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 Bio	ider:	<del></del>	Bid Number: DOH (FS)07/2022/2023		
Closing Tim	e: 11H00		Date:	02 September 2022	2
OFFER TO E	BE VALID FOR	120 DAYS FROM THE CLOSING DAT	E OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION	l	BID PRICE IN	RSA CURRENCY
D11	as required	Description: Management of the si up to 5 years Reference document: H305  Specifications Size: A4 portrait (297 x 210 mm Format: Individually sheets Print: Black printing on front a Health logo must be printed in to H-number must be printed in to Print as per sample. Paper: 80g White Bond Packing: 100 sheets per pack	n) and back. Free State p left hand corner and	R	per pack
REQUIRED I		STATE DEPARTMENT OF HEALTH	At various institutions	<b>3</b>	
At:					
Brand and	model:		4)		
Country of	origin:				
Does offer	comply with s	pecifications?	* YES / NO		
If not to sp	ecifications, in	dicate deviation(s)			
Period requ	uired for delive	ery	<del></del>		
Delivery			As per special conditi	ions of contract	
Delivery ba	nsis		-		

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

Name of Bid	lder:		Bid Number: DOH (FS)07/2022/2023		
Closing Time	e: 11H00		Date:	02 September 2022	
OFFER TO B	E VALID FOR 1	20 DAYS FROM THE CLOSING DATI	E OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN RSA CURRENCY	
D12	as required	Description: Consent form – for sur other medical services Reference document: H336  Specifications Size: A4-Portrait (297 x 210 mm Format: Individually sheets Print: Black printing on front. Formats be printed in top left hand of must be printed in top right hand sample. Paper: 80g white bond Packing: 100 sheets per pack	n) ree State Health logo corner and H-number	Rper pack	
		STATE DEPARTMENT OF HEALTH	Al		
Required by	y:		At various institutions	5	
At:					
Brand and			*		
Country of	_	W (1 A	*\/50 / NO		
	comply with sp		* YES / NO		
•		dicate deviation(s)			
·	ired for delive	ry			
Delivery			As per special conditions of contract		
Delivery ba	sis		-		

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

Name of Bio	lder:		Bid Number: DOH (FS)07/2022/2023		
Closing Tim	e: 11H00		Date: 0	2 September 2022	
OFFER TO B	E VALID FOR 1	120 DAYS FROM THE CLOSING DATI	E OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN RS	A CURRENCY
D13	as required	Description: Neonatology transfer of Reference document: H369  Specifications Size: A4 portrait (297 x 210 mm Format: Individually sheets Print: Black printing on front a Health logo must be printed in top H-number must be printed in top Print as per sample. Paper: 80g white bond Packing: 100 sheets per pack	n) nd back. Free State o left hand corner and	R	per pack
REQUIRED E		STATE DEPARTMENT OF HEALTH	At various institutions		
At:					
Brand and	model:		-		
Country of	origin:				
Does offer	comply with s	pecifications?	* YES / NO		
If not to sp	ecifications, in	dicate deviation(s)	<u> </u>		
Period requ	uired for delive	ry			
Delivery			As per special condition	ns of contract	
Delivery ba	sis		-		

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

Name of Bid	der:		Bid Number: DOH (FS)07/2022/2023		
Closing Time	e: 11H00		Date:	02 September 2022	
OFFER TO BI	E VALID FOR 1	20 DAYS FROM THE CLOSING DATE	E OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN RSA CURRENCY	
D14	as required	Description: Initial Assessment on a Health Care Facilities Reference document: H388  Specifications Size: 297 x 210 mm (A4 landsca Format: Individually sheets Print: Page 1: Black printing on	ape) front and back. Free	Rper pack	
		State Health logo must be prin corner and H-number must be prin corner. Print as per sample. Pa A4 portrait.  Paper: 80g white bond Packing: 100 sheets per pack	inted in top right hand		
		STATE DEPARTMENT OF HEALTH			
Required by	<b>/</b> :		At various institutions		
At:					
Brand and r	nodel:				
Country of	origin:				
Does offer o	comply with sp	pecifications?	* YES / NO		
If not to spe	ecifications, in	dicate deviation(s)			
Period requ	ired for delive	ry		~	
Delivery			As per special condition	ons of contract	
Delivery bas	sis				

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

• Delete if not applicable

<sup>\*\* &</sup>quot;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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IN CASE WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT

Name of Bido	ler:		Bid N	lumber: DOH (F	S)07/2022/2023
Closing Time	: 11H00		Date	: 02 September	2022
OFFER TO BE	VALID FOR 12	20 DAYS FROM THE CLOSING DATE	OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE	E IN RSA CURRENCY
D15	as required	Description: Progress Report Reference document: H407  Specifications:  Size: 297 x 210 mm Format: Individually sheets Print: Double sided in bla and back; Logo — top left- number right hand corner	ack printing on front		per pack
		<ul> <li>Paper: 80g White Bond</li> <li>Packing: 100 per pack</li> </ul>			
REQUIRED BY	Y THE FREE S	TATE DEPARTMENT OF HEALTH			
Required by	:		At various institution	ns	
At:					
Brand and m	nodel:				
Country of o	rigin:				
Does offer comply with specifications?			* YES / NO		
If not to spec	cifications, ind	licate deviation(s)		-11	
Period requi	red for deliver	у			
Delivery			As per special cond	litions of contract	t
Delivery bas	is				

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

Delete if not applicable

<sup>\*\* &</sup>quot;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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IN CASE WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT

Name of Bido	ler:		Bid Nu	mber: DOH (FS)07/202	22/2023
Closing Time	: 11H00		Date:	02 September 2022	
OFFER TO BE	VALID FOR 1	20 DAYS FROM THE CLOSING DATE	OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION	-	BID PRICE IN RSA	CURRENCY
D16	as required	Description: ISHP Learner Assess and FET – SHS 2b Reference document: H430	sment Form: Senior	R	per book
		<ul> <li>Specifications</li> <li>Size: 297 x 210 mm (A4 portrait</li> <li>Format: Book</li> <li>Print: Sheet 1: Black printing on paper printed on front only. She on white (CF) 57g NCR paper p Sheet 1 and 2 must be perforate of page</li> <li>Paper: 57g NCR Paper</li> <li>Cover: Soft back cover with fl 175g. Sticker with description of Department of Health and Basic number printed in black to be pass book. Print as per sample.</li> <li>Binding: Stapled on top side of leaching: 50 sets of 2 sheets top side</li> </ul>	white (CB) 57g NCR et 2: Black printing rinted on front only. d at 20mm from top  ap-over Emtini liner f register, logo's of c Education and H- ted on front cover of		
REQUIRED BY		TATE DEPARTMENT OF HEALTH	At various institutions		
At:					
Brand and m	nodel:		-		
Country of o	rigin:				
Does offer comply with specifications?			* YES / NO		
If not to spec	cifications, inc	dicate deviation(s)			
Period requi	red for deliver	у			
Delivery			As per special conditi	ons of contract	
Delivery bas	is				

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

Name of Bid	der:		Bid No	umber: DOH (I	FS)07/2022/2023
Closing Time	e: 11H00		Date:	02 Septembe	г 2022
OFFER TO B	E VALID FOR 1	20 DAYS FROM THE CLOSING DATI	E OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRIC	CE IN RSA CURRENCY
D17	as required	Specifications Size: 140mm (width) x 365mm Format: Box Print: Colour NCR paper with r Paper: 57g NCR paper contin vertically and horizontally. Must right hand side of paper for cont Sheet 1: White. Sheet 2: Yello Sheet 4: Pink. Packing: 1000 continuous flow	(length) no printing uous flow perforated nave holes on left and inuous flow purpose. ow. Sheet 3: Green.	R	per box
REQUIRED E		STATE DEPARTMENT OF HEALTH	At various institution	ıs	
At:					
Brand and	model:		:		
Country of	origin:				<u> </u>
Does offer	comply with sp	pecifications?	* YES / NO		
If not to specifications, indicate deviation(s)			g		
Period requ	ired for delive	гу			
Delivery			As per special condi	itions of contra	ct
Delivery ba	sis				

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

• Delete if not applicable

<sup>\*\* &</sup>quot;All applicable taxes" included value-added tax, pay as you earn, income tax, unemployment insurance fund contributions and skills development levies

# **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

Mr JB Gerber Medical Depot 23-25 Blignuat Street, Hilton Bloemfontein 9300

Tel: 051-4110588

Email-address: GerberJB@fshealth.gov.za

**SBD 3.2** 

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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 Bide	der:		Bid Nu	mber: DOH (FS)07/20	)22/2023
Closing Time	e: 11H00		Date:	02 September 2022	
OFFER TO BE	E VALID FOR 1	20 DAYS FROM THE CLOSING DATE	E OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN RS	A CURRENCY
E1	as required	Description: Blood transfusion regis Reference document: H9	ster	R	per register
		<ul> <li>Specifications</li> <li>Size: A3 Landscape (297 x 420)</li> <li>Format: Register</li> <li>Print: Sheet 1 (Page 1 and 2) is of which page 1 is colour printing 100 (Page 3-200) Black printing Free State Health logo top left haboth sides of the page. Print as Cover: Hard cover (chipboard) spine cloth – left hand side. Stick on front only. Logo – Printed in cunderneath of Logo and descript Paper: 105g White bond</li> <li>Packaging: 100 sheets</li> </ul>	an information sheet and from sheet 2 to g on front and back, and corner in black on per sample front and back with a cer with black printing centre with H-number		
		STATE DEPARTMENT OF HEALTH			
Required by	<i>r</i> :		At various institutions	6	
At:					
Brand and r			-		
Country of o	origin:		t <del>a</del>		
Does offer o	comply with sp	pecifications?	* YES / NO		
If not to spe	cifications, in	dicate deviation(s)			
Period requi	ired for delive	ry	:		<del></del>
Delivery			As per special condit	ions of contract	
Delivery bas	sis		-		

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- Delete if not applicable

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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 Bio	dder:		Bid Number: DOH (FS)07/2022/2023		
Closing Tim	ne: 11H00		Date: 02 Septembe	r 2022	
OFFER TO E	BE VALID FOR	120 DAYS FROM THE CLOSING DATE	E OF BID		
ITEM NUMBER	QUANTITY	DESCRIP	PTION	BID PRICE IN RSA CURRENCY	
E2	as required	front and back. Print as per sampl  Cover: Hard cover (chip board) fro	start on page 2. Black printing on e. ont and back with a spine cloth – left ing on front only. Logo – Printed in of Logo	Rper register	
REQUIRED I		STATE DEPARTMENT OF HEALTH	At various institutions		
At: Brand and Country of					
-	_	specifications?	*YES/NO		
If not to sp	ecifications, i	ndicate deviation(s)	¥7		
Period requ	uired for deliv	rery	-		
Delivery			As per special conditions of contract	ct	
Delivery ba	asis				

- \*\* "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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Name of Bid	lder:		Bid Number: DOH (FS)07/2022/2023		
Closing Tim	e: 11H00		Date: 0	2 September 2022	
OFFER TO B	E VALID FOR 1	20 DAYS FROM THE CLOSING DATE	OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN R	SA CURRENCY
E3	as required	Description: ISHP: Health Education SHS6 Reference document: H33		R	per book
		<ul> <li>Specifications</li> <li>Size: 297 x 210 mm (Portrait)</li> <li>Format: Book</li> <li>Print: Page 1: Black printing on won front only (NCR Paper). Page white (CF) 57g paper. Printed Paper). page 1 must be perforate of page</li> <li>Paper: 57g NCR Paper</li> <li>Cover: Soft back cover with flance 175g. Sticker with description of Department of Health, Basic Edand H-number printed in black cover of book</li> <li>Binding: Stapled on top side of leackaging: 50 sets of 2 pages top</li> </ul>	2: Black printing on on front only (NCR ed at 20mm from top ap-over Emtini liner of register, logo's of ucation, description to be stick on front book		
REQUIRED E Required by		STATE DEPARTMENT OF HEALTH	At various institutions		
At:					
Brand and	model:				
Country of	origin:				
Does offer comply with specifications?			* YES / NO		
If not to spe	ecifications, in	dicate deviation(s)			
Period requ	ired for delive	ry			<del></del>
Delivery			As per special condition	ons of contract	
Delivery ba	sis				

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

			Dia Nui	mber: DOH (FS)07/2	02212025
Closing Time	: 11H00		Date:	02 September 2022	
FFER TO BE	E VALID FOR 12	20 DAYS FROM THE CLOSING DATE O	BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN R	SA CURRENCY
E4	as required	Description: Adult male patient heal health care Reference document: H42	th record primary	R	per pack
		<ul> <li>Specifications</li> <li>Size: Extended A4-portrait (300 cutting)</li> <li>Format: Book</li> <li>Print: Inside 32 double sided s numbered.</li> <li>Paper: 80g Bond White printed blace</li> <li>Cover: 300-gram Gloss printed sided. National Health logo must be of cover. H-number must be printed corner. Print as per sample</li> <li>Pocket: Pasted pocket on inside to 200 x 90mm (A4 page to fit with east Binding: stapled on left hand side</li> <li>Packing: 20 books per pack</li> </ul>	neets - 64 page ek front and back full colour single e printed in centre in top right hand eack cover. Size:		
EQUIRED B' Required by		TATE DEPARTMENT OF HEALTH	various institutions		
At:	-				
Brand and n	nodel:	_			
Country of c	origin:				
Does offer o	comply with sp	ecifications? *	YES / NO		
If not to spe	cifications, ind	licate deviation(s)			
_	cifications, ind ired for deliver				
_		y	s per special conditi	ons of contract	

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

Name of Bio	lder:		Bid Number: DOH (FS)07/2022/2023		
Closing Tim	e: 11H00		Date: 02 September 2022		
OFFER TO B	E VALID FOR	120 DAYS FROM THE CLOSING DAT	E OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN RSA CURRENCY	
E5	as required	Description: Pre-bypass checklist Reference document: H50		Rper pack	
		<ul> <li>Size: A4 Landscape (297 x 210</li> <li>Format: Individually glued sheet</li> <li>Print: Sheet 1: printed black paper, only on front (NCR Paper black on white (CF) 57g paper Paper). Sheet 1 and 2 glue toge 2 Punch holes top of form. Fromust be printed in centre of cover printed in top right hand corner.</li> <li>Paper: 57g NCR Paper</li> <li>Packaging: 100 forms per pack</li> </ul>	ets on white (CB) 57g or). Sheet 2: printed or, only on front (NCR or ther on left hand side. ee State Health logo or. H-number must be		
Required b		STATE DEPARTMENT OF HEALTH	At various institutions	3	
At:					
Brand and	model:				
Country of	origin:				
Does offer	comply with s	pecifications?	* YES / NO		
If not to spe	ecifications, in	dicate deviation(s)	-		
Period requ	ired for delive	ery			
Delivery			As per special condit	ions of contract	
Delivery basis					

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

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

• Delete if not applicable

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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 Bid	der:			Bid Nu	ımber: DOH (F	FS)07/2022/2023
Closing Time	e: 11H00			Date:	02 Septembe	r 2022
OFFER TO B	E VALID FOR 1	20 DAYS FROM TH	IE CLOSING DATE	OF BID		
ITEM NUMBER	QUANTITY		DESCRIPTION		BID PRIC	E IN RSA CURRENCY
E6	as required	Description: Lab Reference docum	el for eye ointment nent: H63		R	per roll
		•	Length: 35mm Width: 70mm Roll Sticker full colour Sticker adhesive : 1000 stickers per	non-gloss		
		STATE DEPARTME	NT OF HEALTH	At various institutions	3	
Required by At:	y.			At various institutions	•	
Brand and I	model:			-		
Country of	origin:					
Does offer of	comply with sp	ecifications?		* YES / NO		
If not to spe	ecifications, inc	dicate deviation(s)				
Period requ	ired for delive	ry		; <del></del>		
Delivery				As per special condit	tions of contrac	ct
Delivery bas	sis			-		

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

Name of Bide	der:				Bid Numbe	r: DOH (FS)07/2	2022/2023
Closing Time	e: 11H00				Date: 02 S	September 2022	
OFFER TO BE	E VALID FOR 1	20 DAYS FROM TH	HE CLOSING DATE	E OF BID			
ITEM NUMBER	QUANTITY		DESCRIPTION			BID PRICE IN R	SA CURRENCY
E7	as required	Description: Lab Reference docum			R_		per roll
		Specifications:					
		• Size:	Length: 50mm Width: 70mm				
		• Format:					
		Print:	Sticker full colour				
			Sticker adhesive 1: 1000 stickers per				
REQUIRED B	Y THE FREE S	TATE DEPARTME	NT OF HEALTH				
Required by	<b>:</b> :			At various ins	titutions		
At:							
Brand and n	nodel:						
Country of c	origin:			-			
Does offer c	omply with sp	ecifications?		* YES / NO			
If not to spe	cifications, inc	dicate deviation(s)		×			
Period requi	ired for deliver	у					
Delivery				As per specia	l conditions	of contract	
Delivery bas	sis						<del></del>

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

• Delete if not applicable

<sup>\*\* &</sup>quot;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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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
	otion: Covid-19 vaccination form loce document: H87	Rper pack
Specific  • • • • • REQUIRED BY THE FREE STATE DE	Size: A4 portrait (297 x 210 mm) Format: Sheets Print: Colour printing on front and Paper: 120g white uncoated card Packing: 100 sheets per pack	back
Required by:		s institutions
At:		
Brand and model:		<del></del>
Country of origin:	-	
Does offer comply with specification	ons? *YES/h	NO
If not to specifications, indicate de	viation(s)	
Period required for delivery	-	
Delivery	As per sp	pecial conditions of contract
Delivery basis		

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

Delete if not applicable

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Name of Bid	lder:	5	Bid Nur	mber: DOH (FS)07/2	2022/2023
Closing Time	e: 11H00		Date:	02 September 2022	
OFFER TO B	E VALID FOR 1	20 DAYS FROM THE CLOSING DATE	OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN R	RSA CURRENCY
E9	as required	<b>Description:</b> Register for schedule 6 <b>Reference document:</b> H95A	medicine	R	per register
		<ul> <li>Specifications</li> <li>Size: A4 Landscape (297 x 210 m)</li> <li>Format: Register</li> <li>Print: Sheet 1: information and 2: index sheet. Black printing on 2. Register sheets from sheet 3 Black printing on front and back where the unique number is printed hand side corner on all pages. The printed in the top right hand sample.</li> <li>Paper: 80g White Bond</li> <li>Cover: Green lined board with a hand side. Sticker with description Department of Health, H-number number must be printed in red. So on cover of register.</li> <li>Binding: 2 pages (information/indin front register) and 100 unique register equals 52 sheets</li> </ul>	index sheet. Sheet front of page 1 and to 52 (page 3-102): of register sheets ed in red in top right. The H-number must side corner. As per a cloth spine on left in of register, logo of r in black. Unique Sticker to be pasted thex and index sheet.		
		STATE DEPARTMENT OF HEALTH	At various institutions		
Required by	у.		At various institutions		
Brand and	model:				
Country of					
_	comply with sp	pecifications?	* YES / NO		
		dicate deviation(s)			
Period requ	ired for delive	ry			
Delivery			As per special conditi	ons of contract	
Delivery ba	sis				

- \*\* "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

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 Bid	der:		Bid Nu	mber: DOH (FS)07/	2022/2023
Closing Time	e: 11H00		Date:	02 September 2022	
OFFER TO B	E VALID FOR 1	20 DAYS FROM THE CLOSING DATE	E OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN F	RSA CURRENCY
E10	as required	Description: Observation chart Reference document: H178      Specifications:         Size: 297 x 210 mm Portrait (A4         Format: Individually sheets         Print: Full colour printing on number and logo (front and back logo must be printed in centre must be printed in top right-hand sample.         Paper: 80g white bond	front and back. H- c). Free State Health of cover. H-number	R	per pack
		Packing: 100 sheets per pack			
		STATE DEPARTMENT OF HEALTH	At various institutions	•	
Required by	<i>/</i> .		At various institutions	•	
At:					
Brand and I					
Country of	origin:				
Does offer	comply with sp	pecifications?	* YES / NO		
If not to spe	ecifications, in	dicate deviation(s)	<u> </u>		
Period requ	ired for delive	ry	-		
Delivery			As per special condit	ions of contract	
Delivery ba	sis				

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

Name of Bid	der:		Bid Nu	mber: DOH (FS)07/2022/2023
Closing Time	e: 11H00		Date:	02 September 2022
OFFER TO B	E VALID FOR 1	120 DAYS FROM THE CLOSING DATI	E OF BID	
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN RSA CURRENCY
E11	as required	Description: Physiotherapy referral Reference document: H307  Specifications Size: A3-landscape (297 x 420 A4-portrait Format: folder Print: Black printing front and Health logo must be printed in to H-number must be printed in to Print as per sample. Paper: 160g Blue Tokai Packing: 100 folders per	mm) folded back to d back. Free State p left hand corner and op right hand corner.	Rper pack
REQUIRED B		STATE DEPARTMENT OF HEALTH	At various institutions	3
At:	•			
Brand and I	model:			
Country of	origin:		·	
Does offer o	comply with sp	pecifications?	* YES / NO	
If not to spe	ecifications, in	dicate deviation(s)		
Period requ	ired for delive	ry		
Delivery			As per special condit	ions of contract
Delivery ba	sis			

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

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

Delete if not applicable

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

Name of Bidder: Bid Number: DOH (FS)07/2022/2023

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

Closing Time	e: 11H00		Date:	02 September 2022	
		20 DAYS FROM THE CLOSING DATE		•	
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN RS	SA CURRENCY
E12	as required	Description: Consent for surgery by Reference document: H336A	children 13-18 years	R <sub>2</sub>	per pack
		<ul> <li>Specifications</li> <li>Size: A4-Portrait (297 x 210 mm)</li> <li>Format: Individually sheets</li> <li>Print: Black printing on front. From the printed in top left hand of must be printed in top right hand sample.</li> <li>Paper: 80g white bond</li> <li>Packing: 100 sheets per pack</li> </ul>	ree State Health logo corner and H-number		
REQUIRED B	Y THE FREE S	STATE DEPARTMENT OF HEALTH			
Required by	y:		At various institutions	8	
At:					
Brand and	model:		1=		
Country of	origin:				
Does offer	comply with sp	pecifications?	* YES / NO		
If not to spe	ecifications, in	dicate deviation(s)	-		
Period requ	ired for delive	ry	·		
Delivery			As per special condit	ions of contract	
Delivery ba	sis				

- \*\* "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

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

Closing Time: 11H00 Date: 02 September 2022  DEFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF BID  TEM NUMBER  QUANTITY DESCRIPTION BID PRICE IN RSA CURRENCY  Big PRICE IN RSA CURRENCY  Big PRICE IN RSA CURRENCY  Big PRICE IN RSA CURRENCY  Reference document: H372  Specifications Size: A4 Portrait (297mm x 210mm) Format: Individually sheets Print: Black printing on front. Free State Health logo must be printed in top left hand corner and H-number must be printed in top left hand corner and H-number must be printed in top left hand corner. Print as per sample. Paper: 80g white bond Packing: 100 sheets per pack  REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH Required by: 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	Name of Bidder:		Bid Nu	mber: DOH (FS)07/2	022/2023
TITEM   NUMBER   QUANTITY   DESCRIPTION   BID PRICE IN RSA CURRENCY	Closing Time: 11H00		Date:	02 September 2022	
Description: Hemo and Peritoneal dialysis laboratory results   Reference document: H372   Per pack	OFFER TO BE VALID FOR	120 DAYS FROM THE CLOSING DATI	E OF BID		
results Reference document: H372  Specifications Size: A4 Portrait (297mm x 210mm) Format: Individually sheets Print: 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. Paper: 80g white bond Packing: 100 sheets 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		DESCRIPTION		BID PRICE IN R	SA CURRENCY
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	E13 as required	results Reference document: H372  Specifications Size: A4 Portrait (297mm x 210 Format: Individually sheets Print: Black printing on front. F must be printed in top left hand of must be printed in top right hand sample. Paper: 80g white bond	mm) ree State Health logo corner and H-number	R	per pack
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		STATE DEPARTMENT OF HEALTH	At various institutions	S	
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	At:				
Does offer comply with specifications?  If not to specifications, indicate deviation(s)  Period required for delivery  Delivery  As per special conditions of contract	Brand and model:				-
If not to specifications, indicate deviation(s)  Period required for delivery  Delivery  As per special conditions of contract	Country of origin:		-		<del></del> _
Period required for delivery  Delivery  As per special conditions of contract	Does offer comply with s	pecifications?	* YES / NO		
Delivery As per special conditions of contract	If not to specifications, in	dicate deviation(s)	-		
	Period required for delive	ry	-		
Delivery basis	Delivery		As per special condit	ions of contract	
	Delivery basis		F		

- \*\* "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

Bid Number: DOH (ES)07/2022/2023

## 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 Bid	der:		Bid Nu	umber: DOH (FS)07	/2022/2023
Closing Time	e: 11H00		Date:	02 September 2022	2
OFFER TO B	E VALID FOR 1	20 DAYS FROM THE CLOSING DAT	E OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN	RSA CURRENCY
E14	as required	Description: Primary health care of Reference document: H389      Specifications     Size: A4 landscape (size 297 x     Format: Individual sheets     Print: Black printing on front a Health logo must be printed in to H-number must be printed in to Print as per sample.     Paper: 80g white bond     Packing: 100 sheets per pack	210mm)  Ind back. Free State pleft hand corner and	R	per pack
		STATE DEPARTMENT OF HEALTH			
Required by	y:		At various institution	S	
At:					
Brand and	model:				-
Country of	origin:				
Does offer	comply with sp	pecifications?	* YES / NO		
if not to spe	ecifications, in	dicate deviation(s)	1		
Period requ	ired for delive	ry	<del>-</del>		
Delivery			As per special condi	tions of contract	
Delivery ba	sis		·		

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

Delete if not applicable

<sup>\*\* &</sup>quot;All applicable taxes" included value-added tax, pay as you earn, income tax, unemployment insurance fund contributions and skills development levies

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 Bid	der:		Bid Nur	mber: DOH (FS)07/20	22/2023
Closing Time	e: 11H00		Date:	02 September 2022	
OFFER TO BI	E VALID FOR 1	20 DAYS FROM THE CLOSING DATE	E OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN RS	A CURRENCY
E15	as required	Description: Patient Adherence Reference document: H409  Specifications  Page size: A4-Portrait (297 x 27)  Format: Individually sheets  Print: Black printing on front at Health logo must be printed in top H-number must be printed in top Print as per sample.  Paper: 80g white bond  Packing: 100 sheets per pack	10 mm) nd back. Free State o left hand corner and	R	per pack
REQUIRED B	Y THE FREE S	TATE DEPARTMENT OF HEALTH			
Required by	<i>ı</i> :		At various institutions		
At:					
Brand and r	nodel:		-		
Country of	origin:				
Does offer of	comply with sp	ecifications?	* YES / NO		
If not to spe	ecifications, inc	licate deviation(s)			
Period requ	ired for deliver	у			
Delivery			As per special conditi	ons of contract	
Delivery bas	sis				

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

Delete if not applicable

<sup>\*\* &</sup>quot;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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IN CASE WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT

Name of Bio	ider:		Bid Nu	mber: DOH (FS)07/2022/2023	
Closing Tim	e: 11H00		Date:	02 September 2022	
OFFER TO B	BE VALID FOR	20 DAYS FROM THE CLOSING DATE	OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN RSA CURRENC	Y
E16	as required	Description: ISHP: Referral lett Provider- SHS4 Reference document: H431	er to Health Care	Rper book	
		<ul> <li>Specifications</li> <li>Size: 297 x 210 mm (A4 portrains)</li> <li>Format: Book</li> <li>Print: Sheet 1: Black printing on paper printed on front only. She on white (CF) 57g NCR paper purchased of page</li> <li>Paper: 57g NCR Paper</li> <li>Cover: Soft back cover with fill 175g. Sticker with description of Department of Health and Basin number printed in black to be passibook. Print as per sample.</li> <li>Binding: Stapled on top side of</li> <li>Packaging: 50 sets of 2 sheets top side</li> </ul>	white (CB) 57g NCR eet 2: Black printing printed on front only, ed at 20mm from top  lap-over Emtini liner of register, logo's of c Education and H- ested on front cover of		
REQUIRED E Required b		STATE DEPARTMENT OF HEALTH	At various institutions	3	
At:					
Brand and					15
Country of	_				5),
	comply with sp		* YES / NO		
If not to spe	ecifications, in	dicate deviation(s)			
Period requ	uired for delive	ry			ē:
Delivery			As per special condit	ions of contract	
Delivery ba	sis				50

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

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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 Bio	ider:	<u> </u>	Bid Numb	per: DOH (FS)07/202	22/2023
Closing Tim	e: 11H00	=	Date: 02	September 2022	
OFFER TO B	E VALID FOR	120 DAYS FROM THE CLOSING DATE	E OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN RSA	A CURRENCY
E17	as required	Specifications Size: 108mm (width) x 108mm Format: Box Print: Label with no printing Paper: Thermal transfer adhesive Core width: 55mm diameter in Packing: 1000 labels per roll	(length) square		per roll
REQUIRED E	BY THE FREE S	STATE DEPARTMENT OF HEALTH			
Required b	y:		At various institutions		
At:					
Brand and	model:		-		
Country of	origin:				
Does offer	comply with s	pecifications?	* YES / NO		
If not to sp	ecifications, in	dicate deviation(s)	-		
Period requ	uired for delive	ry			
Delivery			As per special condition	s of contract	
Delivery ba	sis		·		

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

Delete if not applicable

<sup>\*\* &</sup>quot;All applicable taxes" included value-added tax, pay as you earn, income tax, unemployment insurance fund contributions and skills development levies

# **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

Mr JB Gerber Medical Depot 23-25 Blignuat Street, Hilton Bloemfontein 9300

Tel: 051-4110588

Email-address: GerberJB@fshealth.gov.za

SBD 3.2

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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 Bide	der:		Bid Nur	mber: DOH (FS)07/20	22/2023		
Closing Time: 11H00			Date:	Date: 02 September 2022			
OFFER TO BE	VALID FOR 1	20 DAYS FROM THE CLOSING DATE	E OF BID				
ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RS	BID PRICE IN RSA CURRENCY			
F1	as required	<b>Description:</b> Reservation card <b>Reference document:</b> H11		R	per pack		
		Specifications 1. Size: C6-Landscape (162mm X be scored at 81mm 2. Format: Cards	114) and card must				
		<ol> <li>Print: Black printing on front and</li> <li>Paper: 160g Blue</li> <li>Packing: 100 cards per pack</li> </ol>	I back and				
REQUIRED B	Y THE FREE S	TATE DEPARTMENT OF HEALTH					
Required by:			At various institutions				
At:							
Brand and n	nodel:						
Country of origin:			4				
Does offer comply with specifications?			* YES / NO				
If not to specifications, indicate deviation(s)							
Period requi	ired for deliver	у					
Delivery			As per special conditions of contract				
Delivery bas	sis						

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

Name of Bid	der:		Bid Number: DOH (FS)07/2022/2023			
Closing Time: 11H00			Date: 02 September 2022			
OFFER TO BI	E VALID FOR 1	20 DAYS FROM THE CLOSING DATE OF E	BID			
ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY			
F2	as required	Description: Duty Roster / Off-duty Reference document: H21	Periods Rper book			
	V TUE EDEE (	<ul> <li>Size: A4 portrait (297 x 210 mm)</li> <li>Format: Book</li> <li>Print: Sheet 1: Black and red printing on white (CB) 57g paper on front only (NCR Paper). Sheet 2: Black and red printing on white (CFB) 57g paper front only (NCR Paper). Sheet 3: 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>Paper: 57g NCR Paper</li> <li>Cover: 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>Binding: 50 sets of 3 pages (total of 150 pages)per book stapled on left hand side</li> </ul>				
Required by		TATE DEPARTMENT OF HEALTH At va	various institutions			
At:						
Brand and r	nodel:					
Country of	origin:	_				
Does offer comply with specifications?			ES / NO			
If not to specifications, indicate deviation(s)						
Period required for delivery						
Delivery		As p	per special conditions of contract			
Delivery bas	sis					

- \*\* "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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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 B	E VALID FOR 1	20 DAYS FROM THE CLOSING DATE	: OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN RSA CURRENCY	
F3	as required	<b>Description:</b> Casualty and Outpatien Reference document: H34	nt Register	Rper register	
Use spec of H		<ul> <li>Specifications</li> <li>Size: A3 landscape (420 mm x 2)</li> <li>Format: Register</li> <li>Print: Black printing on front and</li> <li>Paper: 105g White</li> <li>Cover: Hard cover (Chip board) cloth spine on left hand side. Stiof register, logo of Department Printing and H-number to be stick</li> <li>Binding: 100 sheets per register</li> </ul>	front and back with a cker with description of Health in black on cover of register		
Required by:			At various institutions		
At:					
Brand and I	model:				
Country of origin:					
Does offer comply with specifications?			*YES/NO		
If not to spe	ecifications, inc	dicate deviation(s)	:		
Period required for delivery					

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

As per special conditions of contract

Delete if not applicable

**Delivery** 

**Delivery basis** 

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 Bidde	er:		Bid Nu	mber: DOH (FS)07/202	2/2023
Closing Time:	11H00		Date:	02 September 2022	
OFFER TO BE	VALID FOR 12	20 DAYS FROM THE CLOSING DATE	OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN RSA	CURRENCY
F4 :	as required	Description: Adult female patient h health care Reference document: H45	ealth record primary	R	per pack
		<ul> <li>Size: Extended A4-portrait (300 x 220 mm after cutting)</li> <li>Format: Book</li> <li>Print: Inside 32 double sided sheets - 64 page numbered.</li> <li>Paper: 80g Bond White printed black front and back</li> <li>Cover: 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>Pocket: Pasted pocket on inside back cover. Size: 200 x 90mm (A4 page to fit with ease in pocket)</li> <li>Binding: stapled on left hand side</li> <li>Packing: 20 books per pack</li> </ul>			
REQUIRED BY THE FREE STATE DEPARTMENT OF HEALTH  Required by:			At various institutions	3	
At:			I Sale and Hiromanion		
Brand and mo	odel:				
Country of or	igin:		-		
Does offer comply with specifications?			* YES / NO		
If not to specifications, indicate deviation(s)			<del></del>		
Period required for delivery			-		
Delivery			As per special condit	ions of contract	
Delivery basis	s		3		

- \*\* "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

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 Bid	der:	ş	Bid Number: DOH (FS)07/2022/2023		
Closing Time	e: 11H00		Date: 02 September 2022		
OFFER TO BI	E VALID FOR 1	20 DAYS FROM THE CLOSING DATE	E OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN RSA	A CURRENCY
F5	as required	Description: Cardiothoracic safety of Reference document: H51	checklist	R	per pack
		<ul> <li>Specifications</li> <li>Page size: A4-Landscape (297)</li> <li>Format: Individually sheet</li> <li>Print: Black printing on front. From the printed in centre of coverent printed in top right hand corner.</li> <li>Paper: 80g white bond</li> <li>Packing: 100 sheets per pack</li> </ul>	ts ree State Health logo r. H-number must be		
REQUIRED B	Y THE FREE S	STATE DEPARTMENT OF HEALTH			
Required by	<b>/</b> :		At various institutions	3	
At:					
Brand and I	model:				
Country of	origin:				
Does offer comply with specifications?			* YES / NO		
If not to specifications, indicate deviation(s)					
Period requ	ired for delive	ry			<del></del>
Delivery			As per special conditions of contract		
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

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 Bid	der:					
Closing Time	e: 11H00		Date: 02 September 2022			
OFFER TO BI	E VALID FOR 1	20 DAYS FROM THE CLOSING DATE	OF BID			
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRIC	E IN RSA CURRENCY	
F6	as required	Description: Product complaint form Reference document: H62  Specifications		R	per pack	
		Size: A4-Portrait (297 x 210 mm) Format: Individually sheets Print: Black printing on front. Paper: 80g white bond Packing: 100 sheets per pack				
REQUIRED B	Y THE FREE S	TATE DEPARTMENT OF HEALTH				
Required by	<i>r</i> :		At various inst	itutions		
At:						
Brand and r	model:					
Country of	origin:		( <del>2</del>			
Does offer o	comply with sp	ecifications?	* YES / NO			
If not to spe	cifications, inc	dicate deviation(s)				
Period required for delivery						
Delivery			As per special conditions of contract			
Delivery bas	sis					

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

Name of Bio	lder:		Date: 02 September 2022		
Closing Tim	e: 11H00				
OFFER TO B	E VALID FOR	120 DAYS FROM THE CLOSING DAT	E OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY		
F7	as required	Description: Label for suspension Reference document: H72	Rper roll		
		Specifications:  Size: Length: 50mm Width: 70mm Format: Roll Print: Sticker full colou Paper: Sticker adhesive Packing: 1000 stickers pe	non-gloss		
		STATE DEPARTMENT OF HEALTH			
Required by	y:		At various institutions		
At:					
Brand and	model:				
Country of	origin:				
Does offer	comply with s	pecifications?	*YES/NO		
If not to spe	ecifications, in	dicate deviation(s)			
Period requ	uired for delive	ry			
Delivery			As per special conditions of contract		
Delivery ba	sis				

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

Delete if not applicable

<sup>\*\* &</sup>quot;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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IN CASE WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT

O	441100			D-1 00 0t 0000	
Closing Tim	ie: 11H00			Date: 02 September 2022	
FFER TO B	BE VALID FOR 1	120 DAYS FROM TH	HE CLOSING DATE	E OF BID	
ITEM NUMBER	QUANTITY		DESCRIPTION	BID PRICE IN RSA CURRE	NCY
F8	as required	Description: Lab Reference docum		Rper roll	
		Specifications:			
		•	Length: 50mm Width: 70mm Roll Sticker full colour Sticker adhesive 1000 stickers per	•	
EUIIBED I					
LEWUINED E	BY THE FREE S	STATE DEPARTME	NT OF HEALTH		
Required by		STATE DEPARTME	NT OF HEALTH	At various institutions	
		STATE DEPARTME	NT OF HEALTH	At various institutions	
Required by	y:	STATE DEPARTME	NT OF HEALTH	At various institutions	
Required by	y: model:	STATE DEPARTME	NT OF HEALTH		
Required by At: Brand and Country of	y: model:		NT OF HEALTH		
Required by At: Brand and Country of Does offer	y: model: origin: comply with sp				
Required by At: Brand and Country of Does offer	y: model: origin: comply with sp	pecifications? dicate deviation(s)			
Required by At: Brand and Country of Does offer	y: model: origin: comply with specifications, in-	pecifications? dicate deviation(s)			

SBD 3.2

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

Name of Bid	der:		Bid Nu	mber: DOH (FS)07/20	022/2023
Closing Time	e: 11H00		Date: 02 September 2022		
OFFER TO BE	E VALID FOR 1	20 DAYS FROM THE CLOSING DATE	E OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN RS	SA CURRENCY
F9	as required	Description: Application for non-omedicine per patient Reference document: H101	coded/ level 5 EML	R	per register
		<ul> <li>Specifications</li> <li>Size: A4 landscape (210mm x 2)</li> <li>Format: Set of 3 GLUED sheets</li> <li>Print: Sheet 1: Black printing paper on front only (NCR Paper printing on white (CFB) 57g paper Paper). Sheet 3: Black printing paper on front only (NCR Paper) logo must be printed in centre must be printed in top right hand sample</li> <li>Paper: 57g NCR Paper</li> <li>Packaging: 50 sets of 3 sheets</li> </ul>	on white (CB) 57g or). Sheet 2: Black er on front only (NCR g on white (CF) 57g ). Free State Health of cover. H-number corner. Print as per		
		TATE DEPARTMENT OF HEALTH	At any long to the Page	_	
Required by	<i>r</i> :		At various institutions	5	
At:					
Brand and r					
Country of	-				
Does offer comply with specifications?			*YES/NO		
If not to specifications, indicate deviation(s)					
Period requ	ired for deliver	у	-		<del></del>
Delivery			As per special conditions of contract		
Delivery bas	sis		-		<del></del>

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

SBD 3.2

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

ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN R	SA CURRENCY
F10	as required	Description: Observation chart: Paer Reference document: H178A	diatric	R	per pack
		<ul> <li>Specifications</li> <li>Page size: A4-Portrait (297 x 210</li> <li>Format: Individually sheets</li> <li>Print: full Colour printing on fro State Health logo must be printed H-number must be printed in top Print as per sample</li> <li>Paper: 80g white bond</li> <li>Packing: 100 sheets per pack</li> </ul>	nt and back. Free in centre of cover.		
EQUIRED E	BY THE FREE S	STATE DEPARTMENT OF HEALTH			
Required b	y:		At various institutions	5	
At:					
Brand and	model:				
Country of	origin:				
Does offer	comply with s	oecifications?	* YES / NO		
f not to sp	ecifications, in	dicate deviation(s)			
Period requ	uired for delive	ry			
Delivery			As per special conditions of contract		
Delivery ba	eic.				

**SBD 3.2** 

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

Name of Bio	dder:		Bid Number: DOH (FS)07/2022/2023		
Closing Tim	e: 11H00		Date: 02 September 2022		
OFFER TO B	BE VALID FOR	20 DAYS FROM THE CLOSING DAT	E OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN I	RSA CURRENCY
F11	as required	Description: Prescription administr Reference document: H323	ation chart	R	per pack
		<ul> <li>Size: Sheet 1: 195 x 305mm. S</li> <li>Format: 2-pages individually gleen.</li> <li>Print: Sheet 1 - Printed red/been white NCR paper (CB). Sheet 2 front and back of 120g white NCS state Health logo must be pring corner and H-number must be pring corner. Print as per sample.</li> <li>Paper: 57g and 120g NCR paperind Binding: Glued at left hand side</li> <li>Packing: 100 glued sheets per</li> </ul>	ued set black on front of 57g - Printed red/black on CR board (CF). Free nted in top left hand inted in top right hand er/board le and 2 punch holes		
		STATE DEPARTMENT OF HEALTH			
Required b	y:		At various institution	S	
At:					
Brand and	model:		: <del></del>		
Country of	origin:		<u></u>		
Does offer comply with specifications?			* YES / NO		
If not to sp	ecifications, in	dicate deviation(s)			
Period requ	uired for delive	ry	<u>:</u>		
Delivery			As per special condi	itions of contract	
Delivery ba	nsis				

Delete if not applicable

contributions and skills development levies

SBD 3.2

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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 Bid	lder:		Bid Number: DOH (FS)07/2022/2023		
Closing Time	e: 11H00		Date: 02 September 2022		
OFFER TO B	E VALID FOR 1	20 DAYS FROM THE CLOSING DATI	E OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN RSA CURRENCY	
F12	as required	Description: Application to perfindividuals to legally competent Reference document: H336B  Specifications Size: A4-Portrait (297 x 210 mm Format: Individually sheets Print: Black printing on front. F must be printed in top left hand must be printed in top right hand sample. Paper: 80g white bond Packing: 100 sheets per pack	ree State Health logo corner and H-number	Rper pack	
REQUIRED E	BY THE FREE S	TATE DEPARTMENT OF HEALTH			
Required by	y:		At various institutions	3	
At:					
Brand and	model:		-		
Country of	origin:		<del></del>		
Does offer	comply with sp	pecifications?	* YES / NO		
If not to spe	ecifications, in	dicate deviation(s)	<del>3</del>		
Period requ	ired for delive	ry	-		
Delivery			As per special condit	tions of contract	
Delivery ba	sis				
Note: All del	livery cost mus	st be included in the bid price, for de	livery at the prescrib	ed destination.	

Delete if not applicable

contributions and skills development levies



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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 Bid	der:		Bid Nu	mber: DOH (FS)07/202	2/2023
Closing Time	e: 11H00		Date:	02 September 2022	
OFFER TO BI	E VALID FOR 1	20 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		R	_per register
		<ul> <li>Specifications</li> <li>Size: 297 x 420 mm (A3 Landson</li> <li>Format: Register</li> <li>Print: Black printing on front a Health logo must be printed in top H-number must be printed in top Print as per sample.</li> <li>Paper: 80g white bond</li> <li>Binding: 100 sheets per book (2</li> <li>Cover: Hard cover (Chip boar Sticker pasted on register printed department, H-number and descriptions)</li> </ul>	and back Free State left hand corner and pright hand corner.  200 pages)  and cloth spine: in black with logo of		
REQUIRED B Required by		TATE DEPARTMENT OF HEALTH	At various institutions		
At:	<i>,</i> .		At various institutions	•	
Brand and r	nodel:				
Country of	origin:				
Does offer of	comply with sp	ecifications?	*YES/NO		
If not to spe	ecifications, inc	licate deviation(s)			
Period requ	ired for deliver	у			
Delivery			As per special condition	tions of contract	
Delivery bas	sis				

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

Closing Time: 11H00			Date: 02 September 2022		
OFFER TO B	E VALID FOR	120 DAYS FROM THE CLOSING DA	ATE OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION	DN	BID PRICE IN	RSA CURRENCY
F14	as required	Description: Personal health pas Reference document: H391	ssport	R	per pack
		<ul> <li>Specifications</li> <li>Size:3-folded A5 (435 )</li> <li>Format: Booklet</li> <li>Print: Black printing on pages. Free State Heal in top left hand corner a printed in top right han sample.</li> <li>Paper: 100g white bond</li> <li>Packing: 100booklet permanents</li> </ul>	front and back total of 6 ith logo must be printed and H-number must be d corner. Print as per		
		STATE DEPARTMENT OF HEALTH	I At various institutions		
Required b	y:		At various institutions	,	
Brand and	model:				
Country of	origin:				
Does offer	comply with s	pecifications?	* YES / NO		
If not to spe	ecifications, in	dicate deviation(s)			
Period required for delivery					
Delivery			As per special condit	ions of contract	
Delivery ba	eie				

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

Closing Time: 11H00			Date:	Date: 02 September 2022			
FFER TO B	E VALID FOR	120 DAYS FROM THE CLOSING	DATE OF BID				
ITEM NUMBER	QUANTITY	DESCRIP	TION	BID PRICE I	N RSA CURRENC		
F15	as required	H- Description: Risk grading s Tertiary Hospitals - Red Reference document: H423	ticker for pregnant women:	R	per roll		
		<ul> <li>Specifications</li> <li>Sticker Size: Width: 95m</li> <li>Format: Roll</li> <li>Print: Red sticker. Free printed in top right hand si printed in top right hand co</li> <li>Paper: Sticker adhesive S</li> <li>Packing: 500 stickers per</li> </ul>	State Health logo must be de and H-number must be rner. Print as per sample. Semi-gloss roll				
EQUIRED E Required b		STATE DEPARTMENT OF HEAL	.TH At various institutions	5			
At:	,.						
Brand and	model:		:				
Country of	origin:						
Does offer comply with specifications?			*YES/NO				
f not to sp	ecifications, in	dicate deviation(s)	-				
Period requ	ired for delive	ery					
Delivery			As per special conditions of contract				
Delivery ba	ala						

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

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Delete if not applicable

contributions and skills development levies

**SBD 3.2** 

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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 Bid	der:		Bid Number: DOH (FS)07/2022/2023		
Closing Time	e: 11H00		Date:	02 September 2022	
OFFER TO B	E VALID FOR 1	20 DAYS FROM THE CLOSING DATE	OF BID		
ITEM NUMBER	QUANTITY	DESCRIPTION		BID PRICE IN RSA CURRENCY	
F16	as required	Description: ISHP Follow-up Assess Reference document: H432	sment Form - SHS5	Rper book	
		<ul> <li>Specifications</li> <li>Size: 297 x 210 mm (A4 portrains)</li> <li>Format: Book</li> <li>Print: Sheet 1: Black printing on paper printed on front only. She on white (CF) 57g NCR paper pages Sheet 1 and 2 must be perforated of page</li> <li>Paper: 57g NCR Paper</li> <li>Cover: Soft back cover with find 175g. Sticker with description of Department of Health and Basin number printed in black to be pass book. Print as per sample.</li> <li>Binding: Stapled on top side of</li> <li>Packaging: 50 sets of 2 sheets top side</li> </ul>	white (CB) 57g NCR eet 2: Black printing printed on front only. ed at 20mm from top  lap-over Emtini liner of register, logo's of c Education and H- sted on front cover of		
REQUIRED B Required by		TATE DEPARTMENT OF HEALTH	At various institutions	3	
At:					
Brand and	model:				
Country of	origin:				
Does offer o	comply with sp	ecifications?	* YES / NO		
•		dicate deviation(s)	:		
Period requ	ired for delive	у			
Delivery			As per special condit	ions of contract	
Delivery bas	sis		?		

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- Delete if not applicable

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# **SECTION G: FORMS AND LABELS**

## The following forms and labels are in this section

- H12 Admission and discharge form
- H36 Casualty and Outpatients Treatment Register
- 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

Mr JB Gerber Medical Depot 23-25 Blignuat Street, Hilton Bloemfontein 9300

Tel: 051-4110588

Email-address: GerberJB@fshealth.gov.za

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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: DOH (FS)07/2022/2023								
Closing Time	e: 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 dischar <b>Reference document:</b> H12	ge form	Rper book				
<ul> <li>Specifications</li> <li>Page size: A4-Portrait (297 x 2)</li> <li>Format: Book</li> <li>Print: Sheet 1: Black and red 57g paper. Printed on front only 2: Black and red printing on a printed on front only (NCR Papperforated 20mm from left numbering top right hand sidescription of form on sheet 1 sample</li> <li>Paper: 57g NCR Paper</li> <li>Cover: Soft back cover with 175g. Stapled on left hand side description of register, logo of and H-number printed in black printed in red to be stick on cov</li> <li>Unique numbering: will be p Management, 2nd floor C-East, Harvey and Charlotte Maxeke 5</li> <li>Packing: 50 set per book</li> </ul>			rinting on white (CB) (NCR Paper). Sheet nite (CF) 57g paper. r). Sheet 1 must be and side. Unique in red underneath and 2. Print as per ap-over Emtini liner of book. Sticker with repartment of Health and unique numbering of book ovided by - Revenue Bophelo House, C/O					
REQUIRED B		TATE DEPARTMENT OF HEALTH	At various institution	e				
At:	<b>,</b>		, a various monaturon	•				
Brand and r	model:							
Country of	origin:		<del></del>					
Does offer comply with specifications?			* YES / NO					
•		licate deviation(s)						
Period requ	ired for deliver	у	<del></del>					
Delivery			As per special conditions of contract					



**Delivery basis** 

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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 Bid	der:		Bid Nu	Bid Number: DOH (FS)07/2022/2023						
Closing Time	e: 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	Description: Paediatric admission a Reference document: H23	and discharge record	R	per pack					
REQUIRED B Required by		<ul> <li>Specifications</li> <li>Size: A3 Landscape (297 x 420 A4-size)</li> <li>Format: Individually sheets</li> <li>Print: Black printing on front a Health logo must be printed top H-number must be printed in to Print as per sample</li> <li>Paper: 80g white bond</li> <li>Packing: 100 sheets per pack</li> </ul>	nd back. Free State left hand on page 1.	S						
At:										
Brand and r	nodel:		c <del></del>							
Country of	origin:		~ <del></del>							
Does offer of	comply with sp	ecifications?	* YES / NO							
If not to spe	ecifications, inc	dicate deviation(s)	Υ							
Period requ	ired for delive	ry								
Delivery			As per special conditions of contract							
Delivery bas	sis		-							

- \*\* "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

