

KZN Health Intranet



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KZN Health > Components > Supply Chain Management

AdvertQuote



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 2022-11-28

Closing Date: 2022-12-05

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Umzinyathi district office

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required uMzinyathi Health District Office

Date Submitted 2022-11-28

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
UMZ 312/2022/23

Item Category: Goods

Item Description: TB Identification Register, TB Blue Folders & MDR TB Booklets (DR Patient Record Yellow)

Quantity (if supplies) 7 000

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date : N/A

Time: N/A

Venue: N/A

QUOTES CAN BE COLLECTED FROM: Quotes can be Downloaded from the Webmaster

QUOTES SHOULD BE DELIVERED TO: uMzinyathi Health District Office

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Khulekani Zondo

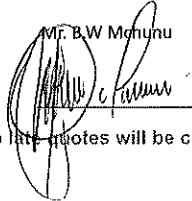
Email: khulekani.zondo@kznhealth.gov.za

Contact Number: 034-2999 162

Finance Manager Name:

M.F. B.W. Mchunu

Finance Manager Signature:



No late quotes will be considered



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE: UMZINYATHI HEALTH DISTRICT OFFICE

Physical Address: 34 Wilson Street, Dundee, 4000
Postal Address: Private Bag 2002
Tel: 034 2999 160 Fax: 034 212 3139 Email: anele.maphumulo@kznhealth.gov.za
www.kznhealth.gov.za

SCM

1. SPECIFICATION FOR TB IDENTIFICATION REGISTER


- Paper size: Cover and back page: 200-250g/m²
- Paper size for inner pages: 80g/m²
- Size: 430X200mm
- No. of pages: 27 incl. cover page
- Printed on both sides
- Colour yellow for cover and back pages, white for inner pages
- Soft copy available for printing
- Sample Available


Quantity= 3000

2. SPECIFICATION FOR TB BLUE FOLDERS

- Paper size: Cover and back page: 200-250g/m²
- Paper size for inner pages: 80g/m²
- Size: A3 (Folded to A4 size = 04 double sided pages of A4 incl. cover pages)
- Printed on both sides
- Colour blue for cover and back pages, white for inner pages
- Soft copy available for printing
- Sample available

Quantity= 3000

Mr. SE Mbatha -----SCM

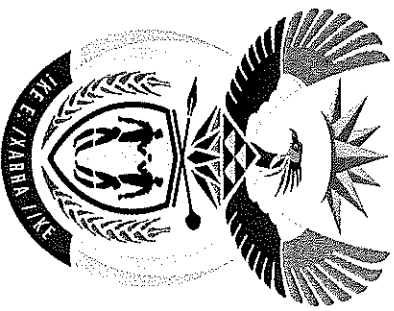
Mr. P Madela  Endu-user

National Tuberculosis Control Programme

TB IDENTIFICATION REGISTER

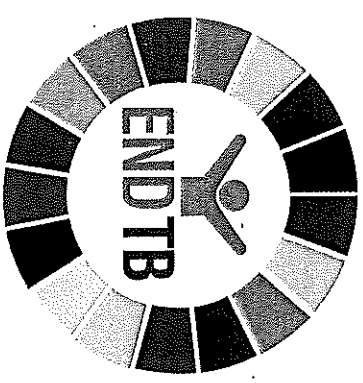
2020 Version

GW20/13



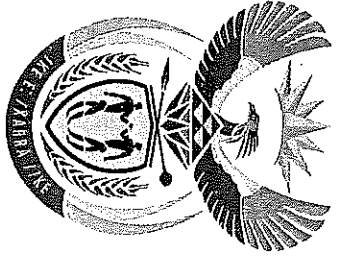
health

Department:
Health
REPUBLIC OF SOUTH AFRICA



START DATE: END DATE:

DISTRICT: FACILITY: YEAR:



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

2020 Version
GW20/13

AIM:

- The main aim of this Register is to collect all the necessary information on people with TB symptoms, to assist with the following:
1. Follow-up of patients with positive results who do not come back for their results.
 2. Monitoring whether all the results of sputum specimens sent to the laboratory are returned to the facility.
 3. Monitoring of the Turn-Around-Time (TAT) for results.
 4. Estimating the laboratory supplies needed by the facility.
 5. Follow-up of symptomatic patients referred to hospital for further investigations and final diagnosis.

COMPLETION OF THE TUBERCULOSIS IDENTIFICATION REGISTER:

1. All patients a who have one or more of the TB symptoms indicated in the TB screening tool must be recorded in this register.
2. All Household Contacts MUST be recorded in this register, irrespective of TB symptoms.
3. All HIV Positive pregnant women enrolled in ANC for the first time MUST be recorded in this register irrespective of the TB screening outcome.
4. The 'Specimen Barcode number' is on the small barcode label on the laboratory request form. The label can be peeled off the form and affixed in the appropriate row in the register.
5. If the person is a household contact of a DS-TB or DR-TB patient, write 'Y' in the upper row under the 'Contact' column. In the bottom row of the same column indicate whether the index patient had drug susceptible TB (DS-TB) or drug resistant TB.
6. If not a household contact, write 'No'.
7. Write 'Yes' at the top if the client was identified with TB symptom. Use the following codes for TB symptom to record at the bottom row.
(1 = Cough for more than 2 weeks or any duration if HIV positive; 2 = Fever of more than 2 weeks; 3 = Unexplained loss of Weight/
Failure to thrive for children; 4 = Drenching night sweats; 5 = Fatigues or less playful for children). If a client present with more than one symptom use comma (,) to separate. Write No if no TB symptom was identified but client meet criteria to be investigated.
8. Write 'Yes' if patient is a known diabetic on treatment. 'No' if a patient has tested before and told they are not diabetic, 'unknown' if patient does not know or never tested before for diabetes.
9. Write 'Pos' if patient is a known HIV positive person, 'Neg' if patient tested negative in the past year, 'Unk' if HIV status is unknown or patient has never tested before.
10. Write 'Yes' if patient has been confirmed as pregnant, 'No' if patient says she is not pregnant.
11. Write 'Pos' if a patient has had a positive COVID -19 test in the past 2 weeks. 'No' if the patient has tested negative for COVID-19 in the past 2 weeks or 'Unk' if the patient has not tested in the past 2 weeks.
12. Use the Column 'Xpert' to record the results of the Xpert test. Use the top row to record the first test taken. Where a second Xpert specimen is collected following an unsuccessful first Xpert test (leaked, indeterminate, contaminated specimen) this must be recorded in the second row in the Xpert test.
13. Where a pretreatment sputum specimen for baseline smear microscopy is collected following an Xpert positive result, this must be

entered in the column marked as "Smear Microscopy". Record the results of the test in top row (Pos, Neg, Scanty, not done/ no result), and record grading of smear positive results in the bottom row (i.e. +/4+/+++).

Note: All positive results must be recorded with a RED pen, and all other results recorded with a black pen in the register.

12. The date the specimen was collected must be entered in the 'Date specimen collected' column and the date the results were received at the facility entered in the 'Date Results received' column.

Note: The TAT is calculated from the time the sputum was collected to the time the results were received in the facility. NOT the date on the laboratory result report.

13. Indicate Rifampicin sensitivity based on the Xpert lab results. Record 'R' if Rifampicin resistance and 'S' if Rifampicin Sensitive.
14. For non Bacteriological Investigations, record the date in which investigation was conducted at the top and results at the bottom, if "Other tests" write the test used to make a diagnosis under "Remarks" column.
15. The treatment start date must be entered in the column "TB confirmed clients" in the correct format. The TB Registration number must be recorded in the "Remarks Column".
16. If the patient died before treatment was started, tick in the column "Died before treatment start" and if the date of death is known it must be entered.
17. If the patient is lost to follow-up, tick in the column "Lost to follow up" and explain under "Remarks" column the outcomes of the tracing. The definition of loss to follow up in this case is a patient who missed an appointment for the results, traced but not found in two weeks.
18. When other tests such as Culture, LPA and DST are conducted, the specimen collection date should be recorded under column "Date specimen collected". The results should be entered under the column "Results" and "Resistance" columns. If tests other than bacteriological tests are conducted, these must be recorded under the column "Non-Bacteriological Test". The Date of the test should be recorded in the bottom row, the test result should be recorded in the top row.
19. If patient is diagnosed with DR-TB, the treatment start date must be entered in the "Patient diagnosed with TB/ DR-TB" column. The MDR-TB treatment site where the patient was referred must be documented under the "Remarks" column.
20. If patient with DR-TB "died" or "lost to follow up" before treatment is started capture in the register as outlined in 16 and 17 above.
21. For all contacts (irrespective of HIV status) and PLHIV found not to have TB (negative test results) and started on TPT, the TPT start date must be entered in the column "TPT start date".
22. At the end of each page the totals must be calculated and entered in the last row labelled "Totals".
23. The person completing the register must write his/her name and sign at the bottom of each page.
24. The person who checks the data for correctness and completeness must write his/her name and sign at the bottom of each page.

COMPLETION OF THE DATA SUMMARY SHEET:

1. At the end of each register is a copy of the data summary sheet that needs to be completed at the end of each month.
2. The data elements from the summary sheet must be entered in the Monthly Data Input Form.
3. At the end of each quarter the data must be collated and submitted to the District as part of the quarterly reports.
4. The data summary sheets remain in the facility for audit/ data verification purposes.

Sub District:

Facility Name:

TB Investigations

Bacteriological Investigation							Non-Bacteriological Investigations					TB Confirmed Clients (DS-TB and DR-TB)			REMARKS
Xpert (1 st Test)	Smeear Microscopy (Pos, Neg, Scanty, not done / no result)	TEST RESULT TURN AROUND TIME ^a (Tick)	Rif Susceptibility	TB CULTURE / LPA / DST			X-Ray	U-LAM	Mantoux	Other Tests	Date Treatment Started ^b	Died before Treatment Start (Tick)	Loss to follow up (Tick)	TPT Start Date ^a (for contacts, PLHIV) DD / MM / YYYY	
(2 nd test if any)	Grading (bottom row)	< 48hrs	R / S	Date specimen collected DD / MM / YYYY	Result (Pos / Neg)	Resistance (R / H)	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY				
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health
Department:
Health
REPUBLIC OF SOUTH AFRICA

TB TREATMENT RECORD

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: _____

TB Registration Number:

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 CLASSIFICATION OF DISEASE

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

- Rifampicin susceptible TB

ICD10 Code

Pulmonary TB

Extra Pulmonary TB

Site of disease _____

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

Surname:

XPRT, LINE PROBE ASSAY, CULTURE, DST RESULTS

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

LINE PROBE ASSAY (LPA)							
Date	Result			Drug Susceptibility Results			
				Rifampicin		Isoniazid	
	Positive	Negative	Contaminated	Resistant	Susceptible	Resistant	Susceptible
	Positive	Negative	Contaminated	Resistant	Susceptible	Resistant	Susceptible

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

SMEAR MICROSCOPY RESULTS

Date	Baseline		End of continuation phase				End of treatment	
			7 weeks		11 weeks		23 weeks	
	Result		Result		Result		Result	
	Positive	Negative	Positive	Negative	Negative	Positive	Negative	Positive
	Positive	Negative	Positive	Negative	Negative	Positive	Negative	Positive
	Positive	Negative	Positive	Negative	Negative	Positive	Negative	Positive
	Positive	Negative	Positive	Negative	Negative	Positive	Negative	Positive

OTHER DIAGNOSTIC TESTS CONDUCTED

X-rays: _____

Other tests conducted/ performed: _____

Findings: _____

Test results: _____

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/A
On ART	Yes	No	N/A

HIV Test conducted: Yes No If yes, result: _____

(Circle where applicable)

If on ART, Regimen: _____

RISK FACTOR

Tabacco use	Pos	Neg
Alcohol use	Yes	No
Substance use	Yes	No

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

(Refer to occupational health clinic/MBOD if ex mineworker)

TREATMENT

INTENSIVE PHASE (IP)

Body weight at start of IP

--

kg

Medicine	RHZE (150/75/400/275)	*RHZ (75/50/150)	RH (60/60)	R	H	Z	E	S
No. of tablets/ dosage per day								

* 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

CONTINUATION PHASE (CP)

Body weight at start of CP

--

kg

Medicine	RH (150/75)	RH (300/150)	*RH (75/50)	RH (60/60)	R	H	E
Number of tablets/ dosage per day							

* 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

TREATMENT OUTCOMES

Treatment stop date:

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

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

<input type="text"/>	MDR-TB	<input type="text"/>	Rif Resistant TB
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REFERRALS

- Moved out
- Transferred out

Date:

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

Name of receiving clinic: _____

Town/ District: _____

Province/ Country: _____

Discharged by (Print name): _____

3. SPECIFICATION FOR SUPPLY AND DELIVER MDR TB BOOKLETS (DR PATIENT RECORD YELLOW)

COVER:

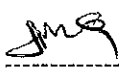
- Printed black both sides
- 160 GSM tokai board yellow

TEXT:

- 80 GSM bond white
- Printed black throughout
- 46 pages including cover page
- Saddle stitched

NB: SAMPLE AVAILABLE (HARD COPY)

Quantity= 100

Mr. SE Mbatha -----SCM

Mr. P Madela -----Endu-user

REFERRAL / DISCHARGE

Name of receiving clinic: _____

Town / District: _____

Province / Country: _____

Patient continuing treatment:

Yes	No
-----	----

Confirmation received:

Yes	No
-----	----

(Attach acknowledgment slip on card)

TREATMENT OUTCOMES

Cured

--

Treatment completed

--

Loss to follow up

--

Failed treatment

--

Died

--

Moved out

--

Name of facility _____
District _____

Transferred out

--

Name of facility _____
District _____

Comments _____

Treatment outcome date

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

Discharged by: _____

Signature: _____

GENERAL CONDITIONS OF CONTRACT

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 Department is under no obligation to accept the lowest or any quote.
- 3.2. 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.
- 3.3. **ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS QUOTATION.**
- 3.4. The price quoted must include VAT (if VAT vendor).
- 3.5. 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.
- 3.6. The bidder must ensure the correctness & validity of the quotation:
- (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*
- (ii) *it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.*
- 3.7. 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.
- 3.8. 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.
- 3.9. Offers must comply strictly with the specification.
- 3.10. Only offers that meet or are greater than the specification will be considered.
- 3.11. Late offers will not be considered.
- 3.12. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.13. Used/ second-hand products will not be accepted.
- 3.14. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
- 3.15. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
- 3.16. 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.
- 3.17. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.18. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- 3.19. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
- 3.20. 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.

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. 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.
- 4.5. Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.
- 4.6. Use of correcting fluid is prohibited and may render the response invalid.
- 4.7. Quotations 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.

4.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer for fulfil their obligation.

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 No take place
- (ii) Date - / - / - Time - : - Place None

Institution Stamp:	Institution Site Inspection / briefing session Official
	Full Name:
	Signature:
	Date:

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; | (iv) a description and quantity or volume of the goods or services supplied; |
| (ii) the name and address of the recipient; | (v) the official department order number issued to the supplier; |
| (iii) an individual serialized number and the date upon which the tax invoice is issued; | (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. THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.

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;
 - 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:

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

- Ps = Points scored for price of bid under consideration
- Pt = Price of bid under consideration
- Pmin = 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
(applicable box)

(Tick

YES		NO	
-----	--	----	--

7.1 Will any portion of the contract be sub-contracted?

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		NO	
-----	--	----	--

Designated Group: An EME or QSE which is at last 51% owned by:	EME	QSE
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. **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.

WITNESSES	
1.
2.

..... SIGNATURE(S) OF BIDDERS(S)
DATE:
ADDRESS.....