (250 per Packet, 10 Packets per Box)
NB: **SAMPLE ATTACHED**

Quantity (if supplies): (A) 20 Pkts of 250 Pages, (B) 30 Pkts of 250 Pages

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: Departmental Website

QUOTES SHOULD BE DELIVERED TO: Grey's Hospital Tender Box / Fax: 033 897 3006

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Sipho Sikithi

Email: Emailed Quotations will Not be Considered

Contact Number: 033 897 3492

Finance Manager Name: Mrs. B.G. Anderson

Finance Manager Signature:

No late quotes will be considered

X-RAY REQUEST FORM / X-STRAAL VERSOEK VORM

Hospital No.
Hospitaal Nr.

X-Ray No.
X-Straal Nr.

NAME (block letters)
NAAM (hoofletters)

Ward / Dept.
Saal / Dept.

TRANSPORT TO X-RAY / VERVOER NA X-STRAAL
Walking/Loop - Chair/Stoel - Stretcher/Draagbaar - Bedside unit/Bedeeneheid

Age
Ouderdom

Race

Sex

Date LMP

Ras

Geslag

Datum LMS

Most Recent Previous X-Ray No. and date
Jongste Vorige X-straal Nr. en datum

History and Clinical Findings / Geskiedenis en kliniese bevindings

Examination required / Ondersoek verlang

Information required / Inligting verlang

Signature of Doctor / Handtekening van dokter Date / Datum

For Use of X-Ray Dept. Only Vir Gebruik van slegs X-straalafdeling	Time of arrival Aankomstyd				Remarks / Opmerkings	FACTORS / FAKTORE					
	Time of X-Ray X-Straal tyd					Part Deel	K.V.	M.A.	Time Tyd	Bucky Bucky	Room Kamer
	Time of departure Vertrektyd										
	FILMS / FILMS										
	No. Nr.	Size / Grootte	Code Kode	Passed by Gekeur deur	Radiographic instructions / Radiografiese Voorskrifte						

**X-RAY EXAMINATION: RADIOLOGIST REPORT:-
X-STRAAL ONDERSOEK: RADIOLOOG SE VERSLAG:-**

X-RAY REQUEST FORM / X-STRAAL VERSOEK VORM

Hospital No.
Hospitaal Nr.

X-Ray No.
X-Straal Nr.

NAME (block letters)
NAAM (hoofletters)

Ward / Dept.
Saal / Dept.

TRANSPORT TO X-RAY / VERVOER NA X-STRAAL
Walking/Loop - Chair/Stoel - Stretcher/Draagbaar - Bedside unit/Bedeenhheid

Age
Ouderdom

Race
Ras

Sex
Geslag

Date LMP
Datum LMS

Most Recent Previous X-Ray No. and date
Jongste Vorige X-straal Nr. en datum

History and Clinical Findings / Geskiedenis en kliniese bevindings

Examination required / Ondersoek verlang

Information required / Inligting verlang

Signature of Doctor / Handtekening van dokter

Date / Datum

For Use of X-Ray Dept. Only Vir Gebruik van slegs X-straalafdeling	Time of arrival Aankomstyd				Remarks / Opmerkings	FACTORS / FAKTORE					
	Time of X-Ray X-Straal tyd					Part Deel	K.V. K.V.	M.A. M.A.	Time Tyd	Bucky Bucky	Room Kamer
	Time of departure Vertrektyd										
	FILMS / FILMS										
	No. Nr.	Size / Grootte	Code Kode	Passed by Gekeur deur		Radiographic instructions / Radiografiese Voorskrifte					

X-RAY EXAMINATION: RADIOLOGIST REPORT:-
X-STRAAL ONDERSOEK: RADIOLOOG SE VERSLAG:-

X-RAY REQUEST FORM / X-STRAAL VERSOEK VORM

Hospital No.
Hospitaal Nr.

X-Ray No.
X-Straal Nr.

NAME (block letters)
NAAM (hoofletters)

Ward / Dept.
Saal / Dept.

TRANSPORT TO X-RAY / VERVOER NA X-STRAAL
Walking/Loop - Chair/Stoel - Stretcher/Draagbaar - Bedside unit/Bedeendheid

Age
Ouderdom

Race
Ras

Sex
Geslag

Date LMP
Datum LMS

Most Recent Previous X-Ray No. and date
Jongste Vorige X-straal Nr. en datum

History and Clinical Findings / Geskiedenis en kliniese bevindings

Examination required / Ondersoek verlang

Information required / Inligting verlang

Signature of Doctor / Handtekening van dokter

Date / Datum

For Use of X-Ray Dept. Only Vir Gebruik van slegs X-straalafdeling	Time of arrival Aankomstyd				Remarks / Opmerkings	FACTORS / FAKTORE					
	Time of X-Ray X-Straal tyd					Part Deel	K.V. K.V.	M.A. M.A.	Time Tyd	Bucky Bucky	Room Kamer
	Time of departure Vertrektyd										
	FILMS / FILMS										
	No. Nr.	Size / Grootte	Code Kode	Passed by Gekeur deur	Radiographic instructions / Radiografiese Voorskrifte						

X-RAY EXAMINATION: RADIOLOGIST REPORT:-
X-STRAAL ONDERSOEK: RADIOLOOG SE VERSLAG:-

VERSOEKVORM:
REQUEST FORM:

C.T. SCAN/R.T. SKANDERING

(Block Letters -Hoofletters)

(For Depart. use/Vir Dept. gebruik)

Name/Naam		Hospital/Hospitaal	
		Ward/Dept. Saal/Dept.	
Age/Ouderdom	Sex/Geslag	Race/Ras	Hospital No./Hospitaal No.

Code Number Kode Nommer	Patient Number Pasiënt Nommer
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Date: Datum:	<input type="text"/>

(Indicate with ✓ / Wys met ✓)

Vervoer na/Transport to Scanner

Walking/Loop	Chair/Stoel	Stretcher/Draagbaar
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anaesthetic? Narkose?	Yes Ja	No Nee	Sedation? Kalmeermiddel?	Yes Ja	No Nee	Previous Scan? Vorige skandering?	Yes Ja	No Nee	Number/Nommer
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

HISTORY, CLINICAL FINDINGS AND RESULTS OF INVESTIGATIONS:
GESKIEDENIS, KLINIESE BEVINDINGS EN RESULTAAT VAN ONDERSOEK:

RADIOLOGICAL REPORT/RADIOLOGIESE VERSLAG

VERS
REQU

Name

Age/C

Walki

Anaes
Narkc

HISTO
GESKI

PROVISIONAL DIAGNOSIS:
VOORLOPIGE DIAGNOSE:

Name of Doctor/Naam van Dokter	Address: (For forwarding of scan report) Adres: (Waarheen verslag moet gestuur word)
(Block Letters/Hoofletters)	
Signature: Handtekening:	
Date: Datum:	
at No: 23-42701 APPLE PRINT 086 122 7753	

PROV
VOOR

Name

Signat
Handt

Date:
Datum

Cat No

VERSOEKVORM:
REQUEST FORM:

C.T. SCAN/R.T. SKANDERING

RADIOLOGICAL REPORT/RADIOLOGIESE VERSLAG

(Block Letters -Hoofletters)

(For Depart. use/Vir Dept. gebruik)

Name/Naam	Hospital/Hospitaal
	Ward/Dept. Saal/Dept.
Age/Ouderdom Sex/Geslag Race/Ras	Hospital No./Hospitaal No.

Code Number Kode Nommer	Patient Number Pasiënt Nommer
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Date: Datum:	

(Indicate with ✓ / Wys met ✓)

Vervoer na/Transport to Scanner					
Walking/Loop	Chair/Stoel	Stretcher/Draagbaar			
Anaesthetic? Narkose?	Yes Ja	No Nee	Sedation? Kalmeermiddel?	Yes Ja	No Nee
Previous Scan? Vorige skandering?	Yes Ja	No Nee	Number/Nommer		

HISTORY, CLINICAL FINDINGS AND RESULTS OF INVESTIGATIONS:
GESKIEDENIS, KLINIESE BEVINDINGS EN RESULTAAT VAN ONDERSOEK:

PROVISIONAL DIAGNOSIS:
VOORLOPIGE DIAGNOSE:

Name of Doctor/Naam van Dokter (Block Letters/Hoofletters)	Address: (For forwarding of scan report) Adres: (Waarheen verslag moet gestuur word)
Signature: Handtekening:.....
Date: Datum:.....
Cat No: 23-42701 APPLE PRINT 086 122 7753	

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00 incl VAT

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: GREY'S HOSPITAL
 DATE ADVERTISED: 2022-11-29 FACSIMILE NUMBER: 033 897 3006 EMAIL: NOT ALLOWED
 ENQUIRIES REGARDING THE QUOTE: SIPHO SIKITHI CONTACT NUMBER: 033 897 3492
 ENQUIRIES REGARDING TECHNICAL INFORMATION: CONTACT NUMBER:
 PHYSICAL ADDRESS: 201 TOWNBUSH ROAD, NORTHERN PARK, PIETERMARITZBURG 3201

QUOTE NUMBER: ZNQ / GRS / 3327 / 11 - 22 CLOSING DATE: 2022-12-06 CLOSING TIME: 11:00

DESCRIPTION: (A) FORM C.T SCAN 297MM X 615MM AND (B) SETS X-RAY REQUEST FORM9 WHITE

THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR OFFER BEING DISQUALIFIED)

NAME & ADDRESS OF BIDDER (FIRM)	
NAME OF BIDDER:	DATE:
PHYSICAL ADDRESS:	EMAIL ADDRESS:
CONTACT NUMBER:	FACSIMILE NUMBER:
SIGNATURE OF BIDDER:	SARS PIN:
[By signing this document, I hereby agree to all terms and conditions]	CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.: ↓
UNIQUE REGISTRATION REFERENCE: ↓	M A A A

Does this offer comply with the specification?	State delivery period, e.g. 1day, 1week
Is the price firm?	All delivery costs must be included in the quoted price

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
1	20 PKTS	FORM C.T SCAN 297MM X 615MM PRINTED IN BLACK				
	OF 250	UNK ON BOTH SIDES ON 60GSM WHITE PAPER				
	PAGES					
2	30 PKTS OF	SETS X-RAY REQUEST FORM9 WHITE 3 PAGES				
	250 PAGES	CARBONATED				
		(250 PER PACKET, 10 PACKETS PER BOX)				
		NB: SAMPLE ATTACHED				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

- SPECIAL CONTRACT CONDITIONS OF QUOTATIONS
 - The Department is under no obligation to accept the lowest or any quote.
 - The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.
 - ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS QUOTATION.
 - The price quoted must include VAT (if VAT vendor).
 - Should a bidder become a VAT vendor after award or during the implementation of a contract, they may not request the VAT percentage from the Department as the service provider made an offer during the period they were not registered as a VAT vendor. The Department is only liable for any VAT from registered VAT vendors as originally stated on the quotation document.
 - The bidder must ensure the correctness & validity of the quotation:
 - 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
 - it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.
 - 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.
 - This quotation will be evaluated based on the 80/20 points system, specification, correctness of information and/or functionality criteria. All required documentation must be completed in full and submitted.
 - Offers must comply strictly with the specification.
 - Only offers that meet or are greater than the specification will be considered.
 - Late offers will not be considered.
 - Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
 - Used/ second-hand products will not be accepted.
 - A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
 - All delivery costs must be included in the quoted price for delivery at the prescribed destination.
 - 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.
 - In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
 - In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
 - Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
 - In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud.
- SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.
 - 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.
 - 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.
 - The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
 - Quotations submitted must be complete in all respects. However, where it is identified that information in a bidder's response, which does not affect the preference points or price, is incomplete in any respect, the said supplier meets all specification requirements and scores the highest points in terms of preference points and price, the Department reserves the right to request the bidder to complete/ submit such information.
 - Any alteration made by the bidder must be initialled. Failure to do so may render the response invalid.
 - Use of correction fluid is prohibited and may render the response invalid.
 - Quotations will be opened in public as soon as practicable after the closing time of quotation.
 - Where practical, prices are made public at the time of opening quotations.
 - 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.
 - The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer fulfil their obligation.
 - SPECIAL INSTRUCTIONS REGARDING HAND-DELIVERED QUOTATIONS
 - Quotations shall be lodged at the address indicated no later than the closing time specified for their receipt and in accordance with the directives in the quotation documents.
 - 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.
 - 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.
 - 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.
 - 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.
 - Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.
 - THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.

