

## PART A INVITATION TO BID

<b>YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF DEPARTMENT/ PUBLIC ENTITY)</b>					
BID NUMBER:	DOH(FS)04/2026/2027	CLOSING DATE:	26 JUNE 2026	CLOSING TIME:	11:00 am
DESCRIPTION	THE SUPPLY AND DELIVERY OF LABORATORY REAGENTS AND EQUIPMENT FOR FREE STATE DEPARTMENT OF HEALTH.				
	PERIOD: DATE OF SIGNING OF CONTRACT FOR FIVE (05) YEARS.				
<b>BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS)</b>					
DEPARTMENT OF FREE STATE HEALTH.					
GROUND FLOOR, BOPHELO HOUSE, BLOCK C-WEST, OPPOSITE MAIN DOOR.					
C/O CHARLOTTE MAXEKE STREET AND HARVEY ROAD, BLOEMFONTEIN.					
DEPARTMENT OF FREE STATE HEALTH.					
<b>BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO</b>			<b>TECHNICAL ENQUIRIES MAY BE DIRECTED TO:</b>		
CONTACT PERSON	C.J.B Naicker		CONTACT PERSON	Mrs. M.M de Beer	
TELEPHONE NUMBER	051 408 1152 / 1667		TELEPHONE NUMBER	072 764 1867 / 051 401 3178	
FACSIMILE NUMBER	N/A		FACSIMILE NUMBER	N/A	
E-MAIL ADDRESS	NaickerCJB@fshealth.gov.za		E-MAIL ADDRESS	debeermm@ufs.ac.za	
<b>SUPPLIER INFORMATION</b>					
NAME OF BIDDER					
POSTAL ADDRESS					
STREET ADDRESS					
TELEPHONE NUMBER	CODE		NUMBER		
CELLPHONE NUMBER					
FACSIMILE NUMBER	CODE		NUMBER		
E-MAIL ADDRESS					
VAT REGISTRATION NUMBER					
SUPPLIER COMPLIANCE STATUS	TAX COMPLIANCE SYSTEM PIN:		OR	CENTRAL SUPPLIER DATABASE No:	MAAA
B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE	TICK APPLICABLE BOX] <input type="checkbox"/> Yes <input type="checkbox"/> No		B-BBEE STATUS LEVEL SWORN AFFIDAVIT	[TICK APPLICABLE BOX] <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES &amp; QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]</b>					
ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?	<input type="checkbox"/> Yes <input type="checkbox"/> No [IF YES ENCLOSE PROOF]		ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED?	<input type="checkbox"/> Yes <input type="checkbox"/> No [IF YES, ANSWER THE QUESTIONNAIRE BELOW ]	
<b>QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS</b>					
IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THE ENTITY HAVE A BRANCH IN THE RSA?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF THE ANSWER IS "NO" TO ALL OF THE ABOVE, THEN IT IS NOT A REQUIREMENT TO REGISTER FOR A TAX COMPLIANCE STATUS SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 BELOW.					

**PART B  
TERMS AND CONDITIONS FOR BIDDING**

<b>1. BID SUBMISSION:</b>	
1.1.	BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.
1.2.	ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED—(NOT TO BE RE-TYPED) OR IN THE MANNER PRESCRIBED IN THE BID DOCUMENT.
1.3.	THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT, 2000 AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.
1.4.	THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7.1).
<b>2. TAX COMPLIANCE REQUIREMENTS</b>	
2.1	BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.
2.2	BIDDERS ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE ORGAN OF STATE TO VERIFY THE TAXPAYER'S PROFILE AND TAX STATUS.
2.3	APPLICATION FOR TAX COMPLIANCE STATUS (TCS) PIN MAY BE MADE VIA E-FILING THROUGH THE SARS WEBSITE WWW.SARS.GOV.ZA.
2.4	BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID.
2.5	IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER.
2.6	WHERE NO TCS PIN IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.
2.7	NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE, COMPANIES WITH DIRECTORS WHO ARE PERSONS IN THE SERVICE OF THE STATE, OR CLOSE CORPORATIONS WITH MEMBERS PERSONS IN THE SERVICE OF THE STATE."

**NB: FAILURE TO PROVIDE / OR COMPLY WITH ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVALID.**

SIGNATURE OF BIDDER: .....

CAPACITY UNDER WHICH THIS BID IS SIGNED: .....  
(Proof of authority must be submitted e.g. company resolution)

DATE: .....

## EXPLANATORY MEETING CERTIFICATE

BID NUMBER: DOH (FS)04/2026/2027

Attendance list number: \_\_\_\_\_

**DOH(FS)04/2026/2027: THE SUPPLY AND DELIVERY OF LABORATORY REAGENTS AND EQUIPMENT FOR FREE STATE DEPARTMENT OF HEALTH.**

**PERIOD: DATE OF SIGNING OF CONTRACT FOR FIVE (05) YEARS.**

### Attendance of the explanatory meeting is COMPULSORY

An official of the Department must sign this certificate at the explanatory meeting. No certificate will be signed outside the meeting. The original certificate must be included in the bid document and will not be accepted after the closing time and date of the bid.

**COMPULSORY EXPLANATORY MEETING DATE: 10 JUNE 2026**

**TIME: 10H00**

**VENUE: Department Pharmacology & Physiology Building, Block C  
Senate Street (Opposite the Sasol  
Library),UFS Campus  
Bloemfontein**

**CONTACT PERSON/S: Mrs. M.M De Beer  
072 764 1867 / 051 401 3178**

This is to certify that \_\_\_\_\_ in his/her capacity as  
\_\_\_\_\_ of the company \_\_\_\_\_ has attended the  
Compulsory Explanatory meeting on the \_\_\_\_\_ day of \_\_\_\_\_ 2026 and is  
therefore familiar with circumstances and the scope of the items to be supplied.

\_\_\_\_\_  
**SIGNATURE /DEPARTMENTAL  
OFFICIAL**

\_\_\_\_\_  
**RANK**

\_\_\_\_\_  
**SIGNATURE OF REPRESENTATIVE  
OF COMPANY**

\_\_\_\_\_  
**DATE**

OFFICIAL DATE  
STAMP

**\* Note: Only one certificate per company**

## BIDDER'S DISCLOSURE

### 1. PURPOSE OF THE FORM

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

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

### 2. Bidder's declaration

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

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

Full Name	Identity Number	Name of State Institution

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

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

2.2.1 If so, furnish particulars:

.....  
.....

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

2.3.1 If so, furnish particulars:

.....  
.....

**3 DECLARATION**

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

- 3.1 I have read and I understand the contents of this disclosure;
- 3.2 I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3 The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium<sup>2</sup> will not be construed as collusive bidding.
- 3.4 In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.5 The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.

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

- 3.6 There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 3.7 I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of bidder

6.



health

Department of  
Health  
FREE STATE PROVINCE

**THE SUPPLY  
AND DELIVERY OF LABORATORY  
REAGENTS AND EQUIPMENT FOR FREE STATE  
DEPARTMENT OF HEALTH**

**PERIOD: DATE OF SIGNING OF  
CONTRACT FOR FIVE (5) YEARS**

**Contact person: Me. M.M de Beer**

**Tel no: (051) 401 3178**

## SPECIAL CONDITIONS FOR THE BID

1. The bidder will be expected to supply two (2) Drug Analyzers to meet the throughput of tests and place equipment at the emergency laboratory as well as the main laboratory.
2. The number of tests that can be performed by the kit should be specified. This should be in accordance with the number of tests per kit as specified when the product was registered for use by the FDA or other regulatory bodies.
3. Quality controls: If multi-constituent controls are supplied, it should clearly indicate which tests and the assigned values for each test (assay) are included. The number of tests that can be performed with this control should be specified. If specific individual controls for a test are supplied, they should be specified separately.
4. Expiry dates of reagents and controls should be at least 6 months from date of delivery.
5. The equipment shall remain the property of the company that supplies the reagents.
6. All equipment supplied must be fully guaranteed and maintained at no cost to the Free State Department of Health for a period of 5 years from the date of commissioning.
7. Parts, disposables, and solutions used for maintenance that are not part of the normal service of the equipment should be mentioned as bid items and specified under the specific headings stated in Item 11: Replacement Parts.
8. Equipment should have its own UPS power supply systems.
9. All tools used in the maintenance of the equipment should be included in the bid.
10. All extra equipment and consumables used to run tests should be included in the bid. This includes, but is not limited to, printers, printer cartridges, printer paper, etc.
11. The laboratory shall not take responsibility if the equipment is damaged or stolen. The responsibility of insurance for the replacement of the instruments is for the account of the company.
12. Equipment must be placed for the duration of the bid or until a new bid is awarded.
13. The bid must run for at least five (5) years.
14. Subcontracting will not be allowed. The cold chain of reagents must be secured.
15. The company should adhere to ISO 9001 or equivalent standards. Certificates of compliance must be submitted with the bid document under " **Annexure D**" (Evaluation Criteria).
16. Bidders should supply all reagents as specified or at least the bulk of tests.
17. Training should be provided on equipment to the satisfaction of the Head of the Pharmacology Laboratory.

18. Bidders shall furnish names and telephone numbers of customers where similar systems have been installed and commissioned, state how long the equipment has been installed, and attach this information to the bid, clearly marked (**Annexure B**). It is the intention of the Free State Department of Health to request references from such customers and to inspect the installations where possible to establish the bidder's bona fides.
19. The bidder shall provide at "**Annexure C**" a table of names, relevant qualifications, experience, and capacity of all people who will be directly involved in this project, as stated in the Evaluation Criteria.

## 20. SUPPORT SERVICES AND MAINTENANCE SERVICES

### 20.1 Support Services during the Guarantee Period and Maintenance Contract

- 20.1.1 The guarantee period will start on the day that the equipment is accepted as fully functional by the hospital (via a signed formal letter of acceptance) and will extend for five years.
- 20.1.2 The successful bidder will be responsible for the service, maintenance, and upgrades of analyzers for the entire period.

### 20.2 General Conditions for Guarantee Period and Maintenance Contract

- 20.2.1 The successful bidder is required to render a support service with a maximum response time of 30 minutes with onsite inspection within 4 hours. The mean time to repair will be five (5) calendar days following the initial response.
- 20.2.2 The hours of coverage for service must be 24/7 (from 00:00 Monday to 00:00 Sunday).
- 20.2.3 Maintenance and service during the guarantee period in normal working hours (07:30 to 16:00, Monday to Friday) shall be carried out at no cost to the Hospital.
- 20.2.4 Overtime during the guarantee period (16:00 to 07:30, Monday evening to Saturday morning) shall be carried out at no cost to the Hospital.
- 20.2.5 The repair process may involve a physical exchange of equipment or parts. Spare equipment should be included in the tender for all units or parts of units to meet the required response times.
- 20.2.6 A reporting system must be utilized that is capable of accepting calls 24/7 and tracking the progress/escalation of problems. This system must maintain historical information on all equipment by serial number and track bidder performance. No information may be archived or deleted without approval from the Free State Department of Health.

**20.2.7 Bidders shall indicate whether:**

20.2.7.1 A remote support/diagnostic facility is available, how it would be carried out, and confirm it is at no cost to the institution.

20.2.7.2 Local diagnostic, fault-finding, and troubleshooting aids are supplied.

20.2.7.3 Repair facilities are available in the Free State area.

20.2.8 In the event that the awarded reagent/test is discontinued: \*\*

20.2.8.1 The Supplier must notify the Free State Department of Health upon receipt of notification from the OEM detailing the maintenance and after-sales support of the delivered items.

20.2.8.2 Should the Supplier fail to notify the Department, the Department reserves the right to seek necessary remedies (e.g., requesting replacement costs for new items).

20.2.8.3 The Supplier is required to submit supporting documents from the OEM substantiating changes for a minimum of five (5) years for review by the BEC.

20.2.8.4 The Supplier will be expected to present an alternative reagent of the same brand for evaluation. Sufficient reagents must be supplied to the laboratory to validate the new test parameters at no extra cost.

20.2.8.5 The terms, conditions, and price of the new reagent offered must be the same as the awarded reagent.

20.2.8.6 Suppliers must not deliver a new reagent prior to formal approval of a model change. **Failure to adhere to this may lead to immediate termination of the Supplier or the item on tender.**

20.2.9 In the event of a Recall or Alert issued by a Regulatory Body:\*\*

20.2.9.1 The Supplier must notify the Free State Department of Health immediately upon notification from the OEM and activate corrective measures.

20.2.9.2 The Supplier must submit a mitigation plan to ensure uninterrupted service delivery and patient safety. In the event of medical litigation due to a recall, the Supplier will be held liable.

20.2.9.3 The Supplier is obligated to distribute and display notifications and remedial actions in the clinical areas of affected items within thirty (30) days.

## Criteria for Evaluation

The bidders will be assessed on functionality as set out below. **Failure to comply with the below mentioned requirements will lead to points being forfeited.**

Bidders scoring less than the minimum score of *16 points out of 40 points* for the pre-qualification will automatically be disqualified.

No.	Criteria for Functionality	Maximum points	Bidder's score
1.	Descriptive literature/catalogue must be attached to the bid document. <ul style="list-style-type: none"> <li>• Descriptive/Catalogue <b>not attached = 0 point</b></li> <li>• Descriptive/Catalogue <b>attached = 5 points</b></li> </ul>	5	
2.	Contactable list and reference letters from previous and current clients for services rendered in terms of Laboratory Reagents and Equipment, the letter should not be older than 3 years <ul style="list-style-type: none"> <li>• <b>not attached = 0 point</b></li> <li>• <b>2- 3 clients attached = 5 points</b></li> <li>• <b>4 and above clients attached= 10 points</b></li> </ul>	10	
3.	Bidder must provide the proof of compliance that products are SABS/ISO9001 approved " <i>Annexure D</i> ". <ul style="list-style-type: none"> <li>• SABS/ISO 9001 Certificate <b>not attached = 0 point</b></li> <li>• SABS/ISO 9001 Certificate <b>attached = 15 points</b></li> </ul>	15	
4.	A list of all qualified and experienced sales and service personnel who will do after-sales support and training.  Attach qualifications " <i>Annexure B &amp; C</i> ".  <b>Proof of qualifications not attached = 0 point</b> <b>Proof of qualifications attached = 5 points</b>  <b>Service personnel staying outside Free State = 2 points</b> <b>Service personnel staying in the Free State = 5 points</b>	10	
<b>TOTAL SCORE FOR FUNCTIONALITY</b>		<b>40 points</b>	

**SPECIFIC GOALS:**

Specific goal	Applicable weight	The weight/s is to be broken down as follows:	Evidence to be submitted by the supplier to substantiate the points allocated per specific goal (NB: Any of the evidence submitted per specific goal should be regarded as sufficient)
Woman	4	100% Woman ownership = 4 points 75%-99% - Woman ownership = 3 points 50% -74% - Woman ownership = 2 points 1-49% Woman ownership = 1 point 0% Woman ownership = 0 points	RSA identity document OR Valid RSA driver's license issued by the relevant authority  NB: together with the company registration documentation, which contains the % of ownership or shareholding certificate with the percentage of shares owned by the individual Director/s.
Youth	6	100% Youth ownership = 6 points 50%-99% Youth ownership = 4 points 1%-49% Youth ownership = 1 points 0% Youth ownership = 0 points	RSA identity document OR Valid RSA driver's license issued by the relevant authority  NB: together with the company registration documentation, which contains the % of ownership or shareholding certificate with the percentage of shares owned by the individual Director/s.
People with disability	2	100% Ownership = 2 points 0% Ownership = 0 points	Sworn affidavit signed by the company representative and attested by the Commission of Oaths
Free State based company	8	Free State based company = 8 points Not Free State based company = 0 points	Municipal Account (If the Municipal account is not in the name of the company but rather in that of the Director, a Sworn Affidavit confirming that the company is operating on the premises of one of the Directors must be attached) OR Title deeds OR Permission to occupy land signed by the traditional authority OR A letter of confirmation of the address signed by the ward councilor

## ***Annexure A.***

### **Supply of laboratory reagents and equipment**

#### **Items**

#### **Description of Item**

#### **ITEM 1:**

#### **ANTIBIOTICS**

- 1.1 Similar or equal to Amikacin Assay
  - 1.1.1 Similar or equal to Amikacin Controls
  - 1.1.2 Similar or equal to Amikacin Calibrators
- 1.2 Similar or equal to Gentamicin Assay
  - 1.2.1 Similar or equal to Gentamicin Controls
  - 1.2.2 Similar or equal to Gentamicin Calibrators
- 1.3 Similar or equal to Tobramycin Assay
  - 1.3.1 Similar or equal to Tobramycin Controls
  - 1.3.2 Similar or equal to Tobramycin Calibrators
- 1.4 Similar or equal to Vancomycin Assay
  - 1.4.1 Similar or equal to Vancomycin Controls
  - 1.4.2 Similar or equal to Vancomycin Calibrators

#### **ITEM 2:**

#### **ANTI-ASTHMATICS**

- 2.1 Similar or equal to Theophylline Assay
  - 2.1.1 Similar or equal to Theophylline Controls
  - 2.1.2 Similar or equal to Theophylline Calibrators
- 2.2 Similar or equal to Caffeine Assay
  - 2.2.1 Similar or equal to Caffeine Controls

2.2.2 Similar or equal to Caffeine Calibrators

**ITEM 3:**

**ANTICONVULSANTS**

- 3.1 Similar or equal to Carbamazepine Assay
  - 3.1.1 Similar or equal to Carbamazepine Control
  - 3.1.2 Similar or equal to Carbamazepine Calibrators
- 3.2 Similar or equal to Phenobarbitone Assay
  - 3.2.1 Similar or equal to Phenobarbitone Control
  - 3.2.2 Similar or equal to Phenobarbitone Calibrators
- 3.3 Similar or equal to Phenytoin Assay
  - 3.3.1 Similar or equal to Phenytoin Controls
  - 3.3.2 Similar or equal to Phenytoin Calibrators
- 3.4 Similar or equal to Valproic Acid Assay
  - 3.4.1 Similar or equal to Valproic Acid Controls
  - 3.4.2 Similar or equal to Valproic Acid Calibrators
- 3.5 Similar or equal to Lamotrigine Assay
  - 3.5.1 Similar or equal to Lamotrigine Controls
  - 3.5.2 Similar or equal to Lamotrigine Calibrators
- 3.6 Similar or equal to Gabapentin Assay
  - 3.6.1 Similar or equal to Gabapentin Controls
  - 3.6.2 Similar or equal to Gabapentin Calibrators
- 3.7 Similar or equal to Primidone Assay
  - 3.7.1 Similar or equal to Primidone Controls
  - 3.7.2 Similar or equal to Primidone Calibrators
- 3.8 Similar or equal to Ethosuximide Assay
  - 3.8.1 Similar or equal to Ethosuximide Controls

- 3.8.2 Similar or equal to Ethosuximide Calibrators
- 3.9 Similar or equal to Topiramate Assay
  - 3.9.1 Similar or equal to Topiramate Controls
  - 3.9.2 Similar or equal to Topiramate Calibrators
- 3.10 Similar or equal to Levetiracetam Serum Assay
  - 3.10.1 Similar or equal to Levetiracetam Serum Control
  - 3.10.2 Similar or equal to Levetiracetam Serum Calibrators

**ITEM 4:**

**IMMUNOSUPPRESSANTS / TRANSPLANTATION DRUGS**

- 4.1 Similar or equal to Sirolimus Assay
  - 4.1.1 Similar or equal to Sirolimus Control
  - 4.1.2 Similar or equal to Sirolimus Calibrators
- 4.2 Similar or equal to Tacrolimus Assay
  - 4.2.1 Similar or equal to Tacrolimus Controls
  - 4.2.2 Similar or equal to Tacrolimus Calibrators
- 4.3 Similar or equal to Cyclosporin whole blood Monoclonal Assay
  - 4.3.1 Similar or equal to Cyclosporin whole blood Monoclonal Controls
  - 4.3.2 Similar or equal to Cyclosporin whole blood Monoclonal Calibrators
- 4.4 Similar or equal to Methotrexate Assay
  - 4.4.1 Similar or equal to Methotrexate Controls
  - 4.4.2 Similar or equal to Methotrexate Calibrators
- 4.5 Similar or equal to Mycophenolic acid Assay
  - 4.5.1 Similar or equal to Mycophenolic acid Controls
  - 4.5.2 Similar or equal to Mycophenolic acid Calibrators
- 4.6.1 Similar or equal to Everolimus Assay
- 4.6.2 Similar or equal to Everolimus Control
- 4.6.3 Similar or equal to Everolimus Calibrators

**ITEM 5:**

**CARDIAC DRUGS**

- 5.1 Similar or equal to Digoxin Assay
  - 5.1.1 Similar or equal to Digoxin Controls
  - 5.1.2 Similar or equal to Digoxin Calibrators
- 5.2 Similar or equal to Lidocaine Assay
  - 5.2.1 Similar or equal to Lidocaine Controls
  - 5.2.2 Similar or equal to Lidocaine Calibrators
- 5.3 Similar or equal to Procainamide Assay
  - 5.3.1 Similar or equal to Procainamide Controls
  - 5.3.2 Similar or equal to Procainamide Calibrators
- 5.4 Similar or equal to N-Acetyl procainamide (NAPA) Assay
  - 5.4.1 Similar or equal to N-Acetyl procainamide (NAPA) Controls
  - 5.4.2 Similar or equal to N-Acetyl procainamide (NAPA) Calibrators
- 5.5 Similar or equal to Disopyramide Assay
  - 5.5.1 Similar or equal to Disopyramide Controls
  - 5.5.2 Similar or equal to Disopyramide Calibrators
- 5.6 Similar or equal to Quinidine Assay
  - 5.6.1 Similar or equal to Quinidine Controls
  - 5.6.2 Similar or equal to Quinidine Calibrators

**ITEM 6:**

**URINE ASSAYS**

- 6.1 Similar or equal to Amphetamine Urine Assay

- 6.1.1 Similar or equal to Amphetamine Urine Controls
- 6.1.2 Similar or equal to Amphetamine Urine Calibrators
- 6.2 Similar or equal to Barbiturates Urine Assay
  - 6.2.1 Similar or equal to Barbiturates Urine Controls
  - 6.2.2 Similar or equal to Barbiturates Urine Calibrators
- 6.3 Similar or equal to Benzodiazepine Urine Assay
  - 6.3.1 Similar or equal to Benzodiazepine Urine Controls
  - 6.3.2 Similar or equal to Benzodiazepine Urine Calibrators
- 6.4 Similar or equal to Cocaine Urine Assay
  - 6.4.1 Similar or equal to Cocaine Urine Control
  - 6.4.2 Similar or equal to Cocaine Urine Calibrators
- 6.5 Similar or equal to Cannabinoids Urine Assay
  - 6.5.1 Similar or equal to Cannabinoids Urine Controls
  - 6.5.2 Similar or equal to Cannabinoids Urine Calibrators
- 6.6 Similar or equal to Opiates Urine Assay
  - 6.6.1 Similar or equal to Opiates Urine Controls
  - 6.6.2 Similar or equal to Opiates Urine Calibrators
- 6.7 Similar or equal to Methaqualone Urine Assay
  - 6.7.1 Similar or equal to Methaqualone Urine Control
  - 6.7.2 Similar or equal to Methaqualone Urine Calibrators
- 6.8 Similar or equal to Methadone Urine Assay
  - 6.8.1 Similar or equal to Methadone Urine Controls
  - 6.8.2 Similar or equal to Methadone Urine Calibrators

**ITEM 6:**

**URINE ASSAYS (Continue)**

- 6.9 Similar or equal to 6-Acetylmorphine Urine Assay
  - 6.9.1 Similar or equal to 6-Acetylmorphine Urine Controls
  - 6.9.2 Similar or equal to 6-Acetylmorphine Urine Calibrators
- 6.10 Similar or equal to Buprenorphine Urine Assay
  - 6.10.1 Similar or equal to Buprenorphine Urine Controls
  - 6.10.2 Similar or equal to Buprenorphine Urine Calibrators
- 6.11 Similar or equal to Ecstasy Urine Assay
  - 6.11.1 Similar or equal to Ecstasy Urine controls
  - 6.11.2 Similar or equal to Ecstasy Urine Calibrators
- 6.12 Similar or equal to Fentanyl Urine Assay
  - 6.12.1 Similar or equal to Fentanyl Urine controls
  - 6.12.2 Similar or equal to Fentanyl Urine Calibrators
- 6.13 Similar or equal to Hydrocodone Urine Assay
  - 6.13.1 Similar or equal to Hydrocodone Urine Controls
  - 6.13.2 Similar or equal to Hydrocodone Urine Calibrators
- 6.14 Similar or equal to Oxycodone Urine Assay
  - 6.14.1 Similar or equal to Oxycodone Urine Controls
  - 6.14.2 Similar or equal to Oxycodone Urine Calibrators
- 6.15 Similar or equal to Lysergic Acid Diethylamide (LSD) Urine Assay
  - 6.15.1 Similar or equal to Lysergic Acid Diethylamide (LSD) Urine Controls
  - 6.15.2 Similar or equal to Lysergic Acid Diethylamide (LSD) Urine Calibrators

**ITEM 6:**

**URINE ASSAYS (Continue)**

- 6.16 Similar or equal to Ketamine Urine Assay
  - 6.16.1 Similar or equal to Ketamine Urine controls
  - 6.16.2 Similar or equal to Ketamine Urine Calibrators
- 6.17 Similar or equal to Propoxyphene Urine Assay
  - 6.17.1 Similar or equal to Propoxyphene Urine controls
  - 6.17.2 Similar or equal to Propoxyphene Urine Calibrators
- 6.18 Similar or equal to Propoxyphene Urine Assay
  - 6.18.1 Similar or equal to Propoxyphene Urine controls
  - 6.18.2 Similar or equal to Propoxyphene Urine Calibrators
- 6.19 Similar or equal to Phencyclidine Urine Assay
  - 6.19.1 Similar or equal to Phencyclidine Urine controls
  - 6.19.2 Similar or equal to Phencyclidine Urine Calibrators
- 6.20 Similar or equal to Tramadol Urine Assay
  - 6.20.1 Similar or equal to Tramadol Urine controls
  - 6.20.2 Similar or equal to Tramadol Urine Calibrators
- 6.21 Similar or equal to Meperidine Urine Assay
  - 6.21.1 Similar or equal to Meperidine Urine controls
  - 6.21.2 Similar or equal to Meperidine Urine Calibrators
- 6.22 Similar or equal to Synthetic Cannabinoids Urine Assay
  - 6.22.1 Similar or equal to Synthetic Cannabinoids Urine controls
  - 6.22.2 Similar or equal to Synthetic Cannabinoids Urine Calibrators
- 6.23 Similar or equal to Methamphetamine Urine Assay
  - 6.23.1 Similar or equal to Methamphetamine Urine controls
  - 6.23.2 Similar or equal to Methamphetamine Urine Calibrators

**ITEM 7:**

**SERUM ASSAYS**

19.

- 7.1 Similar or equal to Acetaminophen Assay
  - 7.1.1 Similar or equal to Acetaminophen Controls
  - 7.1.2 Similar or equal to Acetaminophen Calibrators
- 7.2 Similar or equal to Salicylate Assay
  - 7.2.1 Similar or equal to Salicylate Controls
  - 7.2.2 Similar or equal to Salicylate Calibrators
- 7.3 Similar or equal to TAD Assay
  - 7.3.1 Similar or equal to TAD Controls
  - 7.3.2 Similar or equal to TAD Calibrators
- 7.4 Similar or equal to Ethanol Assay
  - 7.4.1 Similar or equal to Ethanol Control
  - 7.4.2 Similar or equal to Ethanol Calibrators
- 7.5 Similar or equal to Lithium Serum Assay
  - 7.5.1 Similar or equal to Lithium Serum Control
  - 7.5.2 Similar or equal to Lithium Serum Calibrators
- 7.6 Similar or equal to Benzodiazepines Serum Assay
  - 7.6.1 Similar or equal to Benzodiazepines Serum Control
  - 7.6.2 Similar or equal to Benzodiazepines Serum Calibrators
- 7.7 Similar or equal to Barbiturates Serum Assay
  - 7.7.1 Similar or equal to Barbiturates Serum Control
  - 7.7.2 Similar or equal to Barbiturates Serum Calibrators
- 7.8 Similar or equal to Serum Cholinesterase
  - 7.8.1 Similar or equal to Serum Cholinesterase Controls
  - 7.8.2 Similar or equal to Serum Cholinesterase Calibrators
- 7.8 Similar or equal to Voriconazole Serum Assay
  - 7.8.1 Similar or equal to Voriconazole Serum Control
  - 7.8.2 Similar or equal to Voriconazole Serum Calibrators

- 7.9 Similar or equal to Voriconazole Serum Assay
- 7.9.1 Similar or equal to Voriconazole Serum Control
- 7.9.2 Similar or equal to Voriconazole Serum Calibrators
- 7.10 Similar or equal to Zonisamide Serum Assay
- 7.10.1 Similar or equal to Zonisamide Serum Control
- 7.10.2 Similar or equal to Zonisamide Serum Calibrators

**ITEM 8:**

**SOLUTIONS**

- 8.1 Similar or equal to all working solutions and buffer, specified
- 8.2 Similar or equal to all probe cleaning solutions, specified
- 8.3 Similar or equal to all maintenance check solutions, specified
- 8.4 Similar or equal to all system preparation solutions, specified
- 8.5 Similar or equal to all system validation solutions, specified
- 8.6 Similar or equal to all wash solutions, specified
- 8.7 Similar or equal to all decontamination solutions, specified

**ITEM 9:**

**CONSUMABLES**

- 9.1 Similar or equal to all consumables used on equipment:
- 9.2 Sample cups
- 9.3 Reaction vessels
- 9.4 Thermal printing paper
- 9.5 Filters
- 9.6 Cuvettes
- 9.7 Printer cartridges/ribbons
- 9.8 Back up disks/USB memory sticks
- 9.9 Pipette Tips

9.10 Printer Cartridge

9.11 Printer paper

**ITEM 10:**

**DISPOSABLES**

10.1 Similar or equal to all disposable items used on equipment

**ITEM 11:**

**REPLACEABLE PARTS**

11.1 Similar or equal to all syringes, specified

11.2 Similar or equal to all probes, specified

11.3 Similar or equal to all probe tips, specified

11.4 Similar or equal to all source lamps, specified

11.5 Similar or equal to all sensors, specified

11.6 Similar or equal to all fuses, specified

11.7 Similar or equal to all tubing and fittings, specified

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
1.	As required	<b>ANTIBIOTICS</b>	R _____ per price set
1.1		Similar or equal to Amikacin Assay	R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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Closing Time: 11H00	Closing Date: 26 June 2026

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
1..1.1		ANTIBIOTICS Similar or equal to Amikacin Controls	R _____ per price set R _____ per price level
Please specify number of test per kit:.....			

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

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

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\* Delete if not applicable.

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

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

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

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

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ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
1.1.2		ANTIBIOTICS Similar or equal to Amikacin Calibrators	R _____ per price set R _____ per price level

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

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

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

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\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
1.2		ANTIBIOTICS Similar or equal to Gentamicin Assay	R _____ per price set R _____ per price level
Please specify number of test per kit:.....			

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

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

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\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
1.2.1		ANTIBIOTICS Similar or equal to Gentamicin Controls	R _____ per price set R _____ per price level

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

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

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

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\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
1.2.2		ANTIBIOTICS Similar or equal to Gentamicin Calibrators	R _____ per price set R _____ per price level
Please specify number of test per kit:.....			

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

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

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\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
1.3		ANTIBIOTICS Similar or equal to Tobramycin Assay	R _____ per price set R _____ per price level

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

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

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

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\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
1.3.1		<b>ANTIBIOTICS</b> Similar or equal to Tobramycin Controls	R _____ per price set R _____ per price level

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

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

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

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\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
1.3.2		<b>ANTIBIOTICS</b> Similar or equal to Tobramycin Calibrators	R _____ per price set R _____ per price level

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

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

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

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\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
1.4		ANTIBIOTICS Similar or equal to Vancomycin Assay	R _____ per price set R _____ per price level

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

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

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

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\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
1.4.1		ANTIBIOTICS Similar or equal to Vancomycin Controls	R _____ per price set R _____ per price level

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

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

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

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**\* Delete if not applicable.**

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

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

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

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ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
1.4.2		ANTIBIOTICS Similar or equal to Vancomycin Calibrators	R _____ per price set R _____ per price level

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

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

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

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

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

Closing Time: 11H00 Closing Date: 26 June 2026

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
2. 2.1	As required	ANTI-ASTHMATICS Similar or equal to Theophylline Assay	R _____ per price set R _____ per price level

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

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

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

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\* Delete if not applicable.

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

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

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Closing Time: 11H00	Closing Date: 26 June 2026

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
2.1.1		ANTI-ASTHMATICS Similar or equal to Theophylline Controls	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
2.1.2		ANTI-ASTHMATICS Similar or equal to Theophylline Calibrators	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
2.2		<b>ANTI-ASTHMATICS</b> Similar or equal to Caffeine Assay	R _____ per price set R _____ per price level
Please specify number of test per kit:.....			

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
2.2.1		ANTI-ASTHMATICS Similar or equal to Caffeine Controls	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
2.2.2		ANTI-ASTHMATICS Similar or equal to Caffeine Calibrators	R _____ per price set R _____ per price level
Please specify number of test per kit:.....			

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3.	As required	<b>ANTICONVULSANTS</b>	R _____ per price set
3.1		Similar or equal to Carbamazepine Assay	R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.1.1	As required	<b>ANTICONVULSANTS</b> Similar or equal to Carbamazepine Control	R _____ per price set  R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

Closing Time: 11H00 Closing Date: 26 June 2026

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.1.2	As required	<b>ANTICONVULSANTS</b> Similar or equal to Carbamazepine Calibrators	R _____ per price set  R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.2	As required	<b>ANTICONVULSANTS</b> Similar or equal to Phenobarbitone Assay	R _____ per price set  R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.2.1	As required	<b>ANTICONVULSANTS</b> Similar or equal to Phenobarbitone Control	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.2.2	As required	<b>ANTICONVULSANTS</b> Similar or equal to Phenobarbitone Calibrators	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.2.2	As required	<b>ANTICONSULTANTS</b> Similar or equal to Phenobarbitone Calibrators	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.3	As required	ANTICONVULSANTS Similar or equal to Phenytoin Assay	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.3.1	As required	<b>ANTICONVULSANTS</b> Similar or equal to Phenytoin Controls	R _____ per price set  R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.3.2	As required	ANTICONVULSANTS Similar or equal to Phenytoin Calibrators	R _____ per price set R _____ per price level

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

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

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

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\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3.	As required	<b>ANTICONVULSANTS</b>	R _____ per price set
3.4		Similar or equal to Valproic Acid Assay	R _____ per price level

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

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

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

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\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3.	As required	<b>ANTICONVULSANTS</b>	R _____ per price set
3.4.1		Similar or equal to Valproic Acid Controls	R _____ per price level

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

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

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

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\* Delete if not applicable.

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

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

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

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Closing Time: 11H00	Closing Date: 26 June 2026

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3.	As required	<b>ANTICONVULSANTS</b>	R _____ per price set
3.4.2		Similar or equal to Valproic Acid Calibrators	R _____ per price level

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

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

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

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\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3.	As required	<b>ANTICONVULSANTS</b>	R _____ per price set
3.5		Similar or equal to Lamotrigine Assay	R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.5.1	As required	<b>ANTICONSULSANTS</b> Similar or equal to Lamotrigine Controls	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3.	As required	<b>ANTICONSULSANTS</b>	R _____ per price set
3.5.2		Similar or equal to Lamotrigine Calibrators	R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.6	As required	ANTICONSULTANTS Similar or equal to Gabapentin Assay	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3.	As required	ANTICONSULSANTS	R _____ per price set
3.6.1		Similar or equal to Gabapentin Controls	R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.6.2	As required	<b>ANTICONVULSANTS</b> Similar or equal to Gabapentin Calibrators	R _____ per price set  R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.7	As required	<b>ANTICONVULSANTS</b> Similar or equal to Primidone Assay	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.7.1	As required	<b>ANTICONVULSANTS</b> Similar or equal to Primidone Controls	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.7.2	As required	<b>ANTICONVULSANTS</b> Similar or equal to Primidone Calibrators	R _____ per price set R _____ per price level
Please specify number of test per kit: .....			

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.8	As required	<b>ANTICONVULSANTS</b> Similar or equal to Ethosuximide Assay	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.8.1	As required	<b>ANTICONVULSANTS</b> Similar or equal to Ethosuximide Controls	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.8.2	As required	<b>ANTICONVULSANTS</b> Similar or equal to Ethosuximide Calibrators	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

65.

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

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

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

Name Of the bidder: _____	Bid Number: DOH (FS) 04/2026/2027
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OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.9	As required	ANTICONVULSANTS Similar or equal to Topiramate Assay	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.9.1	As required	<b>ANTICONVULSANTS</b> Similar or equal to Topiramate Controls	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

67.

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

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

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

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Closing Time: 11H00	Closing Date: 26 June 2026

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3.	As required	<b>ANTICONSULSANTS</b>	R _____ per price set
3.9.2		Similar or equal to Topiramate Callbrators	R _____ per price level

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

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

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

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\* Delete if not applicable.

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

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

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

Name Of the bidder _____	Bid Number: DOH (FS) 04/2026/2027
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OFFER TO BE VALID FOR 120 DAYS FROM THE CLOSING DATE OF THE BID.

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.10	As required	<b>ANTICONVULSANTS</b> Similar or equal to Levetiracetam Serum Assay	R _____ per price set R _____ per price level

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

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

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

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\* Delete if not applicable.

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.10.1	As required	<b>ANTICONVULSANTS</b> Similar or equal to Levetiracetam Serum Control	R _____ per price set R _____ per price level

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

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

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

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\* Delete if not applicable.

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
3. 3.10.2	As required	<b>ANTICONVULSANTS</b> Similar or equal to Levetiracetam Serum Calibrators	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
4. 4.1	As required	IMMUNOSUPPRESSANTS / TRANSPLANTATION DRUGS Similar or equal to Sirolimus Assay	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
4. 4.1.1	As required	IMMUNOSUPPRESSANTS / TRANSPLANTATION DRUGS Similar or equal to Sirolimus Control	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
4. 4.1.2	As required	IMMUNOSUPPRESSANTS / TRANSPLANTATION DRUGS Similar or equal to Sirolimus Calibrators	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
4. 4.2	As required	IMMUNOSUPPRESSANTS / TRANSPLANTATION DRUGS Similar or equal to Tacrolimus Assay	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

75.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
4. 4.2.1	As required	IMMUNOSUPPRESSANTS / TRANSPLANTATION DRUGS Similar or equal to Tacrolimus Controls	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

Closing Time: 11H00 Closing Date: 26 June 2026

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
4. 4.2.2	As required	IMMUNOSUPPRESSANTS / TRANSPLANTATION DRUGS Similar or equal to Tacrolimus Calibrators	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
4. 4.3	As required	<b>IMMUNOSUPPRESSANTS / TRANSPLANTATION DRUGS</b> Similar or equal to Cyclosporin whole blood Monoclonal Assay	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
4. 4.3.1	As required	IMMUNOSUPPRESSANTS / TRANSPLANTATION DRUGS Similar or equal to Cyclosporin whole blood Monoclonal Controls	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
4. 4.3.2	As required	<b>IMMUNOSUPPRESSANTS / TRANSPLANTATION DRUGS</b> Similar or equal to Cyclosporin whole blood Monoclonal Calibrators	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
4. 4.4	As required	IMMUNOSUPPRESSANTS / TRANSPLANTATION DRUGS Similar or equal to Methotrexate Assay	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
4. 4.4.1	As required	IMMUNOSUPPRESSANTS / TRANSPLANTATION DRUGS Similar or equal to Methotrexate Controls	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

82.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
4. 4.4.2	As required	IMMUNOSUPPRESSANTS / TRANSPLANTATION DRUGS Similar or equal to Methotrexate Calibrators	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.

83.

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

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

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

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

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

ITEM NUMBER	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)
4. 4.5	As required	IMMUNOSUPPRESSANTS / TRANSPLANTATION DRUGS Similar or equal to Mycophenolic acid Assay	R _____ per price set R _____ per price level

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

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

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

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

\* Delete if not applicable.