

## PRICING SCHEDULE- FIRM PRICES (PURCHASES)

**NOTE: ONLY FIRM PRICE WILL BE ACCEPTED. NON-FIRM PRICES (INCLUDING PRICES SUBJECTED TO RATES OF EXCHANGE VARIATIONS) WILL NOT BE CONSIDERED**

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

Name of Bidder:.....	Bid Number: DOH (FS)07/2022/2023
Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
D11	as required	<b>Description:</b> Management of the sick child age 2 months up to 5 years <b>Reference document:</b> H305  <b>Specifications</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4 portrait (297 x 210 mm)</li> <li>• <b>Format:</b> Individually sheets</li> <li>• <b>Print:</b> Black printing on front and back. Free State Health logo must be printed in top left hand corner and H-number must be printed in top right hand corner. Print as per sample.</li> <li>• <b>Paper:</b> 80g White Bond</li> <li>• <b>Packing:</b> 100 sheets per pack</li> </ul>	R _____ per pack

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

**Note:** All delivery cost must be included in the bid price, for delivery at the prescribed destination.

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

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D12	as required	<b>Description:</b> Consent form – for surgery, anesthesia and other medical services <b>Reference document:</b> H336  <u><b>Specifications</b></u> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4-Portrait (297 x 210 mm)</li> <li>• <b>Format:</b> Individually sheets</li> <li>• <b>Print:</b> Black printing on front. Free State Health logo must be printed in top left hand corner and H-number must be printed in top right hand corner. Print as per sample.</li> <li>• <b>Paper:</b> 80g white bond</li> <li>• <b>Packing:</b> 100 sheets per pack</li> </ul>	R _____ per pack

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ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
D13	as required	<b>Description:</b> Neonatology transfer record Reference document: H369  <b>Specifications</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4 portrait (297 x 210 mm)</li> <li>• <b>Format:</b> Individually sheets</li> <li>• <b>Print:</b> Black printing on front and back. Free State Health logo must be printed in top left hand corner and H-number must be printed in top right hand corner. Print as per sample.</li> <li>• <b>Paper:</b> 80g white bond</li> <li>• <b>Packing:</b> 100 sheets per pack</li> </ul>	R _____ per pack

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ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
D14	as required	<b>Description:</b> Initial Assessment on admission at Primary Health Care Facilities <b>Reference document:</b> H388  <b>Specifications</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> 297 x 210 mm (A4 landscape)</li> <li>• <b>Format:</b> Individually sheets</li> <li>• <b>Print:</b> <b>Page 1:</b> Black printing on front and back. Free State Health logo must be printed in top left hand corner and H-number must be printed in top right hand corner. Print as per sample. <b>Page 2</b> must be printed A4 portrait.</li> <li>• <b>Paper:</b> 80g white bond</li> <li>• <b>Packing:</b> 100 sheets per pack</li> </ul>	R _____ per pack

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ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
D15	as required	<b>Description:</b> Progress Report <b>Reference document:</b> H407  <b>Specifications:</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> 297 x 210 mm</li> <li>• <b>Format:</b> Individually sheets</li> <li>• <b>Print:</b> Double sided in black printing on front and back; Logo – top left-hand corner and H-number right hand corner</li> <li>• <b>Paper:</b> 80g White Bond</li> <li>• <b>Packing:</b> 100 per pack</li> </ul>	R _____ per pack

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Country of origin:	_____
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ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
D16	as required	<b>Description:</b> ISHP Learner Assessment Form: Senior and FET – SHS 2b <b>Reference document:</b> H430  <u><b>Specifications</b></u> <ul style="list-style-type: none"> <li>• <b>Size:</b> 297 x 210 mm (A4 portrait)</li> <li>• <b>Format:</b> Book</li> <li>• <b>Print:</b> Sheet 1: Black printing on white (CB) 57g NCR paper printed on front only. Sheet 2: Black printing on white (CF) 57g NCR paper printed on front only. Sheet 1 and 2 must be perforated at 20mm from top of page</li> <li>• <b>Paper:</b> 57g NCR Paper</li> <li>• <b>Cover:</b> Soft back cover with flap-over Emtini liner 175g. Sticker with description of register, logo's of Department of Health and Basic Education and H-number printed in black to be pasted on front cover of book. Print as per sample.</li> <li>• <b>Binding:</b> Stapled on top side of book</li> <li>• <b>Packaging:</b> 50 sets of 2 sheets per book stapled on top side</li> </ul>	R _____ per book

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D17	as required	<b>Description:</b> Paper IV computer quadruplicated	R _____ per box
		<b>Specifications</b>	
		<ul style="list-style-type: none"> <li>• <b>Size:</b> 140mm (width) x 365mm (length)</li> <li>• <b>Format:</b> Box</li> <li>• <b>Print:</b> Colour NCR paper with no printing</li> <li>• <b>Paper:</b> 57g NCR paper continuous flow perforated vertically and horizontally. Must have holes on left and right hand side of paper for continuous flow purpose.</li> <li>• <b>Sheet 1:</b> White. <b>Sheet 2:</b> Yellow. <b>Sheet 3:</b> Green. <b>Sheet 4:</b> Pink.</li> <li>• <b>Packing:</b> 1000 continuous flow sheets per box</li> </ul>	

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# **SECTION E: FORMS AND LABELS**

**The following forms and labels are in this section**

- H9 - Blood transfusion register
  - H20 - Theatre Register
  - H33 - ISHP: Health Education Data Collection Tool SHS6
  - H42 - Adult male patient health record primary health care
  - H50 - Pre-bypass checklist
  - H63 - Label for eye ointment
  - H71 - Label for tablets
  - H87 - Covid-19 vaccination form
  - H95A - Register for schedule 6 medicine
  - H178 - Observation chart
  - H307 - Physiotherapy referral and treatment folder
  - H336A - Consent for surgery by children 13-18 years
  - H372 - Hemo and Peritoneal dialysis laboratory results
  - H389 - Primary health care clinical record
  - H409 - Patient Adherence Record
  - H431 - ISHP: Referral letter to Health Care Provider- SHS4
  - Self-adhesive labels
- 
- **ABBREVIATIONS**
  - CB – Carbonized back
  - CBF – Carbonized back and front
  - CF – Carbonized front
  - NCR – No carbon required
  - IEC – Information, Education, Communication

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9300

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**Email-address: GerberJB@fshealth.gov.za**

SBD 3.2

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E1	as required	<b>Description:</b> Blood transfusion register <b>Reference document:</b> H9  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Size:</b> A3 Landscape (297 x 420mm)</li> <li>• <b>Format:</b> Register</li> <li>• <b>Print:</b> <b>Sheet 1</b> (Page 1 and 2) is an information sheet of which page 1 is colour printing and from <b>sheet 2 to 100</b> (Page 3-200) Black printing on front and back. Free State Health logo top left hand corner in black on both sides of the page. Print as per sample</li> <li>• <b>Cover:</b> Hard cover (chipboard) front and back with a spine cloth – left hand side. Sticker with black printing on front only. Logo – Printed in centre with H-number underneath of Logo and description of register</li> <li>• <b>Paper:</b> 105g White bond</li> <li>• <b>Packaging:</b> 100 sheets</li> </ul>	R _____ per register

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E2	as required	<b>Description:</b> Theatre Register <b>Reference document:</b> H20  <u><b>Specifications</b></u> <ul style="list-style-type: none"> <li>• <b>Size:</b> A3 landscape (297 x 420 mm)</li> <li>• <b>Format:</b> Register</li> <li>• <b>Print:</b> Page 1 is blank. Printing start on page 2. Black printing on front and back. Print as per sample.</li> <li>• <b>Cover:</b> Hard cover (chip board) front and back with a spine cloth – left hand side. Sticker with black printing on front only. Logo – Printed in centre with H-number underneath of Logo</li> <li>• <b>Paper:</b> 105g White cartridge</li> <li>• <b>Binding:</b> 100 sheets (200 pages) per book</li> </ul>	R _____ per register

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E3	as required	<b>Description:</b> ISHP: Health Education Data Collection Tool SHS6 <b>Reference document:</b> H33  <u><b>Specifications</b></u> <ul style="list-style-type: none"> <li>• <b>Size:</b> 297 x 210 mm (Portrait)</li> <li>• <b>Format:</b> Book</li> <li>• <b>Print:</b> <b>Page 1:</b> Black printing on white (CB) 57g paper on front only (NCR Paper). <b>Page 2:</b> Black printing on white (CF) 57g paper. Printed on front only (NCR Paper). page 1 must be perforated at 20mm from top of page</li> <li>• <b>Paper:</b> 57g NCR Paper</li> <li>• <b>Cover:</b> Soft back cover with flap-over Emtini liner 175g. Sticker with description of register, logo's of Department of Health, Basic Education, description and H-number printed in black to be stick on front cover of book</li> <li>• <b>Binding:</b> Stapled on top side of book</li> <li>• <b>Packaging:</b> 50 sets of 2 pages per book stapled on top</li> </ul>	R _____ per book

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E4	as required	<b>Description:</b> Adult male patient health record primary health care <b>Reference document:</b> H42  <u><b>Specifications</b></u> <ul style="list-style-type: none"> <li>• <b>Size:</b> Extended A4-portrait (300 x 220 mm after cutting)</li> <li>• <b>Format:</b> Book</li> <li>• <b>Print:</b> Inside 32 double sided sheets - 64 page numbered.</li> <li>• <b>Paper:</b> 80g Bond White printed black front and back</li> <li>• <b>Cover:</b> 300-gram Gloss printed full colour single sided. National Health logo must be printed in centre of cover. H-number must be printed in top right hand corner. Print as per sample</li> <li>• <b>Pocket:</b> Pasted pocket on inside back cover. Size: 200 x 90mm (A4 page to fit with ease in pocket)</li> <li>• <b>Binding:</b> stapled on left hand side</li> <li>• <b>Packing:</b> 20 books per pack</li> </ul>	R _____ per pack

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E5	as required	<b>Description:</b> Pre-bypass checklist <b>Reference document:</b> H50  <b>Specifications</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4 Landscape (297 x 210 mm)</li> <li>• <b>Format:</b> Individually glued sheets</li> <li>• <b>Print:</b> Sheet 1: printed black on white (CB) 57g paper, only on front (NCR Paper). Sheet 2: printed black on white (CF) 57g paper, only on front (NCR Paper). Sheet 1 and 2 glue together on left hand side. 2 Punch holes top of form. Free State Health logo must be printed in centre of cover. H-number must be printed in top right hand corner. Print as per sample</li> <li>• <b>Paper:</b> 57g NCR Paper</li> <li>• <b>Packaging:</b> 100 forms per pack</li> </ul>	R _____ per pack

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At:	
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E6	as required	<b>Description:</b> Label for eye ointment <b>Reference document:</b> H63  <b>Specifications:</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> Length: 35mm Width: 70mm</li> <li>• <b>Format:</b> Roll</li> <li>• <b>Print:</b> Sticker full colour</li> <li>• <b>Paper:</b> Sticker adhesive non-gloss</li> <li>• <b>Packing:</b> 1000 stickers per roll</li> </ul>	R _____ per roll

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**Required by:** At various institutions

**At:**

**Brand and model:**

**Country of origin:**

**Does offer comply with specifications?**

\* YES / NO

**If not to specifications, indicate deviation(s)**

**Period required for delivery**

**Delivery**

As per special conditions of contract

**Delivery basis**

**Note:** All delivery cost must be included in the bid price, for delivery at the prescribed destination.

**\*\* "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– FIRM PRICES (PURCHASES)

**NOTE: ONLY FIRM PRICE WILL BE ACCEPTED. NON-FIRM PRICES (INCLUDING PRICES SUBJECTED TO RATES OF EXCHANGE VARIATIONS) WILL NOT BE CONSIDERED**

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

Name of Bidder:.....	Bid Number: DOH (FS)07/2022/2023
Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
E7	as required	<b>Description:</b> Label for tablets <b>Reference document:</b> H71  <b>Specifications:</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> Length: 50mm Width: 70mm</li> <li>• <b>Format:</b> Roll</li> <li>• <b>Print:</b> Sticker full colour</li> <li>• <b>Paper:</b> Sticker adhesive non-gloss</li> <li>• <b>Packing:</b> 1000 stickers per roll</li> </ul>	R _____ per roll

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

**Required by:** At various institutions

**At:**

**Brand and model:**

**Country of origin:**

**Does offer comply with specifications?**

\* YES / NO

**If not to specifications, indicate deviation(s)**

**Period required for delivery**

**Delivery**

As per special conditions of contract

**Delivery basis**

**Note:** All delivery cost must be included in the bid price, for delivery at the prescribed destination.

**\*\* "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– FIRM PRICES (PURCHASES)

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

Name of Bidder:.....	Bid Number: DOH (FS)07/2022/2023
Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
E8	as required	<b>Description:</b> Covid-19 vaccination form Reference document: H87  <b>Specifications:</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4 portrait (297 x 210 mm)</li> <li>• <b>Format:</b> Sheets</li> <li>• <b>Print:</b> Colour printing on front and back</li> <li>• <b>Paper:</b> 120g white uncoated card</li> <li>• <b>Packing:</b> 100 sheets per pack</li> </ul>	R _____ per pack

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

**Note:** All delivery cost must be included in the bid price, for delivery at the prescribed destination.

**\*\* "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– FIRM PRICES (PURCHASES)

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

Name of Bidder:.....	Bid Number: DOH (FS)07/2022/2023
Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
E9	as required	<b>Description:</b> Register for schedule 6 medicine <b>Reference document:</b> H95A  <u><b>Specifications</b></u> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4 Landscape (297 x 210 mm)</li> <li>• <b>Format:</b> Register</li> <li>• <b>Print:</b> <b>Sheet 1: information and index sheet.</b> Sheet 2: index sheet. Black printing on front of page 1 and 2. Register sheets from sheet 3 to 52 (page 3-102): Black printing on front and back of register sheets where the unique number is printed in red in top right hand side corner on all pages. The H-number must be printed in the top right hand side corner. As per sample.</li> <li>• <b>Paper:</b> 80g White Bond</li> <li>• <b>Cover:</b> Green lined board with a cloth spine on left hand side. Sticker with description of register, logo of Department of Health, H-number in black. Unique number must be printed in red. Sticker to be pasted on cover of register.</li> <li>• <b>Binding:</b> 2 pages (information/index and index sheet in front register) and 100 unique number pages of register equals 52 sheets</li> </ul>	R _____ per register

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

**Note:** All delivery cost must be included in the bid price, for delivery at the prescribed destination.

**\*\* "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- FIRM PRICES (PURCHASES)

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Name of Bidder:.....	Bid Number: DOH (FS)07/2022/2023
Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
E10	as required	<b>Description:</b> Observation chart Reference document: H178  <b>Specifications:</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> 297 x 210 mm Portrait (A4)</li> <li>• <b>Format:</b> Individually sheets</li> <li>• <b>Print:</b> Full colour printing on front and back. H-number and logo (front and back). Free State Health logo must be printed in centre of cover. H-number must be printed in top right-hand corner. Print as per sample.</li> <li>• <b>Paper:</b> 80g white bond</li> <li>• <b>Packing:</b> 100 sheets per pack</li> </ul>	R _____ per pack

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

**Note:** All delivery cost must be included in the bid price, for delivery at the prescribed destination.

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- Delete if not applicable

## PRICING SCHEDULE- FIRM PRICES (PURCHASES)

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Name of Bidder:.....	Bid Number: DOH (FS)07/2022/2023
Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
E11	as required	<b>Description:</b> Physiotherapy referral and treatment folder <b>Reference document:</b> H307  <u><b>Specifications</b></u> <ul style="list-style-type: none"> <li>• <b>Size:</b> A3-landscape (297 x 420 mm) folded back to A4-portrait</li> <li>• <b>Format:</b> folder</li> <li>• <b>Print:</b> Black printing front and back. Free State Health logo must be printed in top left hand corner and H-number must be printed in top right hand corner. Print as per sample.</li> <li>• <b>Paper:</b> 160g Blue Tokai</li> <li>• <b>Packing:</b> 100 folders per pack</li> </ul>	R _____ per pack

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

**Note: All delivery cost must be included in the bid price, for delivery at the prescribed destination.**

**\*\* "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- FIRM PRICES (PURCHASES)

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

Name of Bidder:.....	Bid Number: DOH (FS)07/2022/2023
Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
E12	as required	<b>Description:</b> Consent for surgery by children 13-18 years <b>Reference document:</b> H336A  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4-Portrait (297 x 210 mm)</li> <li>• <b>Format:</b> Individually sheets</li> <li>• <b>Print:</b> Black printing on front. Free State Health logo must be printed in top left hand corner and H-number must be printed in top right hand corner. Print as per sample.</li> <li>• <b>Paper:</b> 80g white bond</li> <li>• <b>Packing:</b> 100 sheets per pack</li> </ul>	R _____ per pack

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

Note: All delivery cost must be included in the bid price, for delivery at the prescribed destination.

\*\* "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– FIRM PRICES (PURCHASES)

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Name of Bidder:.....	Bid Number: DOH (FS)07/2022/2023
Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
E13	as required	<b>Description:</b> Hemo and Peritoneal dialysis laboratory results <b>Reference document:</b> H372  <b>Specifications</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4 Portrait (297mm x 210mm)</li> <li>• <b>Format:</b> Individually sheets</li> <li>• <b>Print:</b> Black printing on front. Free State Health logo must be printed in top left hand corner and H-number must be printed in top right hand corner. Print as per sample.</li> <li>• <b>Paper:</b> 80g white bond</li> <li>• <b>Packing:</b> 100 sheets per pack</li> </ul>	R _____ per pack

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

**Note:** All delivery cost must be included in the bid price, for delivery at the prescribed destination.

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- Delete if not applicable

## PRICING SCHEDULE– FIRM PRICES (PURCHASES)

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Name of Bidder:.....	Bid Number: DOH (FS)07/2022/2023
Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
E14	as required	<b>Description:</b> Primary health care clinical record <b>Reference document:</b> H389  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4 landscape (size 297 x 210mm)</li> <li>• <b>Format:</b> Individual sheets</li> <li>• <b>Print:</b> Black printing on front and back. Free State Health logo must be printed in top left hand corner and H-number must be printed in top right hand corner. Print as per sample.</li> <li>• <b>Paper:</b> 80g white bond</li> <li>• <b>Packing:</b> 100 sheets per pack</li> </ul>	R _____ per pack

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

**Note:** All delivery cost must be included in the bid price, for delivery at the prescribed destination.

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- Delete if not applicable

## PRICING SCHEDULE– FIRM PRICES (PURCHASES)

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Name of Bidder:.....	Bid Number: DOH (FS)07/2022/2023
Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
E15	as required	<b>Description:</b> Patient Adherence Record <b>Reference document:</b> H409  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Page size:</b> A4-Portrait (297 x 210 mm)</li> <li>• <b>Format:</b> Individually sheets</li> <li>• <b>Print:</b> Black printing on front and back. Free State Health logo must be printed in top left hand corner and H-number must be printed in top right hand corner. Print as per sample.</li> <li>• <b>Paper:</b> 80g white bond</li> <li>• <b>Packing:</b> 100 sheets per pack</li> </ul>	R _____ per pack

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by: \_\_\_\_\_ At various institutions

At: \_\_\_\_\_

Brand and model: \_\_\_\_\_

Country of origin: \_\_\_\_\_

Does offer comply with specifications? \* YES / NO

If not to specifications, indicate deviation(s) \_\_\_\_\_

Period required for delivery \_\_\_\_\_

Delivery \_\_\_\_\_ As per special conditions of contract

Delivery basis \_\_\_\_\_

Note: All delivery cost must be included in the bid price, for delivery at the prescribed destination.

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- Delete if not applicable

## PRICING SCHEDULE– FIRM PRICES (PURCHASES)

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Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
E16	as required	<b>Description:</b> ISHP: Referral letter to Health Care Provider- SHS4 <b>Reference document:</b> H431  <b>Specifications</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> 297 x 210 mm (A4 portrait)</li> <li>• <b>Format:</b> Book</li> <li>• <b>Print:</b> Sheet 1: Black printing on white (CB) 57g NCR paper printed on front only. Sheet 2: Black printing on white (CF) 57g NCR paper printed on front only. Sheet 1 and 2 must be perforated at 20mm from top of page</li> <li>• <b>Paper:</b> 57g NCR Paper</li> <li>• <b>Cover:</b> Soft back cover with flap-over Emtini liner 175g. Sticker with description of register, logo's of Department of Health and Basic Education and H-number printed in black to be pasted on front cover of book. Print as per sample.</li> <li>• <b>Binding:</b> Stapled on top side of book</li> <li>• <b>Packaging:</b> 50 sets of 2 sheets per book stapled on top side</li> </ul>	R _____ per book

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

**Note:** All delivery cost must be included in the bid price, for delivery at the prescribed destination.

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- Delete if not applicable

## PRICING SCHEDULE– FIRM PRICES (PURCHASES)

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Name of Bidder:.....	Bid Number: DOH (FS)07/2022/2023
Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
E17	as required	<b>Description:</b> Label self-adhesive	R _____ per roll
		<b>Specifications</b>	
		<ul style="list-style-type: none"> <li>• <b>Size:</b> 108mm (width) x 108mm (length) square</li> <li>• <b>Format:</b> Box</li> <li>• <b>Print:</b> Label with no printing</li> <li>• <b>Paper:</b> Thermal transfer adhesive white</li> <li>• <b>Core width:</b> 55mm diameter in the middle of the roll</li> <li>• <b>Packing:</b> 1000 labels per roll</li> </ul>	

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

Note: All delivery cost must be included in the bid price, for delivery at the prescribed destination.

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- Delete if not applicable

# **SECTION F: FORMS AND LABELS**

**The following forms and labels are in this section**

- H11 – Reservation card
- H21 - Duty Roster / Off-duty Periods
- H34 - Casualty and Outpatient Register
- H45 - Adult female patient health record primary health care
- H51 - Cardiothoracic safety checklist
- H62 - Product complaint form
- H72 - Label for suspension
- H101 - Application for non-coded/ level 5 EML medicine per patient
- H178A - Observation chart: Paediatric
- H323 - Prescription administration chart
- H336B - Application to perform sterilisation on individuals to legally competent
- H376 - Register: Expiry dates
- H391 - Personal health passport
- H423 - Risk grading sticker for pregnant women: Tertiary Hospitals - Red
- H432 - ISHP Follow-up Assessment Form - SHS5

**• ABBREVIATIONS**

- CB – Carbonized back
- CBF – Carbonized back and front
- CF – Carbonized front
- NCR – No carbon required
- IEC – Information, Education, Communication

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**Email-address: GerberJB@fshealth.gov.za**

SBD 3.2

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## PRICING SCHEDULE- FIRM PRICES (PURCHASES)

NOTE: ONLY FIRM PRICE WILL BE ACCEPTED. NON-FIRM PRICES (INCLUDING PRICES SUBJECTED TO RATES OF EXCHANGE VARIATIONS) WILL NOT BE CONSIDERED

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Name of Bidder:.....	Bid Number: DOH (FS)07/2022/2023
Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
F1	as required	<b>Description:</b> Reservation card <b>Reference document:</b> H11  <u><b>Specifications</b></u> 1. <b>Size:</b> C6-Landscape (162mm X 114) and card must be scored at 81mm 2. <b>Format:</b> Cards  3. <b>Print:</b> Black printing on front and back and 4. <b>Paper:</b> 160g Blue 5. <b>Packing:</b> 100 cards per pack	R _____ per pack

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

Note: All delivery cost must be included in the bid price, for delivery at the prescribed destination.

\*\* "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– FIRM PRICES (PURCHASES)

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Name of Bidder:.....	Bid Number: DOH (FS)07/2022/2023
Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
F2	as required	<b>Description:</b> Duty Roster / Off-duty Periods <b>Reference document:</b> H21	R _____ per book
<b>Specifications</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4 portrait (297 x 210 mm)</li> <li>• <b>Format:</b> Book</li> <li>• <b>Print:</b> <b>Sheet 1:</b> Black and red printing on white (CB) 57g paper on front only (NCR Paper). <b>Sheet 2:</b> Black and red printing on white (CFB) 57g paper front only (NCR Paper). <b>Sheet 3:</b> Black and red printing on white (CF) 57g paper on front only (NCR Paper). Left hand side down perforated on pages 1 and 2, - 20mm from left hand side. Unique numbering right hand side in red on pages 1, 2 and 3. Print as per sample.</li> <li>• <b>Paper:</b> 57g NCR Paper</li> <li>• <b>Cover:</b> Soft back cover with flap-over Emtini liner 175g. Stapled on left hand side of book. Sticker with description of register, logo of Department of Health and H-number printed in black and unique numbering printed in red to be stick on cover of book</li> <li>• <b>Binding:</b> 50 sets of 3 pages (total of 150 pages)per book stapled on left hand side</li> </ul>			

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

**Note:** All delivery cost must be included in the bid price, for delivery at the prescribed destination.

**\*\* "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- FIRM PRICES (PURCHASES)

**NOTE: ONLY FIRM PRICE WILL BE ACCEPTED. NON-FIRM PRICES (INCLUDING PRICES SUBJECTED TO RATES OF EXCHANGE VARIATIONS) WILL NOT BE CONSIDERED**

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

Name of Bidder:.....	Bid Number: DOH (FS)07/2022/2023
Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
F3	as required	<b>Description:</b> Casualty and Outpatient Register <b>Reference document:</b> H34  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Size:</b> A3 landscape (420 mm x 297 mm)</li> <li>• <b>Format:</b> Register</li> <li>• <b>Print:</b> Black printing on front and back</li> <li>• <b>Paper:</b> 105g White</li> <li>• <b>Cover:</b> Hard cover (Chip board) front and back with a cloth spine on left hand side. Sticker with description of register, logo of Department of Health in black Printing and H-number to be stick on cover of register</li> <li>• <b>Binding:</b> 100 sheets per register</li> </ul>	R _____ per register

Use spec of H20

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

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

**Note: All delivery cost must be included in the bid price, for delivery at the prescribed destination.**

**\*\* "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– FIRM PRICES (PURCHASES)

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Closing Time: 11H00

Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
F4	as required	<b>Description:</b> Adult female patient health record primary health care <b>Reference document:</b> H45  <u><b>Specifications</b></u> <ul style="list-style-type: none"> <li>• <b>Size:</b> Extended A4-portrait (300 x 220 mm after cutting)</li> <li>• <b>Format:</b> Book</li> <li>• <b>Print:</b> Inside 32 double sided sheets - 64 page numbered.</li> <li>• <b>Paper:</b> 80g Bond White printed black front and back</li> <li>• <b>Cover:</b> 300-gram Gloss printed full colour single sided. National Health logo must be printed in centre of cover. H-number must be printed in top right hand corner. Print as per sample</li> <li>• <b>Pocket:</b> Pasted pocket on inside back cover. Size: 200 x 90mm (A4 page to fit with ease in pocket)</li> <li>• <b>Binding:</b> stapled on left hand side</li> <li>• <b>Packing:</b> 20 books per pack</li> </ul>	R _____ per pack

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by: At various institutions

At:

Brand and model:

Country of origin:

Does offer comply with specifications?

\* YES / NO

If not to specifications, indicate deviation(s)

Period required for delivery

Delivery

As per special conditions of contract

Delivery basis

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Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
F5	as required	<b>Description:</b> Cardiothoracic safety checklist <b>Reference document:</b> H51  <u><b>Specifications</b></u> <ul style="list-style-type: none"> <li>• <b>Page size:</b> A4-Landscape (297 x 210 mm)</li> <li>• <b>Format:</b> Individually sheets</li> <li>• <b>Print:</b> Black printing on front. Free State Health logo must be printed in centre of cover. H-number must be printed in top right hand corner. Print as per sample</li> <li>• <b>Paper:</b> 80g white bond</li> <li>• <b>Packing:</b> 100 sheets per pack</li> </ul>	R _____ per pack

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

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Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
F6	as required	<b>Description:</b> Product complaint form <b>Reference document:</b> H62  <b>Specifications</b> <b>Size:</b> A4-Portrait (297 x 210 mm) <b>Format:</b> Individually sheets <b>Print:</b> Black printing on front. <b>Paper:</b> 80g white bond <b>Packing:</b> 100 sheets per pack	R _____ per pack

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

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Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
F7	as required	<b>Description:</b> Label for suspension <b>Reference document:</b> H72  <b>Specifications:</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> Length: 50mm Width: 70mm</li> <li>• <b>Format:</b> Roll</li> <li>• <b>Print:</b> Sticker full colour</li> <li>• <b>Paper:</b> Sticker adhesive non-gloss</li> <li>• <b>Packing:</b> 1000 stickers per roll</li> </ul>	R _____ per roll

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

**Required by:** At various institutions

**At:**

**Brand and model:**

**Country of origin:**

**Does offer comply with specifications?**

\* YES / NO

**If not to specifications, indicate deviation(s)**

**Period required for delivery**

**Delivery**

As per special conditions of contract

**Delivery basis**

**Note:** All delivery cost must be included in the bid price, for delivery at the prescribed destination.

**\*\* "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-- FIRM PRICES (PHURCHASES)

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

Name of Bidder:.....	Bid Number: DOH (FS)07/2022/2023
Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
F8	as required	<b>Description:</b> Label for suspension <b>Reference document:</b> H72  <b>Specifications:</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> Length: 50mm Width: 70mm</li> <li>• <b>Format:</b> Roll</li> <li>• <b>Print:</b> Sticker full colour</li> <li>• <b>Paper:</b> Sticker adhesive non-gloss</li> <li>• <b>Packing:</b> 1000 stickers per roll</li> </ul>	R _____ per roll

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

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- Delete if not applicable

# PRICING SCHEDULE- FIRM PRICES (PHURCHASES)

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Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
F9	as required	<b>Description:</b> Application for non-coded/ level 5 EML medicine per patient <b>Reference document:</b> H101  <b>Specifications</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4 landscape (210mm x 297mm)</li> <li>• <b>Format:</b> Set of 3 GLUED sheets</li> <li>• <b>Print:</b> Sheet 1: Black printing on white (CB) 57g paper on front only (NCR Paper). Sheet 2: Black printing on white (CFB) 57g paper on front only (NCR Paper). Sheet 3: Black printing on white (CF) 57g paper on front only (NCR Paper). Free State Health logo must be printed in centre of cover. H-number must be printed in top right hand corner. Print as per sample</li> <li>• <b>Paper:</b> 57g NCR Paper</li> <li>• <b>Packaging:</b> 50 sets of 3 sheets per pack</li> </ul>	R _____ per register

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

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- Delete if not applicable

SBD 3.2

# PRICING SCHEDULE– FIRM PRICES (PHURCHASES)

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
F10	as required	<b>Description:</b> Observation chart: Paediatric <b>Reference document:</b> H178A  <u><b>Specifications</b></u> <ul style="list-style-type: none"> <li>• <b>Page size:</b> A4-Portrait (297 x 210 mm)</li> <li>• <b>Format:</b> Individually sheets</li> <li>• <b>Print:</b> full Colour printing on front and back. Free State Health logo must be printed in centre of cover. H-number must be printed in top right hand corner. Print as per sample</li> <li>• <b>Paper:</b> 80g white bond</li> <li>• <b>Packing:</b> 100 sheets per pack</li> </ul>	R _____ per pack

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

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ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
F11	as required	<b>Description:</b> Prescription administration chart <b>Reference document:</b> H323  <b>Specifications</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> Sheet 1: 195 x 305mm. Sheet 2: 305 x 420mm</li> <li>• <b>Format:</b> 2-pages individually glued set</li> <li>• <b>Print:</b> Sheet 1 - Printed red/black on front of 57g white NCR paper (CB). Sheet 2 - Printed red/black on front and back of 120g white NCR board (CF). Free State Health logo must be printed in top left hand corner and H-number must be printed in top right hand corner. Print as per sample.</li> <li>• <b>Paper:</b> 57g and 120g NCR paper/board</li> <li>• <b>Binding:</b> Glued at left hand side and 2 punch holes at left hand side</li> <li>• <b>Packing:</b> 100 glued sheets per pack</li> </ul>	R _____ per pack

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
F12	as required	<b>Description:</b> Application to perform sterilisation on individuals to legally competent <b>Reference document:</b> H336B  <b>Specifications</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4-Portrait (297 x 210 mm)</li> <li>• <b>Format:</b> Individually sheets</li> <li>• <b>Print:</b> Black printing on front. Free State Health logo must be printed in top left hand corner and H-number must be printed in top right hand corner. Print as per sample.</li> <li>• <b>Paper:</b> 80g white bond</li> <li>• <b>Packing:</b> 100 sheets per pack</li> </ul>	R _____ per pack

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
F13	as required	<b>Description:</b> Register: Expiry dates <b>Reference document:</b> H376  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Size:</b> 297 x 420 mm (A3 Landscape)</li> <li>• <b>Format:</b> Register</li> <li>• <b>Print:</b> Black printing on front and back Free State Health logo must be printed in top left hand corner and H-number must be printed in top right hand corner. Print as per sample.</li> <li>• <b>Paper:</b> 80g white bond</li> <li>• <b>Binding:</b> 100 sheets per book (200 pages)</li> <li>• <b>Cover:</b> Hard cover (Chip board) and cloth spine: Sticker pasted on register printed in black with logo of department, H-number and description of register.</li> </ul>	R _____ per register

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

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Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
F14	as required	<b>Description:</b> Personal health passport <b>Reference document:</b> H391  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Size:</b>3-folded A5 (435 X 210mm) folded</li> <li>• <b>Format:</b> Booklet</li> <li>• <b>Print:</b> Black printing on front and back total of 6 pages. Free State Health logo must be printed in top left hand corner and H-number must be printed in top right hand corner. Print as per sample.</li> <li>• <b>Paper:</b> 100g white bond</li> <li>• <b>Packing:</b> 100booklet per pack</li> </ul>	R _____ per pack

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
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Name of Bidder:..... Bid Number: DOH (FS)07/2022/2023

Closing Time: 11H00

Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
F15	as required	<b>H- Description:</b> Risk grading sticker for pregnant women: Tertiary Hospitals - Red <b>Reference document:</b> H423  <u><b>Specifications</b></u> <ul style="list-style-type: none"> <li>• <b>Sticker Size:</b> Width: 95mm x Length: 35cm</li> <li>• <b>Format:</b> Roll</li> <li>• <b>Print:</b> Red sticker. Free State Health logo must be printed in top right hand side and H-number must be printed in top right hand corner. Print as per sample.</li> <li>• <b>Paper:</b> Sticker adhesive Semi-gloss</li> <li>• <b>Packing:</b> 500 stickers per roll</li> </ul>	R _____ per roll

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by: At various institutions

At:

Brand and model:

Country of origin:

Does offer comply with specifications?

\* YES / NO

If not to specifications, indicate deviation(s)

Period required for delivery

Delivery

As per special conditions of contract

Delivery basis

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- Delete if not applicable

SBD 3.2



# PRICING SCHEDULE– FIRM PRICES (PURCHASES)

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Name of Bidder:.....	Bid Number: DOH (FS)07/2022/2023
Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
F16	as required	<b>Description:</b> ISHP Follow-up Assessment Form - SHS5 <b>Reference document:</b> H432  <u><b>Specifications</b></u> <ul style="list-style-type: none"> <li>• <b>Size:</b> 297 x 210 mm (A4 portrait)</li> <li>• <b>Format:</b> Book</li> <li>• <b>Print:</b> Sheet 1: Black printing on white (CB) 57g NCR paper printed on front only. Sheet 2: Black printing on white (CF) 57g NCR paper printed on front only. Sheet 1 and 2 must be perforated at 20mm from top of page</li> <li>• <b>Paper:</b> 57g NCR Paper</li> <li>• <b>Cover:</b> Soft back cover with flap-over Emtini liner 175g. Sticker with description of register, logo's of Department of Health and Basic Education and H-number printed in black to be pasted on front cover of book. Print as per sample.</li> <li>• <b>Binding:</b> Stapled on top side of book</li> <li>• <b>Packaging:</b> 50 sets of 2 sheets per book stapled on top side</li> </ul>	R _____ per book

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

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- **Delete if not applicable**

# **SECTION G: FORMS AND LABELS**

**The following forms and labels are in this section**

- **H12** – Admission and discharge form
- **H23** – Paediatric admission and discharge record
- **H36** – Casualty and Outpatients Treatment Register
- **H52** – Daily return of patients
- **H65** – Label for eye drops
- **H73** – Label for aerosols
- **H80** – Infection Prevention and Control Invasive Device per day
- **H190** – Prescription for long term domiciliary oxygen therapy (LTDOT)
- **H207** – Clinical Record
- **H324** – Glasgow coma scale
- **H336C** – Consent on application for consent to medical treatment or surgical operation by Minister
- **H377** – Out of stock report
- **H398** – Pre-test consent to HIV – Testing
- **H424** – Pre-test consent to HIV – Testing
- **H433** – Record of Learners referred for further assessment - SHS8
- **Z8** – Attendance register
- **Z20A** – Temporary Cover

## **ABBREVIATIONS**

- CB – Carbonized back
- CBF – Carbonized back and front
- CF – Carbonized front
- NCR – No carbon required
- IEC – Information, Education, Communication

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## PRICING SCHEDULE- FIRM PRICES (PHURCHASES)

**NOTE: ONLY FIRM PRICE WILL BE ACCEPTED. NON-FIRM PRICES (INCLUDING PRICES SUBJECTED TO RATES AF EXCHANGE VARIATIONS) WILL NOT BE CONSIDERED**

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

Name of Bidder:.....	Bid Number: DOH (FS)07/2022/2023
Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
G1	as required	<b>Description:</b> Admission and discharge form <b>Reference document:</b> H12  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Page size:</b> A4-Portrait (297 x 210 mm)</li> <li>• <b>Format:</b> Book</li> <li>• <b>Print: Sheet 1:</b> Black and red printing on white (CB) 57g paper. Printed on front only (NCR Paper). <b>Sheet 2:</b> Black and red printing on white (CF) 57g paper. Printed on front only (NCR Paper). Sheet 1 must be perforated 20mm from left hand side. Unique numbering top right hand side in red underneath description of form on sheet 1 and 2. Print as per sample</li> <li>• <b>Paper:</b> 57g NCR Paper</li> <li>• <b>Cover:</b> Soft back cover with flap-over Emtini liner 175g. Stapled on left hand side of book. Sticker with description of register, logo of Department of Health and H-number printed in black and unique numbering printed in red to be stick on cover of book</li> <li>• <b>Unique numbering:</b> will be provided by - Revenue Management, 2<sup>nd</sup> floor C-East, Bophelo House, C/O Harvey and Charlotte Maxeke Street, Bloemfontein</li> <li>• <b>Packing:</b> 50 set per book</li> </ul>	R _____ per book

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

**Note:** All delivery cost must be included in the bid price, for delivery at the prescribed destination.

**\*\* "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- FIRM PRICES (PURCHASES)

**NOTE: ONLY FIRM PRICE WILL BE ACCEPTED. NON-FIRM PRICES (INCLUDING PRICES SUBJECTED TO RATES OF EXCHANGE VARIATIONS) WILL NOT BE CONSIDERED**

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

Name of Bidder:.....	Bid Number: DOH (FS)07/2022/2023
Closing Time: 11H00	Date: 02 September 2022

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
G2	as required	<b>Description:</b> Paediatric admission and discharge record <b>Reference document:</b> H23	R _____ per pack
		<b>Specifications</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> A3 Landscape (297 x 420 mm) folded back to A4-size</li> <li>• <b>Format:</b> Individually sheets</li> <li>• <b>Print:</b> Black printing on front and back. Free State Health logo must be printed top left hand on page 1. H-number must be printed in top right hand corner. Print as per sample</li> <li>• <b>Paper:</b> 80g white bond</li> <li>• <b>Packing:</b> 100 sheets per pack</li> </ul>	

## REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH

Required by:	At various institutions
At:	
Brand and model:	_____
Country of origin:	_____
Does offer comply with specifications?	* YES / NO
If not to specifications, indicate deviation(s)	_____
Period required for delivery	_____
Delivery	As per special conditions of contract
Delivery basis	_____

**Note:** All delivery cost must be included in the bid price, for delivery at the prescribed destination.

**\*\* "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