

## 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
A12	as required	<b>Description:</b> Birth and immunisation register <b>Reference document:</b> H326  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Size:</b> A3 landscape (210mm x 420mm)</li> <li>• <b>Format:</b> Register</li> <li>• <b>Print:</b> Black printing on front and back</li> <li>• <b>Paper:</b> 80g white</li> <li>• <b>Binding:</b> 50 sheets (100 pages) per register</li> <li>• <b>Cover:</b> Hard cover (chip board) front and back cloth spine – left hand side. Sticker with description of register, logo of Department of Health, H-number in black. Sticker to be pasted on cover 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	_____

**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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A13	as required	<b>Description:</b> Pharmaceutical medical stock card <b>Reference document:</b> H348  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4 landscape (210 x 297mm)</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> 100g White bond</li> <li>• <b>Packing:</b> 100 sheets per pack</li> </ul>	R _____ per pack

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**At:**

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

**Does offer comply with specifications?** \* YES / NO

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

**Delivery** As per special conditions of contract

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ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
A14	as required	<b>Description:</b> Neonatal High Care / Neonatal Ward: Daily Assessment and Prescription Form <b>Reference document:</b> H381  <b>Specifications</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> A3-landscape (297 x 420mm) folded back to a A4 (210mm x 297mm) Portrait Finished size</li> <li>• <b>Format:</b> Booklet</li> <li>• <b>Print:</b> Colour printing on front and back. Page 1 - 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> 80gram white bond</li> <li>• <b>Packing:</b> 20 Booklets per pack</li> </ul>	R _____ per pack

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A15	as required	<b>Description:</b> Paediatrics and Child Health Clinical Record <b>Reference document:</b> H402  <b>Specifications</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4 (21cm x 29.7cm) Portrait finished size</li> <li>• <b>Format:</b> Booklet</li> <li>• <b>Print:</b> Pages numbered 1, 15, 16 and 17 printed in full colour, all other pages in black. Page 1-14 printed back to back. Page 15-17 57g NCR white paper to be completed in triplicate. Page 15 and 16 perforated for easy removal. Page 1: Free State logo – colour – Top left hand corner and H-number is printed top right hand corner</li> <li>• <b>Paper:</b> 80gram white bond</li> <li>• <b>Packing:</b> 20 booklets per packet</li> </ul>	R _____ per packet

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A16	as required	<b>Description:</b> Risk grading sticker for pregnant women: PHC – White <b>Reference document:</b> H426  <b>Specifications</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> Width: 95mm x Length: 35cm</li> <li>• <b>Format:</b> Roll</li> <li>• <b>Print:</b>           <b>Sticker Size:</b> Width: 95mm x Length: 35cm</li> <li>• <b>Format:</b> Roll</li> <li>• <b>Print:</b> White 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

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ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY
A17	as required	<b>Description:</b> Scoring the Self Report on Strengths and Difficulty Questionnaire <b>Reference document:</b> H436  <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> Black printing on sheet 1 (Page 1) (information sheet) printed only front ; Sheet 2 (Page 2 and 3): Printed front and back which must be perforated at 20mm from top of page. H-number must be printed on top right hand side. Sheet 1 and 2 logo's of FS Health and Basic Education must be printed on top of page</li> <li>• <b>Paper:</b> 80g White Bond</li> <li>• <b>Cover:</b> Soft back and front Emtini liner 175g cover. Sticker with description of book, logo of National Department of Health and Logo of Basic Education and H-number printed in black to be pasted on cover of book. Print as per sample.</li> <li>• <b>Binding:</b> Stapled on top side of book.</li> </ul>	R _____ per book

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# **SECTION B: FORMS AND LABELS**

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

- H3 - Nursing progress report
- H17 - Triage form
- H27 - Adverse drug reaction/product quality problem report form
- H47 - Daily Reception Headcount Register
- H56 - Blood transfusion checklist
- H68 - Blank red label
- H77 - Red Cytotoxic label
- H83 - Hand Hygiene compliance observation
- H147 - Fluid Balance Chart
- H301 - Patient Referral Letter
- H301A - Outpatient prescription
- H327 - Specimen register
- H350 - Critical care units' assessment on admission
- H386 - Request for incineration of a foetus (miscarriage/abortion/products)
- H405 - Patient Summary
- H428 - Intra-partum CTG-Sticker
- H438 - Daily temperature records for refrigerators

## **ABBREVIATIONS**

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

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B1	as required	<b>Description:</b> Nursing progress report <b>Reference document:</b> H3	R _____ per pack
<b>Specifications</b> <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 and back. Free State Health logo must be printed top left hand corner on both sides. 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>			

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B2	as required	<b>Description:</b> Triage form <b>Reference document:</b> H17  <b>Specifications</b> <ul style="list-style-type: none"> <li><b>Size:</b> A3-Portrait (297 x 420 mm) folded back to A4-size</li> <li><b>Format:</b> Individually sheets</li> <li><b>Print:</b> Full colour printing on front and back</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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B3	as required	<b>Description:</b> Adverse drug reaction/product quality problem report form <b>Reference document:</b> H27  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4 portrait (297 x 210 mm)</li> <li>• <b>Format:</b> glued sheets</li> <li>• <b>Print:</b> <b>Page 1:</b> Black and red printing on white (CB) 57g paper on front only (NCR Paper). <b>Page 2:</b> Black and red printing on white (CF) 57g paper on front only (NCR Paper). Free State Health logo must be printed in top left hand corner. 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>Binding:</b> The 2 pages will be glued together on the left hand side to form a set to be completed in duplicate</li> <li>• <b>Packaging:</b> 100 sets of 2 sheets per packet</li> </ul>	R _____ per pack

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B4	as required	<b>Description:</b> Daily Reception Headcount Register <b>Reference document:</b> H47  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4 Landscape (297mm x 210mm)</li> <li>• <b>Format:</b> Register</li> <li>• <b>Print:</b> Printed black on front and back. All other pages must be numbered with a unique number on front in red at the bottom of the page.</li> <li>• <b>Paper:</b> 80g white</li> <li>• <b>Binding:</b> 50 sheets per register. Glued together on left hand side</li> <li>• <b>Cover:</b> Printed in full colour hi-quality on 300-gram titan plus white (gloss finished) front and back which is glued to register on left hand side</li> </ul>	R _____ per register

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B5	as required	<b>Description:</b> Blood transfusion checklist <b>Reference document:</b> H56	R _____ per pack
		<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.</li> <li>• <b>Paper:</b> 80g white bond</li> <li>• <b>Packing:</b> 100 sheets per pack</li> </ul>	

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B6	as required	<b>Description:</b> Blank red label <b>Reference document:</b> H68  <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

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B7	as required	<b>Description:</b> Red Cytotoxic label <b>Reference document:</b> H77  <b>Specifications:</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> Length: 30mm Width: 50mm</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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B8	as required	<b>Description:</b> Hand Hygiene compliance observation <b>Reference Document:</b> H83	R _____ per pack
		<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 sheets</li> <li>• <b>Print:</b> Black printing on front.</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

**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
B9	as required	<b>Description:</b> Fluid Balance Chart <b>Reference document:</b> H147  <b>Specifications:</b> <ul style="list-style-type: none"> <li>• Size: A4-Portrait (297 x 210 mm)</li> <li>• Format: Individually sheets</li> <li>• Print: Black 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>• Paper: 80gram white</li> <li>• Packaging: 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)

**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
B10	as required	<b>Description:</b> Patient Referral Letter <b>Reference document:</b> H301  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4-Portrait (210 x 297 mm)</li> <li>• <b>Format:</b> Pad</li> <li>• <b>Print:</b> Print set of 3 pages - <b>Page 1:</b> Green NCR (CB) Paper. <b>Page 2:</b> Yellow NCR (CBF) Paper. <b>Page 3:</b> White NCR (CF) Paper. All 3 pages must be perforated 20 mm from top of page. 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>Cover:</b> Soft back cover with flap-over Emtini liner 175g.</li> <li>• <b>Binding:</b> Stapled on top of pad. 50 sets of 3 pages per pad (150 pages)</li> </ul>	R _____ per pad

## 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
B11	as required	<b>Description:</b> Outpatient prescription Reference document: H301A  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4 landscape</li> <li>• <b>Format:</b> glued sheet of 4 pages</li> <li>• <b>Print:</b> set of 4 pages - page 1: White. (CB)page 2: Pink CBF. page 3: Yellow. Page 3 CBF and Page 4 Yellow CF Black printing on all 4 sheets. Page numbering bottom right hand corner. 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 NCR Paper</li> <li>• <b>Packing:</b> 50 sets of 4 pages 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
B12	as required	<b>Description:</b> Specimen register <b>Reference document:</b> H327	R _____ per register
<b>Specifications</b>			
<ul style="list-style-type: none"> <li>• <b>Size:</b> 297 x 420mm (A3 landscape)</li> <li>• <b>Format:</b> Registers</li> <li>• <b>Print:</b> Page 1 of sheet 1 Information page - Black printing on front and back. From page 2 of sheet 1 onwards: 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> 105g White bond</li> <li>• <b>Cover:</b> Hard cover (chip board) front and back with a cloth spine on left hand. Sticker with description of register, logo of Department of Health, H-number in black. Sticker to be pasted on cover of register.</li> <li>• <b>Binding:</b> 100 sheets (200 pages) per register</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)

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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
B13	as required	<b>Description:</b> Critical care units assessment on admission <b>Reference document:</b> H350  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Size:</b> A3 landscape (297 x 420 mm) folded to A4 portrait (297 x 210 mm) (2 x A3-pages to be folded to 4 x A4-pages)</li> <li>• <b>Format:</b> Booklet</li> <li>• <b>Print:</b> Black printing on front and back. <b>Page 1:</b> 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> Saddle stitched</li> <li>• <b>Packing:</b> 100 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
B14	as required	<b>Description:</b> Request for incineration of a foetus (miscarriage/abortion/products) <b>Reference document:</b> H386  <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> Print black on front of page. 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
B15	as required	<b>Description:</b> Patient Summary <b>Reference document:</b> H405  <b>Specifications:</b> <ul style="list-style-type: none"> <li>• <b>Page size:</b> A3 Landscape (297 x 420 mm)</li> <li>• <b>Format:</b> Individually sheets</li> <li>• <b>Print:</b> Black printing on front and back. Logo of the National Department of Health – Black – Top left-hand corner. Printing of H-number top right-hand corner. Form must be scored at 210mm.</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
B16	as required	<b>Description:</b> Intra-partum CTG-Sticker <b>Reference document:</b> H428  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Size:</b> 2 Stickers A5 landscape (147 x 210mm) per A4 portrait (297 x 210 mm) page</li> <li>• <b>Format:</b> sticker</li> <li>• <b>Print:</b> Print black on front of page. 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> Sticker adhesive non-gloss</li> <li>• <b>Packing:</b> 50 sheets (100 Stickers) 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
B17	as required	<b>Description:</b> Daily temperature records for refrigerators <b>Reference document:</b> H438  <u>Specifications</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. Logo of the Department of Health 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

# **SECTION C: FORMS AND LABELS**

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

- **H4** - Certificate of attendance
- **H18** - Casualty clinical record
- **H30** - Mortuary notice of death
- **H48** - Anaesthesia chart
- **H58** - Road to Health Booklet
- **H60** - X-ray register
- **H69** - Label for ointments and creams
- **H78** - RxSolution label
- **H85** - Maternity care Peri-operative record
- **H175** – Diabetic Record
- **H304** - Management of the sick young infant age 1 week up to 2 months
- **H328** - Contact Card
- **H366** - Form printed ART Patients Register
- **H387** - Report relating to death associated with anaesthesia or a diagnostic/therapeutic procedure
- **H406** - ARV: Visit Summary
- **H429** - ISHP Learner Assessment Form: Foundation and Intermediate - SHS 2a
- **H446** - Antibiotic Stewardship Programme - Antibiotic Prescription Chart

## **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**

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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**

**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
C1	as required	<b>Description:</b> Certificate of attendance <b>Reference document:</b> H4  <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 top left hand corner on both sides. 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
C2	as required	<b>Description:</b> Casualty clinical record <b>Reference document:</b> H18  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Size:</b> Customize (297 x 630 mm) 3-folded. Folded back to A4-size</li> <li>• <b>Format:</b> Individually sheets</li> <li>• <b>Print:</b> Black printing on front and back</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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- 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
C3	as required	<b>Description:</b> Mortuary notice of death <b>Reference document:</b> H30  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Size:</b> A5 landscape (210mm x 148mm)</li> <li>• <b>Format:</b> Pad</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 (CFB) 57g paper on front only (NCR Paper). <b>Page 3:</b> Black printing on white (CF) 57g paper on front only (NCR Paper). Page 1, 2 and 3 must be perforated at 20mm at top of page. Free State Health logo must be printed in top left hand corner. 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>Cover:</b> Soft back cover with flap-over Emtini liner 175g. Stapled top of pad. 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> 50 sets per pad stapled on top</li> </ul>	R _____ per pad

## 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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**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
C4	as required	<b>Description:</b> Anaesthesia chart <b>Reference document:</b> H48  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Size:</b> A3-landscape (297mm x 420mm)</li> <li>• <b>Format:</b> Individually glued sets (2-pages)</li> <li>• <b>Print:</b> <b>Sheet 1:</b> Printed black (CB); 57g on white NCR paper on front only. <b>Sheet 2:</b> Printed black (CF); 120g white board on front only. Free State Health logo must be printed in left hand corner. H-number must be printed in top right hand corner. Print as per sample</li> <li>• <b>Paper:</b> 2-pages NCR Paper</li> <li>• <b>Binding:</b> Glued at top</li> <li>• <b>Packing:</b> 100 glued sets 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)

**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
C5	as required	<b>Description:</b> Road to Health Booklet <b>Reference document:</b> H58  <b>Specifications:</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4 210x 297mm landscape (finished size – A5 210 x 149mm portrait)</li> <li>• <b>Format:</b> Booklet</li> <li>• <b>Print:</b> Inside 11 sheets (A4 Landscape) Full colour printing on front and back</li> <li>• <b>Paper:</b> Hi Q Titan Plus (Matt) White, 170gram</li> <li>• <b>Cover:</b> HiQ Titan Plus (Matt) White, 250gram - Full colour printed front and back</li> <li>• <b>Packing:</b> 20 booklets 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
C6	as required	<b>Description:</b> X-ray register <b>Reference document:</b> H60  <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> Black printing on front and back of page. Cover: Black printing on front only. Logo – printed in centre with description, H-number underneath of Logo. Printing starts at page 2 up to 99. H-number must be printed on each page in the top right hand corner. As per sample.</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

## 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
C7	as required	<b>Description:</b> Label for ointments and creams <b>Reference document:</b> H69  <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
C8	as required	<b>Description:</b> RxSolution label <b>Reference document:</b> H78  <b>Specifications:</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> Length: 45mm Width: 70mm</li> <li>• <b>Format:</b> Roll</li> <li>• <b>Print:</b> Label with no printing</li> <li>• <b>Paper:</b> Thermal transfer adhesive white</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
C9	as required	<b>Description:</b> Maternity care Peri-operative record <b>Reference document:</b> H85  <b>Specifications:</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> 297 x 210mm (A4-portrait)</li> <li>• <b>Format:</b> Booklets</li> <li>• <b>Print:</b> Colour printing, 3 x A3-pages (297 x 420mm) on front and back</li> <li>• <b>Paper:</b> 80g White bond</li> <li>• <b>Binding:</b> Saddle stitched</li> <li>• <b>Packing:</b> 50 booklets 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
C10	as required	<b>Description:</b> Diabetic record <b>Reference document:</b> H175  <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 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.

**\*\* "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
C11	as required	<b>Description:</b> Management of the sick young infant age 1 week up to 2 months <b>Reference document:</b> H304  <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 and back – double sided. 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
C12	as required	<b>Description:</b> Contact Card <b>Reference document:</b> H328  <u><b>Specifications</b></u> <ul style="list-style-type: none"> <li>• <b>Size:</b> 99 x 105mm</li> <li>• <b>Format:</b> Cards</li> <li>• <b>Print:</b> Black printing on front.</li> <li>• <b>Paper:</b> 160g White bond paper</li> <li>• <b>Packing:</b> 100 cards 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
C13	as required	<b>Description:</b> Form printed ART Patients Register <b>Reference document:</b> H366  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Size:</b> A4 landscape (297 x 210mm)</li> <li>• <b>Format:</b> Register</li> <li>• <b>Print:</b> Double sided printed in black</li> <li>• <b>Paper:</b> 80g White Bond</li> <li>• <b>Cover:</b> Green lined board with cloth spine left hand side. Sticker with description of register, logo of Department of Health, H-number in black. Sticker to be pasted on cover of register.</li> <li>• <b>Binding:</b> 100 pages (50 sheets) per 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	_____

**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
C14	as required	<b>Description:</b> Report relating to death associated with anaesthesia or a diagnostic/therapeutic procedure <b>Reference document:</b> H387  <b>Specifications</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> 297 x 630 mm Landscape (finished size 297 x 210mm A4 Portrait)</li> <li>• <b>Format:</b> 3-fold (Booklet)</li> <li>• <b>Print:</b> Print black on front of page. Page 1 - 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
C15	as required	<b>Description:</b> ARV: Visit Summary <b>Reference document:</b> H406  <b>Specifications:</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> 297 x 420 mm (Landscape)</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

## 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
C16	as required	<b>Description:</b> ISHP Learner Assessment Form: Foundation and Intermediate - SHS 2a <b>Reference document:</b> H429  <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

**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
C17	as required	<b>Description:</b> Antibiotic Stewardship Programme - Antibiotic Prescription Chart <b>Reference document:</b> H446  <u><b>Specifications</b></u> <ul style="list-style-type: none"> <li>• <b>Size:</b> Sheet 1: A4 Portrait (297 x 210 mm). Sheet 2: A4 Portrait (297 x 210 mm)</li> <li>• <b>Format:</b> Individually glued sheets</li> <li>• <b>Print:</b> <b>Sheet 1</b> - printed black on white (CB) 57g paper, only on front (NCR Paper). <b>Sheet 2</b> - 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 left hand side</li> <li>• <b>Paper:</b> 57g White (NCR Paper)</li> <li>• <b>Packaging:</b> 100 forms 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

# **SECTION D: FORMS AND LABELS**

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

- H5 – Tool to screen patients for mental health and substance abuse disorders
- H19 - Paediatric care plan
- H31 - School health: Letter to Parents/Guardian
- H40 - Child patient health record primary health care
- H49 - Perfusion record
- H61 - Mortuary register
- H70 - Blank white label
- H86 - Covid-19 vaccination record card
- H95 - Medicine register for wards
- H176 - Receipt for Valuable Articles
- H305 - Management of the sick child age 2 months up to 5 years
- H336: - Consent form – for surgery, anaesthesia and other medical services
- H369 - Neonatology transfer record
- H388 - Initial Assessment on admission at Primary Health Care Facilities
- H407 - Progress Report
- H430 - ISHP Learner Assessment Form: Senior and FET – SHS 2b
- IV-Paper
- **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 (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
D1	as required	<b>Description:</b> Tool to screen patients for mental health and substance abuse disorders <b>Reference document:</b> H5  <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> Pads</li> <li>• <b>Print:</b> Black printing on front and back. Free State Health logo must be printed top left hand corner on both sides. 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 pad glued together at top</li> </ul>	R _____ per pad

## 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
D2	as required	<b>Description:</b> Paediatric care plan <b>Reference document:</b> H19	R _____ per pack
		<b>Specifications</b> <ul style="list-style-type: none"> <li>• <b>Page size:</b> 297 x 630 mm Landscape (finished size 297 x 210mm A4 Portrait)</li> <li>• <b>Format:</b> 3-fold</li> <li>• <b>Print:</b> Colour printing on front and back.</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

## 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
D3	as required	<b>Description:</b> School health: Letter to Parents/Guardian <b>Reference document:</b> H31  <u>Specifications</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 on front only (NCR Paper). Page 1 and 2 must be perforated at 20mm from top of page. Logo's of Department of Health, Basic Education must be printed at the top of the page. 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>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 sheets 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)

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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
D4	as required	<b>Description:</b> Child patient health record primary health care <b>Reference document:</b> H40  <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** \_\_\_\_\_

**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
D5	as required	<b>Description:</b> Perfusion record Reference document: H49  <u><b>Specifications</b></u> <b>Size:</b> A3-landscape (297mm x 420mm) <b>Format:</b> Individually glued sets (3-pages) <b>Print:</b> <b>Sheet 1:</b> Printed black (CB); 57g on white NCR paper. Printed on front only. <b>Sheet 2:</b> Printed black (CF/CB); 57g on white NCR paper. Printed on front only. <b>Sheet 3:</b> Printed black (CF); 120g white board. Printed on front only. 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 <b>Paper:</b> 3-pages NCR Paper <b>Binding:</b> Glued at top <b>Packing:</b> 100 glued sets 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
D6	as required	<b>Description:</b> Mortuary register <b>Reference document:</b> H61  <u>Specifications</u> <ul style="list-style-type: none"> <li>• <b>Print:</b> Black printing on front and back of page. Cover: Black printing on front only. Logo – printed in centre with description, H-number underneath of Logo. Printing starts at page 2 up to 99. H-number must be printed on each page in the top right hand corner. As per sample.</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 pages per 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	_____

**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
D7	as required	<b>Description:</b> Blank white label <b>Reference document:</b> H70  <b>Specifications:</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> Length: 25mm Width: 50mm</li> <li>• <b>Format:</b> Roll</li> <li>• <b>Print:</b> No printing on label</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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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
D8	as required	<b>Description:</b> Covid-19 vaccination record card <b>Reference document:</b> H86  <b>Specifications:</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> 85 x 55mm (size of bank cards)</li> <li>• <b>Format:</b> Card</li> <li>• <b>Print:</b> Colour printing on front and back</li> <li>• <b>Paper:</b> 250g white uncoated card</li> <li>• <b>Packing:</b> 100 cards per pack</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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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
D9	as required	<b>Description:</b> Medicine register for wards <b>Reference document:</b> H95  <b>Specifications</b> <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: information and</b> Index sheets: Black printing on front of page 1 and 2. Register sheets: 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 and index sheet in front register) and 100 unique number sheets of register equals 102 sheets per</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**

## 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
D10	as required	<b>Description:</b> Receipt for Valuable Articles <b>Reference document:</b> H176  <b>Specifications:</b> <ul style="list-style-type: none"> <li>• <b>Size:</b> A5 Portrait (210mm x 148mm)</li> <li>• <b>Format:</b> Book</li> <li>• <b>Print:</b> Sheet 1: Black printing on white (CB) 57g paper. Printed on front only (NCR Paper). Sheet 2: Black printing on white (CF) 57g paper. Printed on front only (NCR Paper). Unique number must be printed in red on each sheet in top right hand side corner in sets of 2. Page 1 must be perforated at 20mm at left hand side of page</li> <li>• <b>Paper:</b> 57g NCR Paper</li> <li>• <b>Cover:</b> Soft back cover with flap-over Emtini liner 175g. Stapled left hand side of book. Sticker with description of register, logo of Department of Health and H-number printed in black. Unique number must be printed in red on sticker. As per sample. Sticker to be pasted on cover of book</li> <li>• <b>Binding:</b> 50 sets per book stapled on left hand 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