

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder \_\_\_\_\_ Bid Number: DOH (FS) 04/2026/2027  
 Closing Time: 11H00 Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
4. 4.5.1	As required	<b>IMMUNOSUPPRESSANTS / TRANSPLANTATION DRUGS</b> Similar or equal to Mycophenolic acid Controls	R _____ per price set R _____ per price level

Please specify number of test per kit: .....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

85.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

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 Closing Time: 11H00 Closing Date: 26 June 2026

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ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
4. 4.5.2	As required	<b>IMMUNOSUPPRESSANTS / TRANSPLANTATION DRUGS</b> Similar or equal to Mycophenolic acid Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
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**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

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OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
4. 4.6.1	As required	<b>IMMUNOSUPPRESSANTS / TRANSPLANTATION DRUGS</b> Similar or equal to Everolimus Assay	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
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- Delivery basis \_\_\_\_\_

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\* Delete if not applicable.

87.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder \_\_\_\_\_ Bid Number: **DOH (FS) 04/2026/2027**  
 Closing Time: **11H00** Closing Date: **26 June 2026**

OFFER TO BE VALID FOR **120 DAYS** FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
4. 4.6.2	As required	<b>IMMUNOSUPPRESSANTS / TRANSPLANTATION DRUGS</b> Similar or equal to Everolimus Control	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

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\* Delete if not applicable.

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**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

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**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

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Closing Time: 11H00	Closing Date: 26 June 2026

**OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.**

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
4. 4.6.3	As required	<b>IMMUNOSUPPRESSANTS / TRANSPLANTATION DRUGS</b> Similar or equal to Everolimus Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
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**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

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ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
5. 5.1	As required	<b>CARDIAC DRUGS</b> Similar or equal to Digoxin Assay	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
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**PRICING SCHEDULE – NON-FIRM PRICES  
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ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
5. 5.1.1	As required	CARDIAC DRUGS Similar or equal to Digoxin Controls	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
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5. 5.1.2	As required	<b>CARDIAC DRUGS</b> Similar or equal to Digoxin Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
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5.	As required	<b>CARDIAC DRUGS</b>	R _____ per price set
5.2		Similar or equal to Lidocaine Assay	R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
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5. 5.2.1	As required	<b>CARDIAC DRUGS</b> Similar or equal to Lidocaine Controls	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
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5. 5.2.2	As required	<b>CARDIAC DRUGS</b> Similar or equal to Lidocaine Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
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**PRICING SCHEDULE – NON-FIRM PRICES  
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ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
5. 5.3	As required	<b>CARDIAC DRUGS</b> Similar or equal to Procainamide Assay	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
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5. 5.3.1	As required	CARDIAC DRUGS Similar or equal to Procainamide Controls	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
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**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

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5. 5.3.2	As required	CARDIAC DRUGS Similar or equal to Procainamide Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
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ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
5. 5.4	As required	<b>CARDIAC DRUGS</b> Similar or equal to N-Acetyl procainamide (NAPA) Assay	R _____ per price set R _____ per price level

Please specify number of test per kit: .....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
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5. 5.4.1	As required	<b>CARDIAC DRUGS</b> Similar or equal to N-Acetyl procainamide (NAPA) Controls	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- **Required by:** Free State Department of Health
- **At:** Universitas Academic Hospital
- **Brand and model:** \_\_\_\_\_
- **Country of origin:** \_\_\_\_\_
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5. 5.4.2	As required	<b>CARDIAC DRUGS</b> Similar or equal to N-Acetyl procainamide (NAPA) Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
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**OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.**

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
5. 5.5	As required	CARDIAC DRUGS Similar or equal to Disopyramide Assay	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : \_\_\_\_\_ Bid Number: **DOH (FS) 04/2026/2027**

Closing Time: **11H00** Closing Date: **26 June 2026**

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
5. 5.5.1	As required	<b>CARDIAC DRUGS</b> Similar or equal to Disopyramide Controls	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder: _____	Bid Number: <b>DOH (FS) 04/2026/2027</b>
Closing Time: <b>11H00</b>	Closing Date: <b>26 June 2026</b>

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
5. 5.5.2	As required	<b>CARDIAC DRUGS</b> Similar or equal to Disopyramide Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit: .....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : _____	Bid Number: <b>DOH (FS)04/2026/2027</b>
Closing Time: <b>11H00</b>	Closing Date: <b>26 June 2026</b>

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
5. 5.6	As required	<b>CARDIAC DRUGS</b> Similar or equal to Quinidine Assay	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : \_\_\_\_\_ Bid Number: **DOH (FS)04/2026/2027**

Closing Time: **11H00** Closing Date: **26 June 2026**

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
5. 5.6.1	As required	<b>CARDIAC DRUGS</b> Similar or equal to Quinidine Controls	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : _____	Bid Number: DOH (FS) 04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
5. 5.6.2	As required	<b>CARDIAC DRUGS</b> Similar or equal to Quinidine Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : \_\_\_\_\_ Bid Number: DOH (FS) 04/2026/2027  
 Closing Time: 11H00 Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.1	As required	URINE ASSAYS Similar or equal to Amphetamine Urine Assay	R _____ per price set R _____ per price level
Please specify number of test per kit.....			

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : _____	Bid Number: DOH (FS) 04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.1.1	As required	<b>URINE ASSAYS</b> Similar or equal to Amphetamine Urine Controls	R _____ per price set R _____ per price level
Please specify number of test per kit: .....			

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : _____	Bid Number: <b>DOH (FS) 04/2026/2027</b>
Closing Time: <b>11H00</b>	Closing Date: <b>26 June 2026</b>

**OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.**

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.1.2	As required	<b>URINE ASSAYS</b> Similar or equal to Amphetamine Urine Calibrators	R _____ per price set R _____ per price level
Please specify number of test per kit.....			

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- **Required by:** Free State Department of Health
- **At:** Universitas Academic Hospital
- **Brand and model:** \_\_\_\_\_
- **Country of origin:** \_\_\_\_\_
- **Does the offer comply with specifications?** \* YES / NO
- **If not to specifications, indicate deviation(s)** \_\_\_\_\_
- **The Period required for delivery** \_\_\_\_\_
- **Delivery** \* FIRM / NOT FIRM
- **Delivery basis** \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : _____	Bid Number: DOH (FS) 04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.2	As required	<b>URINE ASSAYS</b> Similar or equal to Barbiturates Urine Assay	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS) 04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.2.1	As required	<b>URINE ASSAYS</b> Similar or equal to Barbiturates Urine Controls	R _____ per price set R _____ per price level
Please specify number of test per kit: .....			

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : _____	Bid Number: <b>DOH (FS)04/2026/2027</b>
Closing Time: <b>11H00</b>	Closing Date: <b>26 June 2026</b>

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.2.2	As required	<b>URINE ASSAYS</b> Similar or equal to Barbiturates Urine Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : \_\_\_\_\_ Bid Number: DOH (FS)04/2026/2027

Closing Time: 11H00 Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.3	As required	<b>URINE ASSAYS</b> Similar or equal to Benzodiazepine Urine Assay	R _____ per price set R _____ per price level
Please specify number of test per kit:.....			

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder: _____	Bid Number: <b>DOH (FS)04/2026/2027</b>
Closing Time: <b>11H00</b>	Closing Date: <b>26 June 2026</b>

**OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.**

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.3.1	As required	<b>URINE ASSAYS</b> Similar or equal to Benzodiazepine Urine Controls	R _____ per price set R _____ per price level
Please specify number of test per kit:.....			

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.3.2	As required	<b>URINE ASSAYS</b> Similar or equal to Benzodiazepine Urine Calibrators	R _____ per price set R _____ per price level
Please specify number of test per kit:.....			

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : \_\_\_\_\_ Bid Number: DOH (FS)04/2026/2027  
 Closing Time: 11H00 Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.4	As required	<b>URINE ASSAYS</b> Similar or equal to Cocaine Urine Assay	R _____ per price set R _____ per price level

Please specify number of test per kit: .....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.4.1	As required	URINE ASSAYS Similar or equal to Cocaine Urine Control	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : _____	Bid Number: <b>DOH (FS) 04/2026/2027</b>
Closing Time: <b>11H00</b>	Closing Date: <b>26 June 2026</b>

**OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.**

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.4.2	As required	<b>URINE ASSAYS</b> Similar or equal to Cocaine Urine Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- **Required by:** Free State Department of Health
- **At:** Universitas Academic Hospital
- **Brand and model:** \_\_\_\_\_
- **Country of origin:** \_\_\_\_\_
- **Does the offer comply with specifications?** \* YES / NO
- **If not to specifications, indicate deviation(s)** \_\_\_\_\_
- **The Period required for delivery** \_\_\_\_\_
- **Delivery** \* FIRM / NOT FIRM
- **Delivery basis** \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.5	As required	URINE ASSAYS Similar or equal to Cannabinoids Urine Assay	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

120.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.5.1	As required	URINE ASSAYS Similar or equal to Cannabinoids Urine Controls	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.5.2	As required	<b>URINE ASSAYS</b> Similar or equal to Cannabinoids Urine Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.6	As required	URINE ASSAYS Similar or equal to Opiates Urine Assay	R _____ per price set R _____ per price level

Please specify number of test per kit: .....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : _____	Bid Number: <b>DOH (FS)04/2026/2027</b>
Closing Time: <b>11H00</b>	Closing Date: <b>26 June 2026</b>

OFFER TO BE VALID FOR **120 DAYS** FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.6.1	As required	<b>URINE ASSAYS</b> Similar or equal to Opiates Urine Controls	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : \_\_\_\_\_ Bid Number: DOH (FS)04/2026/2027  
 Closing Time: 11H00 Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.6.2	As required	URINE ASSAYS Similar or equal to Opiates Urine Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : \_\_\_\_\_ Bid Number: DOH (FS)04/2026/2027  
 Closing Time: 11H00 Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.7	As required	URINE ASSAYS Similar or equal to Methaqualone Urine Assay	R _____ per price set R _____ per price level
Please specify number of test per kit:.....			

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.7.1	As required	<b>URINE ASSAYS</b> Similar or equal to Methaqualone Urine Control	R _____ per price set R _____ per price level

Please specify number of test per kit: .....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- **Required by:** Free State Department of Health
- **At:** Universitas Academic Hospital
- **Brand and model:** \_\_\_\_\_
- **Country of origin:** \_\_\_\_\_
- **Does the offer comply with specifications?** \* YES / NO
- **If not to specifications, indicate deviation(s)** \_\_\_\_\_
- **The Period required for delivery** \_\_\_\_\_
- **Delivery** \* FIRM / NOT FIRM
- **Delivery basis** \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder : _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.7.2	As required	URINE ASSAYS Similar or equal to Methaqualone Urine Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS) 04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.8	As required	<b>URINE ASSAYS</b> Similar or equal to Methadone Urine Assay	R _____ per price set R _____ per price level

Please specify number of test per kit.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: <b>DOH (FS)04/2026/2027</b>
Closing Time: <b>11H00</b>	Closing Date: <b>26 June 2026</b>

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.8.1	As required	<b>URINE ASSAYS</b> Similar or equal to Methadone Urine Controls	R _____ per price set R _____ per price level

Please specify number of test per kit: .....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.8.2	As required	URINE ASSAYS Similar or equal to Methadone Urine Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.9	As required	URINE ASSAYS Similar or equal to 6-Acetylmorphine Urine Assay	R _____ per price set R _____ per price level

Please specify number of test per kit: .....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.9.1	As required	<b>URINE ASSAYS</b> Similar or equal to 6-Acethylmorphine Urine Controls	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder \_\_\_\_\_ Bid Number: **DOH (FS) 04/2026/2027**  
 Closing Time: **11H00** Closing Date: **26 June 2026**

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.9.2	As required	<b>URINE ASSAYS</b> Similar or equal to 6-Acethylmorphine Urine Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- **Required by:** Free State Department of Health
- **At:** Universitas Academic Hospital
- **Brand and model:** \_\_\_\_\_
- **Country of origin:** \_\_\_\_\_
- **Does the offer comply with specifications?** \* YES / NO
- **If not to specifications, indicate deviation(s)** \_\_\_\_\_
- **The Period required for delivery** \_\_\_\_\_
- **Delivery** \* FIRM / NOT FIRM
- **Delivery basis** \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.10	As required	<b>URINE ASSAYS</b> Similar or equal to Buprenorphine Urine Assay	R _____ per price set R _____ per price level
Please specify number of test per kit:.....			

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- **Required by:** Free State Department of Health
- **At:** Universitas Academic Hospital
- **Brand and model:** \_\_\_\_\_
- **Country of origin:** \_\_\_\_\_
- **Does the offer comply with specifications?** \* YES / NO
- **If not to specifications, indicate deviation(s)** \_\_\_\_\_
- **The Period required for delivery** \_\_\_\_\_
- **Delivery** \* FIRM / NOT FIRM
- **Delivery basis** \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.10.1	As required	<b>URINE ASSAYS</b> Similar or equal to Buprenorphine Urine Controls	R _____ per price set R _____ per price level
Please specify number of test per kit:.....			

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.10.2	As required	<b>URINE ASSAYS</b> Similar or equal to Buprenorphine Urine Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit: .....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS) 04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.11	As required	<b>URINE ASSAYS</b> Similar or equal to Ecstasy Urine Assay	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS) 04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.11.1	As required	URINE ASSAYS Similar or equal to Ecstasy Urine Controls	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS) 04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.11.2	As required	<b>URINE ASSAYS</b> Similar or equal to Ecstasy Urine Calibrators	R _____ per price set R _____ per price level
Please specify number of test per kit:.....			

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- **Required by:** Free State Department of Health
- **At:** Universitas Academic Hospital
- **Brand and model:** \_\_\_\_\_
- **Country of origin:** \_\_\_\_\_
- **Does the offer comply with specifications?** \* YES / NO
- **If not to specifications, indicate deviation(s)** \_\_\_\_\_
- **The Period required for delivery** \_\_\_\_\_
- **Delivery** \* FIRM / NOT FIRM
- **Delivery basis** \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

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**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.12	As required	<b>URINE ASSAYS</b> Similar or equal to Fentanyl Urine Assay	R _____ per price set R _____ per price level
Please specify number of test per kit: .....			

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.12.1	As required	URINE ASSAYS Similar or equal to Fentanyl Urine Controls	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.12.2	As required	<b>URINE ASSAYS</b> Similar or equal to Fentanyl Urine Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit: .....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS) 04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.13	As required	URINE ASSAYS Similar or equal to Hydrocodone Urine Assay	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.13.1	As required	<b>URINE ASSAYS</b> Similar or equal to Hydrocodone Urine Controls	R _____ per price set R _____ per price level
Please specify number of test per kit:.....			

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

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**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: <b>DOH (FS)04/2026/2027</b>
Closing Time: <b>11H00</b>	Closing Date: <b>26 June 2026</b>

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.13.2	As required	<b>URINE ASSAYS</b> Similar or equal to Hydrocodone Urine Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.14	As required	URINE ASSAYS Similar or equal to Oxycodone Urine Assay	R _____ per price set R _____ per price level

Please specify number of test per kit: .....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.14.1	As required	<b>URINE ASSAYS</b> Similar or equal to Oxycodone Urine Controls	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- **Required by:** Free State Department of Health
- **At:** Universitas Academic Hospital
- **Brand and model:** \_\_\_\_\_
- **Country of origin:** \_\_\_\_\_
- **Does the offer comply with specifications?** \* YES / NO
- **If not to specifications, indicate deviation(s)** \_\_\_\_\_
- **The Period required for delivery** \_\_\_\_\_
- **Delivery** \* FIRM / NOT FIRM
- **Delivery basis** \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.14.2	As required	<b>URINE ASSAYS</b> Similar or equal to Oxycodone Urine Calibrators	R _____ per price set R _____ per price level
Please specify number of test per kit:.....			

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

**\* Delete if not applicable.**

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.15	As required	<b>URINE ASSAYS</b> Similar or equal to Lysergic Acid Diethylamide (LSD) Urine Assay	R _____ per price set R _____ per price level

Please specify number of test per kit: .....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- **Required by:** Free State Department of Health
- **At:** Universitas Academic Hospital
- **Brand and model:** \_\_\_\_\_
- **Country of origin:** \_\_\_\_\_
- **Does the offer comply with specifications?** \* YES / NO
- **If not to specifications, indicate deviation(s)** \_\_\_\_\_
- **The Period required for delivery** \_\_\_\_\_
- **Delivery** \* FIRM / NOT FIRM
- **Delivery basis** \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.15.1	As required	<b>URINE ASSAYS</b> Similar or equal to Lysergic Acid Diethylamide (LSD) Urine Controls	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: \_\_\_\_\_ Free State Department of Health
- At: \_\_\_\_\_ Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

151.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.15.2	As required	<b>URINE ASSAYS</b> Similar or equal to Lysergic Acid Diethylamide (LSD) Urine Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.16	As required	URINE ASSAYS Similar or equal to Ketamine Urine Assay	R _____ per price set R _____ per price level

Please specify number of test per kit: .....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

153.

## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder \_\_\_\_\_ Bid Number: DOH (FS)04/2026/2027

Closing Time: 11H00 Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.16.1	As required	URINE ASSAYS Similar or equal to Ketamine Urine Controls	R _____ per price set R _____ per price level
Please specify number of test per kit:.....			

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

154.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.16.2	As required	<b>URINE ASSAYS</b> Similar or equal to Ketamine Urine Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- **Required by:** Free State Department of Health
- **At:** Universitas Academic Hospital
- **Brand and model:** \_\_\_\_\_
- **Country of origin:** \_\_\_\_\_
- **Does the offer comply with specifications?** \* YES / NO
- **If not to specifications, indicate deviation(s)** \_\_\_\_\_
- **The Period required for delivery** \_\_\_\_\_
- **Delivery** \* FIRM / NOT FIRM
- **Delivery basis** \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

155.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.17	As required	URINE ASSAYS Similar or equal to Propoxyphene Urine Assay	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

156.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: <b>DOH (FS)04/2026/2027</b>
Closing Time: <b>11H00</b>	Closing Date: <b>26 June 2026</b>

**OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.**

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.17.1	As required	<b>URINE ASSAYS</b> Similar or equal to Propoxyphene Urine Controls	R _____ per price set R _____ per price level
Please specify number of test per kit:.....			

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- **Required by:** Free State Department of Health
- **At:** Universitas Academic Hospital
- **Brand and model:** \_\_\_\_\_
- **Country of origin:** \_\_\_\_\_
- **Does the offer comply with specifications?** \* YES / NO
- **If not to specifications, indicate deviation(s)** \_\_\_\_\_
- **The Period required for delivery** \_\_\_\_\_
- **Delivery** \* FIRM / NOT FIRM
- **Delivery basis** \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

157.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: <b>DOH (FS)04/2026/2027</b>
Closing Time: <b>11H00</b>	Closing Date: <b>26 June 2026</b>

**OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.**

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.17.2	As required	<b>URINE ASSAYS</b> Similar or equal to Propoxyphene Urine Calibrators	R _____ per price set R _____ per price level
Please specify number of test per kit:.....			

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- **Required by:** Free State Department of Health
- **At:** Universitas Academic Hospital
- **Brand and model:** \_\_\_\_\_
- **Country of origin:** \_\_\_\_\_
- **Does the offer comply with specifications?** \* YES / NO
- **If not to specifications, indicate deviation(s)** \_\_\_\_\_
- **The Period required for delivery** \_\_\_\_\_
- **Delivery** \* FIRM / NOT FIRM
- **Delivery basis** \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

158

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.18	As required	<b>URINE ASSAYS</b> Similar or equal to Propoxyphene Urine Assay	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.18.1	As required	<b>URINE ASSAYS</b> Similar or equal to Propoxyphene Urine Controls	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

160.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.18.2	As required	URINE ASSAYS Similar or equal to Propoxyphene Urine Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

**\* Delete if not applicable.**

161.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.19	As required	<b>URINE ASSAYS</b> Similar or equal to phencyclidine Urine Controls	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

162.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.19.1	As required	URINE ASSAYS Similar or equal to Phencyclidine Urine Controls	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

163.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.19.2	As required	<b>URINE ASSAYS</b> Similar or equal to Phencyclidine Urine Callibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

164.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.20	As required	<b>URINE ASSAYS</b> Similar or equal to Tramadol Urine Assay	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

165.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.20.1	As required	URINE ASSAYS Similar or equal to tramadol Urine Controls	R _____ per price set R _____ per price level

Please specify number of test per kit.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

166

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.20.2	As required	URINE ASSAYS Similar or equal to Tramadol Urine Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit: .....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

167.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.21	As required	<b>URINE ASSAYS</b> Similar or equal to Meperidine Urine Assay	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

168.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.21.1	As required	<b>URINE ASSAYS</b> Similar or equal to Meperidine Urine Controls	R _____ per price set R _____ per price level

Please specify number of test per kit: .....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.21.2	As required	<b>URINE ASSAYS</b> Similar or equal to Meperidine Urine Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- **Required by:** Free State Department of Health
- **At:** Universitas Academic Hospital
- **Brand and model:** \_\_\_\_\_
- **Country of origin:** \_\_\_\_\_
- **Does the offer comply with specifications?** \* YES / NO
- **If not to specifications, indicate deviation(s)** \_\_\_\_\_
- **The Period required for delivery** \_\_\_\_\_
- **Delivery** \* FIRM / NOT FIRM
- **Delivery basis** \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

170.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.22	As required	<b>URINE ASSAYS</b> Similar or equal to synthetic Cannabinoids Urine Assay	R _____ per price set R _____ per price level

Please specify number of test per kit: .....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

171.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.22.1	As required	<b>URINE ASSAYS</b> Similar or equal to Synthetic Cannabinoids Urine Controls	R _____ per price set R _____ per price level

Please specify number of test per kit: .....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.22.2	As required	<b>URINE ASSAYS</b> Similar or equal to Synthetic Cannabinoids urine Calibrators	R _____ per price set R _____ per price level

Please specify number of test per kit:.....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies

\* Delete if not applicable.

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**PRICING SCHEDULE – NON-FIRM PRICES  
(PURCHASES)**

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.23	As required	<b>URINE ASSAYS</b> Similar or equal to Methamphetamine urine Assay	R _____ per price set R _____ per price level
Please specify number of test per kit:.....			

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

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## PRICING SCHEDULE – NON-FIRM PRICES (PURCHASES)

**NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT.**

Name Of the bidder _____	Bid Number: DOH (FS)04/2026/2027
Closing Time: 11H00	Closing Date: 26 June 2026

OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
6. 6.23.1	As required	<b>URINE ASSAYS</b> Similar or equal to Methamphetamine urine Controls	R _____ per price set R _____ per price level

Please specify number of test per kit: .....

**REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH**

- Required by: Free State Department of Health
- At: Universitas Academic Hospital
- Brand and model: \_\_\_\_\_
- Country of origin: \_\_\_\_\_
- Does the offer comply with specifications? \* YES / NO
- If not to specifications, indicate deviation(s) \_\_\_\_\_
- The Period required for delivery \_\_\_\_\_
- Delivery \* FIRM / NOT FIRM
- Delivery basis \_\_\_\_\_

**\*\* "All applicable taxes" included value-added tax, pay-as-you-earn, income tax, unemployment insurance fund contributions and skills development levies**

\* Delete if not applicable.

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