



# KZN Health Intranet

KZN HEALTH

- HOME
- CORPORATE INFORMATION
- COMPONENTS
- DIRECTORY
- DISTRICT OFFICES
- HEALTH FACIL

KZN Health > Components > Supply Chain Management

## AdvertQuote



## Quotation Advert

Opening Date:

Closing Date:

Closing Time:

### INSTITUTION DETAILS

Institution Name:  ▾

Province:

Department or Entity:

Division or section:

Place where goods / services is required:

Date Submitted:

### ITEM CATEGORY AND DETAILS

Quotation Number:

Item Category:  ▾

Item Description:

Quantity (if supplies):

### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:  ▾

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

Email:

Contact Number:

Finance Manager Name:

Finance Manager Signature:



OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R30 000

QUOTE NUMBER: CBH0115/22-23

DESCRIPTION: SUPPLY AND DELIVER PHARMACY INTERGRATED TB-HIV PRESCRIPTION BOOKLET

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
		SUPPLY AND DELIVER				
1.	300	PHARMACY INTERGRATED TB-HIV PRESCRIPTION BOOKLET FOR MDR-TBCP SERVICES				
		SEE ATTACHED BOOKLET				
		DOCUMENTS REQUIRED:				
		VALID TAX CLEARANCE CERTIFICATE				
		ABOVE FULL CSD SUMMARY REPORT				
		N.B. FAILURE TO COMPLY WITH THE ABOVE WILL RESULT IN YOUR IN YOUR BID BEING PASSED OVER AWARDED SUPPLIER TO DELIVER 2 WEEKS AFTER RECEIVING AN ORDER				
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., 1day, 1week

Enquiries regarding the quote may be directed to: Contact Person: MS S. ENOCK ..... Tel: 035 474 8403 E-Mail Address: sonja.enock@kznhealth.gov.za .....	Enquiries regarding technical information may be directed to: Contact Person: Mr A. KRUGER ..... Tel: 035 474 8407
----------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------

Prescription for Integration of Drug Resistant Tuberculosis, HIV  
And Non-Communicable Diseases Management

Initiating Hospital			
Hospital Practice Number			
DR TB REGIMEN	Short	Basic Long	Long Individualized CNS/FluQ/XDR
START / STOP CHANGE DATE			

Patient Sticker

Patient Name			Date of Birth <small>(dd/mm/yyyy)</small>	
Patient Identity Number			Age (years)	
Gender			Allergies	
Patient Address				
Patient Contact Number				
Patient Hospital Number				
Treatment Supporter Contact Number				
Patient TB Numbers (Previous and Current)	1.	2.	3.	
Treatment Start Date (current episode)				
Delaminid (DL) Approval Number				
Delaminid (DLM) Treatment	Start	Stop		
Bedaquiline start date	Bedaquiline end date			
Bedaquiline extension date	DLM extension date			

Patient Name \_\_\_\_\_

TB No. \_\_\_\_\_

<b>Start / Change Date</b>	Write the start date of the initial regimen and enter date when the regimen changed or meds stopped		
<b>Patient Sticker</b>	If an electronic sticker is available with patient details this can be used		
<b>Patient Name</b>	As it appears in the I.D.	<b>Age</b>	Used to verify dose
<b>Date of Birth</b>	Use format date / month / year	<b>Identity Number</b>	Gender
<b>Patient Address</b>	Try and identify landmarks if possible to trace patients if lost to follow up.	<b>Patient Contact Number</b>	Indicate male (M) or female(F)
<b>Patient Hospital Number</b>	Hospital specific number	<b>Treatment Supporter Contact Number</b>	Use the green bar-coded south African I.D. number. If the patient is not a South African Citizen indicate in the-relevant field
<b>Patient TB Numbers (Previous)</b>	Unique EDR TB number given to patient if there was a previous episode.	<b>Patient TB Numbers (Current)</b>	Used to contact patient. If possible call patient to verify number when registering.
<b>Delaminid (DL) Approval Number</b>	DLMI is restricted to certain patients. Approval to use DLMI will be given by the centralized hospital and a unique DL number issued. This number must be written on the prescription by the doctor (prefer to latest communication from Province).		
<b>Delaminid Treatment start / stop date</b>	DLMI is indicated for 6 months. Duration may be extended by the Clinical Committee if necessary. Indicate start and expected stop date for the first course of DLMI.		
<b>BDQ extension</b>	Duration more than 6 months to be approved by the clinical committee.	<b>Delaminid extension</b>	Duration more than 6 months to be approved by the clinical committee.
<b>Risk Factors and Allergies</b>	Indicate start date of extension.		
	Indicate if patient has any allergies or risk factors such as co-morbidities or renal complications		

Patient Name \_\_\_\_\_

TB No. \_\_\_\_\_

**PREVIOUS EPISODES, DRUG EXPOSURE AND TREATMENT OUTCOMES**

DR TB TYPE (tick)	Previously treated with 1 <sup>st</sup> line drugs (PT1)	
	Previously Treated with second line drugs (PT2)	

HIV Status	Neg	Pos	On ART
ART START DATE:		REGIMEN:	

Medicine (tick if previous exposure)	START DATE	STOP DATE	REASON FOR STOP	DURATION OF EXPOSURE
Bedaquiline <input type="checkbox"/>				
Linezolid <input type="checkbox"/>				
Clofazimine <input type="checkbox"/>				
Levofloxacin <input type="checkbox"/>				
Moxifloxacin <input type="checkbox"/>				
Isoniazid <input type="checkbox"/>				
Ethambutol <input type="checkbox"/>				
Pyrazinamide <input type="checkbox"/>				
Delamanid <input type="checkbox"/>				
Ethionamide <input type="checkbox"/>				
PAS <input type="checkbox"/>				
Terizidone <input type="checkbox"/>				
Imipenem <input type="checkbox"/>				
Amoxicillin / clavulanic <input type="checkbox"/>				
Kanamycin <input type="checkbox"/>				
Amikacin <input type="checkbox"/>				

Use above table if the patient was on treatment PREVIOUSLY to consider previous exposure.

Current episode (Tick diagnosis based on lab results)			
Mono-resistant <input type="checkbox"/>	MDR TB Not Confirmed <input type="checkbox"/>	Pre-XDR TB (FQ) <input type="checkbox"/>	
Poly-resistant <input type="checkbox"/>	MDR TB Confirmed <input type="checkbox"/>	Pre-XDR TB (Injectable) <input type="checkbox"/>	
Rifampicin RR <input type="checkbox"/>	XDR TB Not Confirmed <input type="checkbox"/>	XDR TB Confirmed <input type="checkbox"/>	
Mutations	INH A <input type="checkbox"/>	Kat G <input type="checkbox"/>	Both <input type="checkbox"/>

Patient Name \_\_\_\_\_

TB No. \_\_\_\_\_

Dosages advocated in DR TB – in adults and children > 6 (November 2019 update)						
Medicine	30-35kg	36-45kg	46-55kg	56kg to 70kg	> 70kg	
Levofloxacin (15-20mg/kg)	750mg	750mg	1000mg	1000mg	1000mg	
Moxifloxacin (10-15mg/kg) (high dose – in brackets)	400mg	400mg (600mg)	400mg (600mg)	400mg (800mg)	400mg (800mg)	
Linezolid (10mg/kg)	600mg	600mg	600mg	600mg	600mg	
Bedaquiline	400mg daily for 2 weeks – thereafter 200 mg 3 times a week					
Terizidone 15-20mg/kg	500mg	500-750mg	750mg	750mg	750mg	
Clotazimine (2-5mg/kg)	100mg	100mg	100mg	100mg	100mg	
Isoniazid (STD) 4-6mg/kg	200mg	300mg	300mg	300mg	300mg	
Isoniazid (high) 10-15mg/kg	450mg	450mg	600mg	600mg	600mg	
Ethambutol 15-25mg/kg	800mg	800mg	1200mg	1200mg	1200mg	
Pyrazinamide 20-30mg/kg	750-1000mg	1500mg	1500mg	1500mg	2000mg	
Ethionamide 15-20mg/kg	500mg	500mg	750mg	750mg	750mg	
Delamanid – BD	100mg	100mg	100mg	100mg	100mg	
PAS (200-300mg/kg)	8g	8g	8g	8g	8g	
Meropenam 20-40mg/kg 8 hourly (or Imipenem 12 hourly)	750mg-1g	1g	1g	1g	1g	
Amoxicillin – Clavulanic acid	125 mg clavulanic acid – 30 minutes before carbepenam given					
Amikacin 15mg-20/kg	625mg	750mg	750-1g	1g	1g	

\*\* Doses may differ in other Provinces. Please consult the latest guidelines. Paediatric doses are not included.













Patient Name \_\_\_\_\_

TB No. \_\_\_\_\_

### MONTHLY INPATIENT ARV PRESCRIPTION

Date	Ward	Weight	Prescriber	Signature	Qualifications
Review Date					
Section A: ARV Prescription			Section B: Administration Record For In Patients		
Medicine	Dose / Vial	Freq	QUR	QV	Day Date Time
TDF/3TC/DTG		Daily po	1/12	po	1
TDF/FTC/EFV		Daily po	1/12	po	2
TDF /FTC		Daily po	1/12	po	3
ABC / 3TC		Daily po	1/12	po	4
AZT/ 3TC		Daily po	1/12	po	5
Lopinovir/r		BD po	1/12	po	6
Dolutegravir		Daily po	1/12	po	7
Atazanavir/r		Daily po	1/12	Po	8
Cotrimoxazole		Daily po	1/12	Po	9
Fluconazole		Daily po	1/12	po	10
					11
					12
					13
					14
					15
					16
					17
					18
					19
					20
					21
					22
					23
					24
					25
					26
					27
					28
Additional Acute Medication					
Comments					

Dispensed by: \_\_\_\_\_

Date: \_\_\_\_\_



Patient Name \_\_\_\_\_

TB No. \_\_\_\_\_

Dispensed by: \_\_\_\_\_

Date: \_\_\_\_\_

### MONTHLY INPATIENT ARV PRESCRIPTION

Date	Ward	Weight	Prescriber	Signature	Qualifications																												
Review Date																																	
<b>Section A: ART Prescription</b>			<b>Section B: Administration Record For In Patients</b>																														
Medicine	Dose Mg	Freq	DOA	Qty	Day Date Time	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
TDF/3TC/DTG		Daily po	1/12	po																													
TDF/FTC/EFV		Daily po	1/12	po																													
TDF /FTC		Daily po	1/12	po																													
ABC / 3TC		Daily po	1/12	po																													
AZT/ 3TC		Daily po	1/12	po																													
Lopinovir/r		BD po	1/12	po																													
Dolutegravir		Daily po	1/12	po																													
Atazanavir/r		Daily po	1/12	Po																													
Cotrimoxazole		Daily po	1/12	Po																													
Fluconazole		Daily po	1/12	po																													
<b>Additional Acute Medication</b>																																	
<b>Comments</b>																																	

Dispensed by: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Name \_\_\_\_\_

TB No. \_\_\_\_\_

### OUTPATIENT ARV PRESCRIPTION

Medicine	Dose	Freq	Dur (Days)	Month		Month		Month		Month		Month	
				Date	Weight	Date	Weight	Date	Weight	Date	Weight	Date	Weight
TDF/3TC/DTG		Daily po	28										
TDF/FTC/EFV		Daily po	28										
TDF /FTC		Daily po	28										
ABC / 3TC		Daily po	28										
AZI/ 3TC		Daily po	28										
Lopinovir/r		BD po	28										
Dolutegravir		Daily po	28										
Atazanavir/r		Daily po	28										
Cotrimoxazole		Daily po	28										
Fluconazole		Daily po	28										
Name of Prescriber													
Signature of Dispenser													
Qualifications													
Additional Acute Medication													
Comments													



Patient Name \_\_\_\_\_

TB No. \_\_\_\_\_

### OUTPATIENT ARV PRESCRIPTION

Medicine	Dose mg	Freq	Dur (Days)	Month			Month			Month			Month			Month			
				QTY	Sign	Date	QTY	Sign	Date	QTY	Sign	Date	QTY	Sign	Date	QTY	Sign	Date	
TDF/3TC/DTG		Daily po	28																
TDF/FTC/EFV		Daily po	28																
TDF /FTC		Daily po	28																
ABC / 3TC		Daily po	28																
AZI / 3TC		Daily po	28																
Lopinovir/r		BD po	28																
Dolutegravir		Daily po	28																
Atazanavir/r		Daily po	28																
Cotrimoxazole		Daily po	28																
Fluconazole		Daily po	28																
Name of Prescriber																			
Signature of Dispenser																			
Qualifications																			
Additional Acute Medication										Comments									

Patient Name \_\_\_\_\_

TB No. \_\_\_\_\_

### OUTPATIENT ARV PRESCRIPTION

CRCL: _____				Month	Month	Month	Month	Month								
				Date	Date	Date	Date	Date								
				Weight	Weight	Weight	Weight	Weight								
				CD4	CD4	CD4	CD4	CD4								
				Viral load	Viral load	Viral load	Viral load	Viral load								
Medicine	Dose (mg)	Freq	Dur (Days)	QTY	Sign	Date	QTY	Sign	Date	QTY	Sign	Date	QTY	Sign	Date	
TDF/3TC/DTG		Daily po	28													
TDF/FTC/EFV		Daily po	28													
TDF /FTC		Daily po	28													
ABC / 3TC		Daily po	28													
AZT / 3TC		Daily po	28													
Lopinovir/r		BD po	28													
Dolutegravir		Daily po	28													
Atazanavir/r		Daily po	28													
Cotrimoxazole		Daily po	28													
Fluconazole		Daily po	28													
Name of Prescriber																
Signature of Dispenser																
Qualifications																
Additional Acute Medication										Comments						

Patient Name \_\_\_\_\_

TB No. \_\_\_\_\_

Nausea and vomiting	RTV, d4T, NVP, and most others	BDQ, DLMO, Eto, PAS, H, E, Z and others	<ul style="list-style-type: none"> <li>• These are common adverse effects. Especially Eto + PAS</li> <li>• Check for medication-induced lactic acidosis and/or hepatitis if there is persistent vomiting and abnormal pain. / rehydrate</li> <li>• Avoid concurrent use</li> <li>• Consider gallstones or alcohol as a potential cause</li> <li>• If an agent causes pancreatitis suspend it permanently and do not use any of the pancreatitis producing anti-HIV medications in the future.</li> </ul>		
Pancreatitis	d4T, ddl, ddc	Lzd/ BDQ - (Rare)	<ul style="list-style-type: none"> <li>• Avoid d4T, ddl, ddc in combination with Cs or Lzd; may increase peripheral neuropathy.</li> <li>• If Cs or Lzd must be used and peripheral neuropathy develops, replace the ARV agent with a less neurotoxic agent. Gabapentin / Pregabalin may relieve pain</li> <li>• Suspend agent responsible permanently and replace. If drug is critical ( e.g. LZD in an XDR could rechallenge at half dose - once settles</li> <li>• TDF may cause acute renal failure</li> </ul>		
Peripheral neuropathy	d4T, ddl, ddc	Lzd, Cs, Trd, H, Aminoglycosides, Eto, E	<ul style="list-style-type: none"> <li>• Use TDF with caution in patient receiving aminoglycosides or Cm</li> <li>• Even without TDF, HIV-infected patient and uncontrolled diabetics will have an increased risk of renal toxicity secondary to aminoglycoside and Cm</li> <li>• Frequent creatinine and electrolyte monitoring every 1-3 weeks is recommended</li> <li>• Many ARV and anti-tuberculosis medications need to be dose adjusted for renal insufficiency</li> </ul>		
Optic neuritis	ddl	E, Lzd, Eto (rare)	<ul style="list-style-type: none"> <li>• Do not re-challenge with ABC (can result in life-threatening anaphylaxis) or an agent that causes Stevens-Johnson syndrome</li> <li>• Consider SMX/TMP as a potential cause</li> <li>• Thioacetazone is contraindicated in HIV because of life-threatening rash. **</li> </ul>		
Renal toxicity	TDF (rare)/3TC - may have to be reduced if severe	Aminoglycosides, Cm/ (Reduce Trd / E/ Lfx to 3 x week)	<ul style="list-style-type: none"> <li>• Stop offending drugs. Wait for resolution. Assess for surgical intervention if indicated.</li> </ul>		
Skin rash	ABC, NVP, EFV, d4T and other	Any drug can cause - BDQ, DLMO, Cfz H, R, Z, PAS, FQs, SMX/TMP			
Gynaecomastia	EFV	Ethionamide			
<b>Grade 1 Mild</b>		<b>Grade 2 Moderate</b>		<b>Grade 3 Severe - Report</b>	
Transient or mild discomfort (<48 hours); no medical intervention/therapy required	Mild to moderate limitation in activity some assistance may be needed; no or minimal medical intervention/Therapy required.	Marked limitation in activity, Some assistance usually required; medical intervention/therapy required, hospitalizations possible	Extreme limitation in activity, significant assistance required; significant medical intervention/therapy required, hospitalization or hospice care probable		
<b>Grade 1 Mild</b>		<b>Grade 2 Moderate</b>		<b>Grade 3 Severe - Report</b>	
<b>Grade 4 Life-threatening - Report</b>					



## 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 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 take place.
- (ii) Date 01 / 11 / 2022 Time 11 : 00 Place CATHERINE BOOTH HOSPITAL- DINNING ROOM

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.*

## TAX INVOICE

10.3. 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.                            |

## 11. 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.

## 12. PENALTIES

- 12.1. 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.
- 12.2. 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.
- 12.3. 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.
- 12.4. 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.

## 13. TERMINATION FOR DEFAULT

- 13.1. 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.
- 13.2. 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.
- 13.3. 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.

14. 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:

	<b>POINTS</b>
<b>PRICE</b>	<b>80</b>
<b>B-BBEE STATUS LEVEL OF CONTRIBUTOR</b>	<b>20</b>
<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:

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

- 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 least 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..... ..... .....