AdvertQuote

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date:	2022-09-30
Closing Date:	2022-10-05
Closing Time:	11:00

INSTITUTION DETAILS

Institution Name:	Zululand district office
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	Zululand Health District Office
Date Submitted	2022-09-29

ITEM CATEGORY AND DETAILS

Quotation Number:	ZNQ: ZUL81/22/23
Item Category:	Goods
Item Description:	SUPPLY AND DELIVER TB BLUE FILES ,TB CASE IDENTIFICATION REGISTER AND TB PATIENT FILE YELLOW CARD.
Quantity (if supplies)	

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:	Not Applicable
Date :	
Time:	
Venue:	

QUOTES CAN BE COLLECTED FROM:	Departmental website / scm section
QUOTES SHOULD BE DELIVERED TO:	thabisile.madela@kznhealth.gov.za or Zululand Health District Office tenderbox

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:	S.T.MHLUNGU
Email:	thabisile.madela@kznhealth.gov.za
Contact Number:	0358740681
Finance Manager Name:	SIBIYA B.C
Finance Manager Signature:	

No late quotes will be considered

STANDARD QUOTE DOCUMENTATION OVER R30 000.00

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: ZULULAND HEALTH DISTRICT OFFICE

DATE ADVERTISED: 30/09/2022 CLOSING DATE: 05/10/2022 CLOSING TIME: 11:00

FACSIMILE NUMBER: 0865339906 E-MAIL ADDRESS: thabisile.madela@kznhealth.gov.za

PHYSICAL ADDRESS: KING DINUZULU HIGHWAY L.A. ADMIN BLOCK GROUND FLOOR ZONE 6 ULUNDI 3838

QUOTE NUMBER: ZNQ / ZUL / 81 / 22 - 23

DESCRIPTION: SUPPLY AND DELIVER TB BLUE FILES ,TB CASE IDENTIFICATION REGISTER & TB PATIENT FILE YELLOW CARD

CONTRACT PERIOD..... VALIDITY PERIOD 60 Days SARS PIN.....
(*if applicable*)

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. | M | A | A | A | | | | | | | |

UNIQUE REGISTRATION REFERENCE

								-				-				-				-											

DEPOSITED IN THE QUOTE BOX SITUATED AT *(STREET ADDRESS)*

KING DINUZULU HIGHWAY L.A. BUILDING ADMIN BLOCK GROUND FLOOR

.....

Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration.

The quote box is open from 08:00 to 15:30.

QUOTATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RETYPED)

THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

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

NAME OF BIDDER .....

POSTAL ADDRESS .....

STREET ADDRESS .....

TELEPHONE NUMBER CODE.....NUMBER..... FACSIMILE NUMBER CODE .....NUMBER.....

CELLPHONE NUMBER .....

E-MAIL ADDRESS .....

VAT REGISTRATION NUMBER (If VAT vendor) .....

HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1) YES | | NO | |

[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMEs& QSEs) MUST BE SUBMITTED TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]

OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R30 000 QUOTE NUMBER: ZNQ/ZUL / 81 / 22 - 23

DESCRIPTION: SUPPLY AND DELIVER TB BLUE FILES ,TB CASE IDENTIFICATION REGISTER & TB PATIENT FILE YELLOW CARI

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
1	10 500	SUPPLY AND DELIVER TB BLUE FILES				
2	10 000	SUPPLY AND DELIVER IDENTIFICATION REGISTER				
3	2 000	SUPPLY AND DELIVER YELLOW CARD				
		SAMPLES CAN BE VIEWED AT THE NEAREST				
		HEALTH FACILITY				
		SPECIFICATION ATTACHED				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

Does This Offer Comply With The Specification?		Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?	
Is The Price Firm?		State Delivery Period, e.g., *1day, 1week*	

Enquiries regarding the quote may be directed to:

Contact Person: S.T.MHLUNGU Tel: 0358740681

E-Mail Address: thabisile.madela@kznhealth.gov.za

Enquiries regarding technical information may be directed to:

Contact Person: E.L.MBATHA Tel: 0358740731

BIDDER'S DISCLOSURE

1. PURPOSE OF THE FORM

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

2. BIDDER'S DECLARATION

2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest[1] in the enterprise, employed by the state? **YES/NO**

2.1.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

Full Name	Identity Number	Name of State Institution

2.2. Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? **YES/NO**

2.2.1. If so, furnish particulars: .....

2.3. Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? **YES/NO**

2.3.1. If so, furnish particulars: .....

3. DECLARATION

I, the undersigned,(name)..... in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

3.1. I have read and I understand the contents of this disclosure;

3.2. I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;

3.3. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium[2] will not be construed as collusive bidding.

3.4. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.

3.5. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.

3.6. There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.

3.7. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.
I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....	.....	.....	.....
Name of Bidder	**Signature**	**Position**	**Date**

1 the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

2 Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

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 N/A take place

(ii) Date ____/____/____ Time____:____ Place _____

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;
(ii) the name and address of the recipient;
(iii) an individual serialized number and the date upon which the tax invoice is issued;
(iv) a description and quantity or volume of the goods or services supplied;
(v) the official department order number issued to the supplier;
(vi) the value of the supply, the amount of tax charged;
(vii) the words tax invoice in a prominent place.

12. PATENT RIGHTS

The supplier shall indemnify the **KZN Department of Health** (hereafter known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

13. PENALTIES

13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.

13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.

13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.

13.4. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

14. TERMINATION FOR DEFAULT

14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:

(i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
(ii) if the supplier fails to perform any other obligation(s) under the contract; or
(iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.

14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.

14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

15. 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.

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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:

$$Ps = 80\left(1 - \frac{Pt - P\min}{P\min}\right)$$ 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 (Tick applicable box)

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..... ....

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Institution name: Zululand Health District Office

COMPLAINTS PROCESS FOR QUOTATIONS R2 000.00 TO R500 000.00 INCLUDING V.A.T

1. Supplier Submits Written Complaint / Objection

- Bidders aggrieved by decisions or actions taken by the Department or Institution during the SCM procurement process, must lodge a written complaint **immediately**.
- Complaints lodged two (2) or more days after the award will not be entertained.
- Complaints must be directed to the Responsibility Manager of the institution (Hospital or CHC) and District Finance Manager for District Offices.
- **It must be noted that this is not an appeals process and as such will not halt the procurement process.**

2. Institution Prepares Written Response to Complaint

- The Responsibility Manager, or his appointee, must prepare a response letter to the complainant.
- The complaint must be resolved within **60 days**.
- Should the complainant not be satisfied with the response, the matter will be referred to the District Finance Manager (applicable to all Hospitals and CHC) or District Manager (Applicable to all District Offices) for a final verdict.
- Should the complainant still not be satisfied with the response received, they may then seek legal recourse at their own expense.

Complaints or objections should be directed to:

Responsibility Manager: K.S.Gwala

Email Address: samkelisiwe.gwala@kznhealth.gov.za

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

GENERAL QUOTATIONS

EVALUATION CRITERIA FOR QUOTATIONS ABOVE R30 000

ZNQ: ZUL -81/22/23

DESCRIPTION: Supply and deliver TB Blue files , TB case identification register and yellow card for Programmes.

All offers received shall be evaluated on the following:

1. **Specifications:**

   Only offers that meet the specification and Special Terms and Conditions in all aspects as stipulated in the bid document shall be considered.
   Offers better than specification are considered to be compliant with the specification.

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

   a) All information required in the bid document must be accurate and duly completed including all the appropriate signatures.

   b) None compliance with any requirements from this document and terms and conditions attached may result to elimination from further evaluation process.

   c) The institution is under no obligation to accept the lowest or any quotation.

   d) The price quoted must include VAT and remain firm for the contract period.

   e) The bidder must ensure the correctness and validity of quote.

   f) Registration on Central Suppliers Database.

   g) Previous service rendered (Quality, Duration and record of offers declined)

   h) Database of tender defaulters

   i) Late quotations will not be considered.

   j) All pages of the tender document must be initialed or signed.

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

a) The bidder must submit certified copy of a registration certificate with CIPC.

b) Valid Original Tax Clearance.

c) Certified Copy of the B-BBEE Certificate.

d) Central Suppliers Database number.

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

4. **Preferential Point System:**

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

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

6. **Contract duration or Delivery period**

The required goods and services are anticipated to be delivered within a period of 20 **days** unless unforeseen circumstances may arise and reported timeously.
It is imperative to complete the delivery period field on the quotation form. All quotations returned with blank field on delivery period will be disqualified.

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

Version 1 of 2022

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

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

Treatment start date: ___/___/___

Name: _____

Surname: _____

DR-TB Registration Number _____

Facility Name _____ **District** _____ **Province** _____ **Tel Number** _____

Referring Facility Name _____

District _____ **Province** _____

N	Newly registered in this facility
M	Moved in from another facility within the same district
T	Transferred in from another facility outside this district

TYPE OF DR-TB							
Mono resistant or Poly resistant TB (M or P)	RR-TB			Pre-XDR-TB		XDR-TB	
	Rifampicin Resistant (RR)	MDR-TB Confirmed	MDR-TB Not Confirmed	FLQ-Res	Not confirmed	Confirmed	Not Confirmed

Type of regimen started		
	Short Regimen	
	Long Regimen	

Type of regimen at end of treatment		
	Short Regimen	
	Long Regimen	

PATIENT DETAILS

ID Number | y | y | m | m | d | d | | | | | | | | **Age** | | | **Gender** M F

Other ID | | | | | | | | | | | | | |

PHYSICAL ADDRESS *(Traceable i.e. where s/he lives)*

Residential address

_____

_____

_____

Tel/Cell phone _____

WORK ADDRESS

Name of company/employer

_____

Work address _____

_____

Tel/Cell phone _____

NEXT OF KIN or FRIEND DETAILS

Surname _____

Full name(s) _____

Tel/Cell phone _____

PHYSICAL ADDRESS *(Traceable i.e. where s/he lives)*

Residential address of next of kin _____

_____

_____

PREVIOUS DRUG HISTORY

New	1
Previously treated with 1st line drugs for > 1 month (PT 1)	2
Previously treated with 2nd line drugs for > 1 month (PT 2)	3
Unknown (UNK)	4

PATIENT CATEGORY

New	1
Relapse	2
Treatment after loss to follow up (TAL)	3
Treatment after failure 1st line drugs (TF1)	4
Treatment after failure 2nd line drugs (TF2)	5
Other	6

CLASSIFICATION OF DISEASE

ICD10 Code

Pulmonary TB (PTB)	1
Extra Pulmonary TB (EPTB)	2
Pulmonary TB (PTB) + Extra Pulmonary TB (EPTB)	3

NOTIFICATION INFORMATION

Has the DR-TB register been completed? Y N

Notification date | | | | | | | | |

NIMDR ☐ DOCTOR ☐

CLINICAL TRIAL ☐

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Dr AB Xuma Building, 1112 Voortrekker Rd, Pretoria, Townlands 351-JR, Pretoria 0187Private bag X 828 Pretoria 0001

CONSENT FORM FOR PATIENTS WITH DRUG-RESISTANT TUBERCULOSIS

I[1], _____ of

(Full Names and Surname of Patient/ Caregiver)

_____

(Residential physical address)

Date of birth of patient: | | | | | | | | |

I understand the nature of my / my child's disease and treatment as explained by the Medical Doctor / Clinical Nurse Practitioner / Clinical Associate.
I hereby give an undertaking that:

1. I have been informed that the duration of my treatment will be a minimum of 6 months depending on what type of Drug-Resistant TB I / my child have / has. There will be several different medicines that I / my child will have to take.
2. I agree to take / administer the medicines that are prescribed to me / my child and follow the instructions given to improve my / my child's health and protect that of others.
3. I agree to tell the Medical Doctor / Clinical Nurse Practitioner / Clinical Associate of any difficulties or problems in following treatment, or if I do not understand how to take/administer my / my child's treatment.
4. I agree to be / my child to be hospitalised (as needed) for the time to be determined by my Medical Doctor / Clinical Nurse Practitioner / Clinical Associate if hospitalisation is necessary for me/my child to get my/my child's medicines and to be followed up.
5. I / My child will provide the sputum/other specimens required to check if I am/my child is improving or not, monthly or as clinically indicated.
6. I / My child will have blood specimens taken and other investigations done that are required to check for potential side effects caused by the medicines.
7. I / My child will undergo electrocardiographic (ECG) monitoring to check my / my child's heart for possible side effects.
8. I have been informed that I / my child may experience side effects, some of which may be severe.
9. I agree to cover my mouth and nose when I cough at all times to prevent spreading the infection to others.
10. I have been informed that my / my child's information will be captured on the DR-TB electronic register (EDRWeb) for monitoring and that this data across the DR-TB programme will be used to strengthen the clinical and programmatic management of DR-TB.[2]
11. I have been advised to use contraception to prevent pregnancy during treatment (only applicable to female patients of child bearing age).
12. I have been informed that my healthcare providers will make necessary efforts to contact me or my caregiver if I don't honour the appointments for review or if I interrupt treatment.

1. I, in the event of a minor, refers to the caregiver of the minor
2. TB is a notifiable medical condition and must be reported to the Department of Health

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Patient Name and Surname

Date

Patient / Caregiver Signature / Mark or Thumbprint

WITNESS (If applicable) :

I have witnessed the accurate reading of the consent form to the potential recipient of drug resistant TB treatment, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Printed Name and Surname: _____ AND Signature or Thumbprint of patient

Signature: _____

Date: _____

Name and surname of Staff taking informed consent

Signature

Date: _____

Designation: _____

PATIENT HISTORY

PREVIOUS TB TREATMENT EPISODES

Treatment Episodes	Start Date (If unknown, state year)	Previous Drug Regimen (1,2 or 3)	Second Line Drugs Used (Use abbreviations))	Duration	Outcome
1					
2					
3					

CONCOMITANT MEDICATIONS *(Record **ONLY** Non-TB medications that are taken to treat a Behavior, Disease, or Condition listed below)*

Does the patient have any of the following conditions:

	Yes	No	Medication	Start Date	Stop Date	Ongoing
Hypertension						☐
Diabetes						☐
Epilepsy						☐
Mental illness						☐
Liver disease						☐
Renal insufficiency						☐
Hearing loss						☐
Allergies (specify)						☐
Surgical history (specify)						
Family medical history (specify)						
Other (specify)						

HIV INFORMATION

HIV status	Positive	Negative	Unknown	Date of last test
CD4 cell count done	Yes	No	Count	Date of last test
Viral Load done	Yes	No	Result	Date of last test
On Co-trimoxazole	Yes	No	Start Date	
On ART	Yes	No	Start Date	

ART REGIMEN

Start Date	Stop Date	DTG	3TC	TDF	EFZ	LPVr	AZT	FTC	NVP	ABC	DRV	ATV	RAL	RPV	Other (Specify)

BASELINE OBSERVATION

Respiratory rate		b/min
Temperature		°C
Pulse		b/min
BP		mmHg
Weight		kg
Height		cm
BMI		
ECG		QTcF
Blood Glucose		mg/dl
Ward HB		
Urine dipstick result		

Visual Acuity Test (Snellen)	Right	Left
Scoring	/ 6	/ 6

Last menstrual period_____

Contraceptive method_____ Due date_____

Pregnant	Yes	No
Pregnancy test done	Yes	No
Pregnancy test result	Pos	Neg

Date of pregnancy test_____

Breast feeding	Yes	No

Date of last cervical smear_____

DR-TB REFLEX TESTING

HAS SPUTUM BEEN COLLECTED FOR:

	DATE	SPECIMEN BAR CODE/SPECIMEN NUMBER
TB MICROSCOPY (Baseline)		
TB CULTURE (Baseline)		
1ST LINE LPA		
2ND LINE LPA		
DST 1ST LINE TB DRUGS		
DST 2ND LINE TB DRUGS		

SOCIAL PROFILE

EDUCATION AND INCOME

EDUCATION		**INCOME**		
Highest education level		Salary/wages	Casual	UIF
Current employment		Disability grant	No income	Self employed
No. of dependants				

SUPPORT NETWORK / HOME CIRCUMSTANCES

Living alone	Y	N	Living with others	Relatives	Partner	Other
Type of home						
Amenities available						

SOCIAL PROFILE

SOCIAL AND OCCUPATIONAL HISTORY

Smoker	Y	N	Number/day.....	Alcohol:	None	Light (Once a month)	Moderate (Once a week)	Heavy (Daily)
If yes, type of smoker	Cigarette	Pipe	Hubbly	Other Substance:	Tik	Dagga	Mandrax	Other

Details of interventions and/or rehabilitation for substance abuse (if any):

Has the patient ever worked or spent time in:

Mines Yes No when_____ Clinic/hospital Yes No when_____

Prison Yes No when_____

Health Care Worker Yes No when_____

Additional / follow-up social note:

Home assessment / Infection control:

Family concerns:

CLOSE CONTACTS

Name	Age	High risk	Low risk	Screened		Prophylaxis started	Treatment started
				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		

Has patient education/counselling been done? Yes No Please refer to page 36.

CHEST X-RAY

Pre-treatment Baseline Date___/___/_____	Date___/___/_____	Date___/___/_____	Date___/___/_____
			

ELECTROCARDIOGRAM (ECG) RESULTS

BASELINE ECG	DATE PERFORMED	HEART RATE/ PULSE(bpm)	QT interval (sec)	QTcF (ms)
FOLLOW UP ECG's	**DATE PERFORMED**	**HEART RATE/ PULSE(bpm)**	**QT interval (sec)**	**QTcF (ms)**

MAIN COMPLAINTS

PHYSICAL EXAMINATION

JACCOL

Skin

ENT

PHYSICAL EXAMINATION

Respiratory system

Cardiovascular system

Abdomen

Central nervous system

Genito-urinary

Musculo-skeletal

ADDITIONAL INVESTIGATIONS

ADDITIONAL INVESTIGATIONS

PROBLEM LIST

TREATMENT PLAN

Clinician's name _____ **Signature** _____

Date _____ **Time** _____

SPUTUM / SPECIMEN RESULTS

GENE XPERT, MICROSCOPY, LINE PROBE ASSAY, CULTURE AND PHENOTYPIC DST

Xpert MTB/RIF							Pre-treatment SMEAR MICROSCOPY		Pre-treatment TB Culture	
Specimen type							Specimen type			
Date	Mycobacterium TB Results			Drug Susceptibility Results (Rifampicin)			Date	Result	Date	Result
	Positive	Negative	Unsuccessful	Trace	Resistant	Sensitive	Unsuccessful			
	Positive	Negative	Unsuccessful	Trace	Resistant	Sensitive	Unsuccessful			

1st Line LPA Drug Susceptibility Results (Clinical sample)								2nd Line LPA Drug Susceptibility Results (Clinical sample)			
Specimen type							Mutation/s	Specimen type			
Date	Rifampicin			Isoniazid				Date	Fluoroquinolones		Injectables
	Resistant	Sensitive	Inconclusive	Resistant	Sensitive	Inconclusive	katG				
	Resistant	Sensitive	Inconclusive	Resistant	Sensitive	Inconclusive	Both katG and inhA				

1st Line LPA Drug Susceptibility Results (Culture)								2nd Line LPA Drug Susceptibility Results (Culture)			
Specimen type							Mutation/s	Specimen type			
Date	Rifampicin			Isoniazid				Date	Fluoroquinolones		Injectables
	Resistant	Sensitive	Inconclusive	Resistant	Sensitive	Inconclusive	katG				
	Resistant	Sensitive	Inconclusive	Resistant	Sensitive	Inconclusive	Both katG and inhA				

PHENOTYPIC DRUG SUSCEPTIBILITY TEST RESULTS (R = resistant; S = sensitive; ND = not done)

Date	INH	LEVO	LZD	BDQ	CFZ	AMIK	EMB	ETH	INH (high)	MOXI (low)	MOXI (high)	PAS	RFB	RIF	DLM	Other (Specify)

	Smear Microscopy				TB Culture			
	Date	Specimen bar code	Result	Grading	Date	Specimen bar code	Result	Incubation time
Baseline results								
2 weeks								
Month 1								
Month 2								
Month 3								
Month 4								
Month 5								
Month 6								
Month 7								

	Smear Microscopy				TB Culture			
	Date	Specimen bar code	Result	Grading	Date	Specimen bar code	Result	Incubation time
Month 8								
Month 9								
Month 10								
Month 11								
Month 12								
Month 13								
Month 14								
Month 15								
Month 16								
Month 17								
Month 18								
Month 19								
Month 20								

POST TREATMENT FOLLOW UP

	Smear Microscopy			TB Culture		
	Date	Specimen bar code	Result	Date	Specimen bar code	Result
Month 6 Post Discharge						
Month 12 Post Discharge						

LABORATORY RESULTS MONITORING SHEET

	Normal	Date										
FBC												
WCC	4-11											
ANC												
HB	13-18											
PLT	150-400											
U & E												
Na	131-147											
K	3.9-5.3											
Cl	96-110											
Bicarb	22-30											
Urea	2.4-7.4											
Creat	52-115											
eGFR	>60											
LFT												
T. Protein	60-78											
Albumin	35-52											
T.Bili	3-17											
ALT	10-40											
ALP	53-128											
GGT	10-60											
Amylase												
CMP												
Ca	2.15-2.55											
Mg	0.63-1.05											
PO4	0.78-1.42											
TFT												
TSH	0.27-4.20											
FT4	11.5-22.7											
CD4												
VL												
CRAG												
HBsAg												
COVID-19 screenig		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Type of test		PCR/ANTIGEN	PCR/ANTIGEN	PCR/ANTIGEN	PCR/ANTIGEN	PCR/ANTIGEN	PCR/ANTIGEN	PCR/ANTIGEN	PCR/ANTIGEN	PCR/ANTIGEN	PCR/ANTIGEN	PCR/ANTIGEN
COVID-19 results		POS/NEG	POS/NEG	POS/NEG	POS/NEG	POS/NEG	POS/NEG	POS/NEG	POS/NEG	POS/NEG	POS/NEG	POS/NEG
COVID-19 vaccination		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Other results (e.g. CSF)												

ADVERSE EVENTS

Date	Clinical Event	Grade 3-5	Start date	Drug Suspected	Action A,B,C, D,E,F	Actual intervention	Outcome	Outcome Date	Has the pharma-covigilance form been completed? YES/NO

GRADE
1. Mild / No intervention
2. Moderate - Local / non ivasive intervention
3. Severe - Significant / not immediately life threatening
4. Life threatening / urgent intervention
5. Death

Action
A. Drug discontinuation
B. Dose decrease
C. Rechallenge
D. Adjuvant
E. Switch medication
F. ADR treated

OUTCOMES
Recovered / Resolved
Recovering / Resolving
Recovered / Resolved with Sequelae
Not Recovered / Not Resolved
Fatal
Unknown

REGIMEN AND DOSES

Initial weight ______ kg

Initial Regimen and regimen adjustments (dosage (mg.), change of dosage, and cessation of drugs

	Bdq	Lfx	Mfx	Lzd	Cfz	Trd	E	Dlm	Preto-manid	Z	High Dose INH	Am	PAS	Eto	Carbapenem (Specify)	Other (Specify)
Treatment Start Date																
Treatment Stop Date																
Treatment Start Date																
Treatment Stop Date																
Treatment Start Date																
Treatment Stop Date																
Treatment Start Date																
Treatment Stop Date																

Use one of the following symbols in the upper space of the appropriate box and initial in the lower space after the drugs have been administered

√ Medication taken under direct observation

X Medication not taken

– Medication collected for self administration or supervision elsewhere; indicate the number of days supply was given

Drugs	Month - Year	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	No. of Doses

Drugs	Month - Year	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	No. of Doses

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Drugs	Month - Year																															No. of Doses
	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	

Drugs	Month - Year																															No. of Doses
	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	

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√	Medication taken under direct observation	X	Medication not taken	–	Medication collected for self administration or supervision elsewhere; indicate the number of days supply was given

Drugs	Month - Year																														No. of Doses
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PROGRESS NOTES

Date	Weight	Progress Notes	Signature

	RESULT
HB	
ECG	
Heart Rate (bpm)	
QT Interval (sec)	
QTcF (ms)	

ADVERSE EVENT SYMPTOMS			GRADING
Headache	Yes	No	
Anaemia	Yes	No	
Vision changes	Yes	No	
Depression/sadness	Yes	No	
Rashes or sores	Yes	No	
Chest pain	Yes	No	
Coughing blood	Yes	No	
Difficulty breathing	Yes	No	
New cough	Yes	No	
Nausea/vomiting	Yes	No	
Diarrhoea	Yes	No	
Abdominal pain	Yes	No	
Fainting	Yes	No	
Joint pain/swelling	Yes	No	
Burning/tingling: hands/feet	Yes	No	
Fatigue/tiredness	Yes	No	
Easy bruising/bleeding	Yes	No	
Changes in hearing	Yes	No	
QTcF Prolongation	Yes	No	
Renal Failure/ Nephrotoxicity	Yes	No	
Hepatotoxicity/ Jaundice	Yes	No	
Lactic Acidosis	Yes	No	
OTHER	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	

Grading:
1 = Mild / No intervention
2 = Moderate - Local / noninvasive intervention
3 = Severe - Significant / not immediately
4 = Life threatening / urgent intervention
5 = Death

Note: If grading is 3 or higher the details must be captured on the Adverse Events table.

PROGRESS NOTES

Date	Weight	Progress Notes	Signature

	RESULT
HB	
ECG	
Heart Rate (bpm)	
QT Interval (sec)	
QTcF (ms)	

ADVERSE EVENT SYMPTOMS			GRADING
Headache	Yes	No	
Anaemia	Yes	No	
Vision changes	Yes	No	
Depression/sadness	Yes	No	
Rashes or sores	Yes	No	
Chest pain	Yes	No	
Coughing blood	Yes	No	
Difficulty breathing	Yes	No	
New cough	Yes	No	
Nausea/vomiting	Yes	No	
Diarrhoea	Yes	No	
Abdominal pain	Yes	No	
Fainting	Yes	No	
Joint pain/swelling	Yes	No	
Burning/tingling: hands/feet	Yes	No	
Fatigue/tiredness	Yes	No	
Easy bruising/bleeding	Yes	No	
Changes in hearing	Yes	No	
QTcF Prolongation	Yes	No	
Renal Failure/ Nephrotoxicity	Yes	No	
Hepatotoxicity/ Jaundice	Yes	No	
Lactic Acidosis	Yes	No	
OTHER	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	

Grading:
1 = Mild / No intervention
2 = Moderate - Local / noninvasive intervention
3 = Severe - Significant / not immediately
4 = Life threatening / urgent intervention
5 = Death

Note: If grading is 3 or higher the details must be captured on the Adverse Events table.

PROGRESS NOTES

Date	Weight	Progress Notes	Signature

	RESULT
HB	
ECG	
Heart Rate (bpm)	
QT Interval (sec)	
QTcF (ms)	

ADVERSE EVENT SYMPTOMS			GRADING
Headache	Yes	No	
Anaemia	Yes	No	
Vision changes	Yes	No	
Depression/sadness	Yes	No	
Rashes or sores	Yes	No	
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Changes in hearing	Yes	No	
QTcF Prolongation	Yes	No	
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Hepatotoxicity/ Jaundice	Yes	No	
Lactic Acidosis	Yes	No	
OTHER	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	

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Chest pain	Yes	No	
Coughing blood	Yes	No	
Difficulty breathing	Yes	No	
New cough	Yes	No	
Nausea/vomiting	Yes	No	
Diarrhoea	Yes	No	
Abdominal pain	Yes	No	
Fainting	Yes	No	
Joint pain/swelling	Yes	No	
Burning/tingling: hands/feet	Yes	No	
Fatigue/tiredness	Yes	No	
Easy bruising/bleeding	Yes	No	
Changes in hearing	Yes	No	
QTcF Prolongation	Yes	No	
Renal Failure/ Nephrotoxicity	Yes	No	
Hepatotoxicity/ Jaundice	Yes	No	
Lactic Acidosis	Yes	No	
OTHER	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	

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QTcF Prolongation	Yes	No	
Renal Failure/ Nephrotoxicity	Yes	No	
Hepatotoxicity/ Jaundice	Yes	No	
Lactic Acidosis	Yes	No	
OTHER	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	

Grading:
1 = Mild / No intervention
2 = Moderate - Local / noninvasive intervention
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5 = Death

Note: If grading is 3 or higher the details must be captured on the Adverse Events table.

COUNSELING SESSIONS

COUNSELING SESSION 1

Problems Identified (list):

Action Plan (list):

Counselor sign	Date	Patient sign	Date

COUNSELING SESSION 2

Problems Identified (list):

Action Plan (list):

Counselor sign	Date	Patient sign	Date

COUNSELING SESSION 3

Problems Identified (list):

Action Plan (list):

Counselor sign	Date	Patient sign	Date

COUNSELING SESSION 4

Problems Identified (list):			
Action Plan (list):			
Counselor sign	Date	Patient sign	Date

FOLLOW-UP COUNSELING SESSION

Problems Identified (list):			
Action Plan (list):			
Counselor sign	Date	Patient sign	Date

REFERRAL / DISCHARGE

Name of receiving clinic: _____

Town / District: _____

Province / Country: _____

Patient continuing treatment: | Yes | No |

Confirmation received
(Attach acknowledgment slip on card) | Yes | No |

TREATMENT OUTCOMES

Cured ☐

Treatment completed ☐

Loss to follow up ☐

Failed treatment ☐

Died ☐

Moved out ☐

Name of facility _____
District _____

Transferred out ☐

Name of facility _____
District _____

Comments _____

Treatment outcome date ☐☐☐☐☐☐☐☐

Discharged by: _____

Signature: _____

NEW TB IDENTIFICATION REGISTER

Artwork	Sample of the front cover page to be supplied as hard copy. Sample of content to be supplied electronically. The content is in an EXCEL spreadsheet to be adjusted to fit the size of the register
Size	210 height X 485 width mm
Pages	Instruction page 60 pages in triplicate = 180 pages(patient information pages • First and second pages to carbonized and perforated for easy tear off. 5 SINGLE - pages (Summary of TB detection and Follow Up Sputum Register) Total pages- 186 All patient information pages to be numbered up to 60 (e.g. 01, 17, 60 same numbers for perforated pages and fixed page).
1st page Instruction Page	210 height x 240 width mm Not carbonized 80g bond Printed in table with three columns and 4 rows. First and fourth row of black writing on white background second row of black writing in printed on pink background Third row of black in writing printed on yellow background Example: Pink | To define | Submit to Yellow | To determine | Submit to
Print:	One sided in one color (black)
	1st copy: idem CB Pink Perforated
	2nd copy: idem CFB Yellow Perforated
	3rd copy: idem CF White fixed
Paper	Text: Bond 58 gsm
Front Cover	Yellow board 160 gsm, printed on both sides Outside cover printed with DOH Logo, title page register number, version, GW number, district sub district and facility. Inner side of the cover printed with instruction on filling patient information and data summary sheet.
Back Cover	Yellow board 160 gsm, **BLANK** Quarter bound and trimmed to size with fold out flap (page separator) attached to back cover
Finishing	Front and back cover attached and glued with binding tape. Must be flexible to open but durable for daily use and reinforced with staples.
Binding:	Side Stitch
Packaging:	Pack in 100's. Wrapped in parcels
Quantity	
Delivery:	Distribution List

NEW

National Tuberculosis Control Programme

TB IDENTIFICATION REGISTER

2020 Version
GW20/13

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

END TB

START DATE..... END DATE:.....

DISTRICT:.....FACILITY:.....YEAR:.....

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Phila
Inspired to live

2030 NDP

2020 Version
GW20/13

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

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 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 woman 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.
3. 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.
4. If not a household contact, write "No".
5. 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.
6. 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.
7. 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.
8. Write "Yes" if patient has been confirmed as pregnant, "No" if patient says she is not pregnant.
9. 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 COVD-19 in the past 2 weeks or "unk" if the patient has not tested in the past 2 weeks.
10. 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.
11. 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. +/++/+++).
    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 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.
26. 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.

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

TUBERCULOSIS IDENTIFICATION REGISTER

District: ....

Specimen Barcode Number[1]	Patient Folder Number	Surname (Top row) First name(s) (Bottom row)	Date of birth (Top row) DD / MM / YYYY Age (Bottom row)	Gender M / F	Physical Home Address[2] / Land Mark	Telephone / Cellphone	TB symptoms Identified	Risk Groups					TB Investigations	
							Yes / No (Top row) If Yes (Code)[3] (Bottom row)	Contact (Y / N) (Top row) DS/ DR- TB / unk (Bottom row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Bacteriological investigation BASELINE TESTS Date Specimen collected[4] DD / MM / YYYY	Date test Result received[5] DD / MM / YYYY
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
TOTALS:									Total number positive:	Total number pregnant:	Total number Diabetic:	Total number positive:		

1. Place Barcode sticker from the laboratory form / write Barcode number eg. AAGX8459

2. Full detailed address of where the patient lives or can be reached during the day.

3. Use the coding on the instruction cover for TB symptoms (i.e. 1= Cough)

4. Write down a date the patient produced specimen

5: Write date when test results were received by facilit

Sub District: .... Facility Name: .... 2020 Version GW20/13

TB Investigations												TB Confirmed Clients (DS-TB and DR-TB)				
Bacteriological investigation								Non- Bacteriological Investigations								
Xpert (1st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TEST RESULT TURN AROUND TIME[6] (Tick)		Rif Susceptibility	TB CULTURE / LPA / DST			X-Ray DD / MM / YYYY	U-LAM DD / MM / YYYY	Mantoux DD / MM / YYYY	Other Tests DD / MM / YYYY	Date Treatment Started[7] DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up (Tick)	TPT Start Date[8] (for contacts, PLHIV) DD / MM / YYYY	REMARKS
Xpert (2nd test if any)	Grading (bottom row)	< 48hrs	> 48hrs	R / S	Date specimen collected DD / MM / YYYY	Result (Pos / Neg)	Resistance (R / H)	Result	Result	Result	Result					
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
Total Xpert Positive:				Total Rif Resistance		Total tested Positive	Total MDR-TB:	Total number suggestive:	Total number tested/positive:	Total number reactive:	Total	Total started Rx:	Total died:	Total not on Rx:	Total started TPT:	

6. Tick whether sputum results were back within 48hrs.

7. Write date on which the patient was initiated on Treatment.

8. Write a date for TPT start.

Complied by: .... Signature: .... Date: .... Verified by: .... Signature: .... Date: ....

TB Confirmed Risk Amongst Risk Groups					Results of TB Investigations				Outcomes for TB confirmed clients					Number of Contacts with negative investigation initiated on TPT		Number of specimen sent to lab for testing (Xpert)	Number of test results (Xpert) received within 48 hrs (2 days)
HIV Pos	Diabetic	Pregnant	Contacts	COVID 19	Bacteriologically confirmed		Clinically Confirmed		Started on TB Treatment		Other Outcomes						
					< 5 yrs	≥ 5 yrs	< 5 yrs	≥ 5 yrs	< 5 yrs	≥ 5 yrs	RR	Died	LTFU	< 5 yrs	≥ 5 yrs		

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Specification

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

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

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** ☐ **MDR-TB** ☐ **Rif Resistant TB**
- ☐ **Died**

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): _____

G.PS. 004-2575

GW 20/12
2018

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

TB TREATMENT RECORD

Facility Name: _____ District: _____

Patient Folder Number: _____

TB Registration Number:

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

Facility Name: _____
TB Reg No: _____

PATIENT DETAILS

ID Number/Date of birth: y y m m d d _____ Age _____ Gender M F

Name:

PHYSICAL ADDRESS

Home Address:	Name of Company/ Employer:
	Work address:
Tel No./Cellphone:	Tel No:

PATIENT CATEGORY

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

CLASSIFICATION OF DISEASE

ICD10 Code _____

Pulmonary TB ☐
Extra Pulmonary TB ☐
Site of disease _____

☐ Rifampicin susceptible TB ☐ Isoniazid resistant TB

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)

Surname:

Has the GW17/5 form been completed? Y N Notification date: d d m m y y y y

XPERT,LINE PROBE ASSAY, CULTURE, DST RESULTS

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

Tobacco 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)

CLIENT NOTES

Date	Weight	Progress	Return Date	Signature

CLIENT NOTES

Date	Weight	Progress	Return Date	Signature

CLIENT NOTES

Date	Weight	Progress	Return Date	Signature

CLIENT NOTES

Date	Weight	Progress	Return Date	Signature

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	

Ö = 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 IP ________ 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	

Ö = patient took medication
x = patient did not take medication
— = medication collected for self administration or supervision elsewhere