



BID DOCUMENT NUMBER: ZNB 6028/2021-H

THE SUPPLY OF ORTHOPAEDIC IMPLANT MATERIAL FOR VARIOUS INSTITUTIONS. PERIOD: 3 YEAR CONTRACT.

Name of Bidder.....

Central Supplier's Database Registration Number.....

Income Tax Reference Number.....

BIDDER TO NOTE THE FOLLOWING

CLOSING DATE AND TIME:

Date: 22 February 2022

Time: 11: 00AM

TABLE OF CONTENTS

SECTION A: INVITATION TO BID	3
SECTION B: SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF BIDDING FORMS	6
SECTION C: AUTHORITY TO SIGN A BID	7
SECTION D: DECLARATION OF INTEREST	11
SECTION E: DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES	14
SECTION F: DECLARATION THAT INFORMATION ON CENTRAL SUPPLIER DATABASE IS CORRECT AND UP TO DATE (TO BE COMPLETED BY BIDDER)	16
SECTION G: PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017	17
SECTION H: CERTIFICATE OF INDEPENDENT BID DETERMINATION.....	22
SECTION I: RECORD OF AMENDMENTS TO BID DOCUMENTS.....	24
SECTION J: GENERAL CONDITIONS OF CONTRACT.....	25
SECTION K: SPECIAL TERMS AND CONDITIONS	26
SECTION N: SPECIFICATIONS.....	36
SECTION O: EVALUATION CRITERIA	214

SECTION A: INVITATION TO BID

PART A

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE KWAZULU-NATAL DEPARTMENT OF HEALTH					
BID NUMBER:	ZNB 6028/2021-H	CLOSING DATE:	22 February 2022	CLOSING TIME:	11: H 00 AM
DESCRIPTION	THE SUPPLY OF ORTHOPAEDIC IMPLANT MATERIAL FOR VARIOUS INSTITUTIONS. PERIOD: 3 YEAR CONTRACT.				
THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).					
BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS)					
CENTRAL SUPPLY CHAIN MANAGEMENT DIRECTORATE					
OLD BOYS SCHOOL, 310 JABU NDLOVU STREET					
PIETERMARITZBURG					
3201					
SUPPLIER INFORMATION					
NAME OF BIDDER					
POSTAL ADDRESS					
STREET ADDRESS					
TELEPHONE NUMBER	CODE		NUMBER		
CELLPHONE NUMBER					
FACSIMILE NUMBER	CODE		NUMBER		
E-MAIL ADDRESS					
VAT REGISTRATION NUMBER					
	TCS PIN:		OR	CSD No:	
STATUS LEVEL VERIFICATION CERTIFICATE [TICK APPLICABLE BOX]	<input type="checkbox"/> Yes <input type="checkbox"/> No		STATUS LEVEL SWORN AFFIDAVIT	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, WHO WAS THE CERTIFICATE ISSUED BY?					
AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA) AND NAME THE APPLICABLE IN THE TICK BOX	<input type="checkbox"/>	AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA)			
	<input type="checkbox"/>	A VERIFICATION AGENCY ACCREDITED BY THE SOUTH AFRICAN ACCREDITATION SYSTEM (SANAS)			
	<input type="checkbox"/>	A REGISTERED AUDITOR			
		NAME:			
[A STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMEs& QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR]					
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 PART B:3 BELOW]		
SIGNATURE OF BIDDER		DATE			
CAPACITY UNDER WHICH THIS BID IS SIGNED (Attach proof of authority to sign this bid; e.g. resolution of directors, etc.)					
TOTAL NUMBER OF ITEMS OFFERED		TOTAL BID PRICE (ALL INCLUSIVE)			

BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO:		TECHNICAL INFORMATION MAY BE DIRECTED TO:	
DEPARTMENT	KZN Department of Health	DEPARTMENT	KZN Department of Health
CONTACT PERSON	Ms N Mahlaba	CONTACT PERSON	Dr P Ryan
TELEPHONE NUMBER	033 815 8367	TELEPHONE NUMBER	031 240 2160
FACSIMILE NUMBER	-	FACSIMILE NUMBER	-
E-MAIL ADDRESS	Tenders@kznhealth.gov.za	E-MAIL ADDRESS	paulrya@ialch.co.za

PART B: TERMS AND CONDITIONS FOR BIDDING

1. BID SUBMISSION:
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 ONLINE
1.3. BIDDERS MUST REGISTER ON THE CENTRAL SUPPLIER DATABASE (CSD) TO UPLOAD MANDATORY INFORMATION NAMELY: (BUSINESS REGISTRATION/ DIRECTORSHIP/ MEMBERSHIP/IDENTITY NUMBERS; TAX COMPLIANCE STATUS; AND BANKING INFORMATION FOR VERIFICATION PURPOSES). CERTIFICATE OR SWORN AFFIDAVIT FOR MUST BE SUBMITTED TO BIDDING INSTITUTION.
1.4. WHERE A BIDDER IS NOT REGISTERED ON THE CSD, MANDATORY INFORMATION NAMELY: (BUSINESS REGISTRATION/ DIRECTORSHIP/ MEMBERSHIP/IDENTITY NUMBERS; TAX COMPLIANCE STATUS MAY NOT BE SUBMITTED WITH THE BID DOCUMENTATION. CERTIFICATE OR SWORN AFFIDAVIT FOR MUST BE SUBMITTED TO BIDDING INSTITUTION.
1.5. THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT 2000 AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER LEGISLATION OR SPECIAL CONDITIONS OF CONTRACT AND ANY AMENDMENTS THERETO.
2. TAX COMPLIANCE REQUIREMENTS
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 DEPARTMENT TO VIEW THE TAXPAYER'S PROFILE AND TAX STATUS.
2.3 APPLICATION FOR TAX COMPLIANCE STATUS (TCS) OR PIN MAY ALSO BE MADE VIA E-FILING. IN ORDER TO USE THIS PROVISION, TAXPAYERS WILL NEED TO REGISTER WITH SARS AS E-FILERS THROUGH THE WEBSITE WWW.SARS.GOV.ZA.
2.4 BIDDERS MAY ALSO SUBMIT A PRINTED TCS TOGETHER WITH THE BID.
2.5 IN BIDS WHERE CONSORTIA/ JOINT VENTURES/ SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE PROOF OF TCS / PIN / CSD NUMBER.
2.6 WHERE NO TCS IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.
3. QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS
3.1. IS THE BIDDER A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)? <input type="checkbox"/> YES <input type="checkbox"/> NO
3.2. DOES THE BIDDER HAVE A BRANCH IN THE RSA? <input type="checkbox"/> YES <input type="checkbox"/> NO
3.3. DOES THE BIDDER HAVE A PERMANENT ESTABLISHMENT IN THE RSA? <input type="checkbox"/> YES <input type="checkbox"/> NO
3.4. DOES THE BIDDER HAVE ANY SOURCE OF INCOME IN THE RSA? <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 OBTAIN A TAX COMPLIANCE STATUS/ TAX COMPLIANCE SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTERED AS PER 2.3 ABOVE.

NB: FAILURE TO PROVIDE ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVALID.

SECTION B: SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF BIDDING FORMS

PLEASE NOTE THAT THIS BID IS SUBJECT TO TREASURY REGULATIONS 16A ISSUED IN TERMS OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999, THE KWAZULU-NATAL SUPPLY CHAIN MANAGEMENT POLICY FRAMEWORK AND THE GENERAL CONDITIONS OF CONTRACT. REFER TO THE GENERAL CONDITIONS OF CONTRACT AT THE FOLLOWING WEB ADDRESS:

<http://www.treasury.gov.za/divisions/ocpo/ostb/contracts/default.aspx>

1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and visa versa and with words importing the masculine gender shall include the feminine and the neuter.
2. Under no circumstances whatsoever may the bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
4. Bids submitted must be complete in all respects.
5. Bids shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the bid documents.
6. Each bid shall be addressed in accordance with the directives in the bid documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the bid number and closing date indicated on the envelope. The envelope shall not contain documents relating to any bid other than that shown on the envelope. If this provision is not complied with, such bids may be rejected as being invalid.
7. All bids received in sealed envelopes with the relevant bid numbers on the envelopes are kept unopened in safe custody until the closing time of the bids. Where, however, a bid is received open, it shall be sealed. If it is received without a bid number on the envelope, it shall be opened, the bid number ascertained, the envelope sealed, and the bid number written on the envelope.
8. A specific box is provided for the receipt of bids, and no bid found in any other box or elsewhere subsequent to the closing date and time of bid will be considered.
9. No bid sent through the post will be considered if it is received after the closing date and time stipulated in the bid documentation, and proof of posting will not be accepted as proof of delivery.
10. No bid submitted by telefax, telegraphic or other electronic means will be considered.
11. Bidding documents must not be included in packages containing samples. Such bids may be rejected as being invalid.
12. Any alteration made by the bidder must be initialled.
13. Use of correcting fluid is prohibited.
14. Bids will be opened in public as soon as practicable after the closing time of bid.
15. Where practical, prices are made public at the time of opening bids.
16. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.
17. The bidder must initial each and every page of the bid document.

SECTION C: AUTHORITY TO SIGN A BID

A. COMPANIES

If a Bidder is a company, a certified copy of the resolution by the Board of Directors, personally signed by the Chairperson of the Board, authorising the person who signs this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and/or contract on behalf of the company must be submitted with this bid, that is before the closing time and date of the bid

AUTHORITY BY BOARD OF DIRECTORS

By resolution passed by the Board of Directors on20.....,
..... (Full name)
(whose signature appears below) has been duly authorised to sign all documents in connection with this bid on behalf of
.....(Name of Company).

IN HIS/ HER CAPACITY AS:

SIGNED ON BEHALF OF COMPANY: (PRINT NAME)

SIGNATURE OF SIGNATORY: **DATE:**

WITNESSES: 1 **DATE:**

2 **DATE:**

B. SOLE PROPRIETOR (ONE - PERSON BUSINESS)

I, the undersigned..... (Full name)
hereby confirm that I am the sole owner of the business trading as:
.....(Name of Business)

SIGNATURE..... **DATE**.....

C. PARTNERSHIP

The following particulars in respect of every partner must be furnished and signed by every partner:

FULL NAME OF PARTNER	RESIDENTIAL ADDRESS	SIGNATURE

.....(Name of cooperative)

SIGNATURE OF AUTHORISED REPRESENTATIVE/SIGNATORY:

.....

IN HIS/ HER CAPACITY AS:

DATE:

SIGNED ON BEHALF OF CO-OPERATIVE:

FULL NAME IN BLOCK LETTERS:

WITNESSES: 1

DATE:

2

DATE:

F. JOINT VENTURE

If a bidder is a Joint Venture, a certified copy of the resolution/ agreement passed/ reached, signed by the duly authorised representatives of the entities, authorising the representatives who sign this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and /or contract on behalf of the Joint Venture must be submitted with this bid, before the closing time and date of the bid.

AUTHORITY TO SIGN ON BEHALF OF THE JOINT VENTURE

By resolution/agreement passed/reached by the Joint Venture partners
on.....20.....

..... (Full name)

..... (Full name)

..... (Full name)

..... (Full name)

whose signatures appear below have been duly authorised to sign all documents in connection with this bid on behalf of:
..... (Name of Joint Venture)

IN HIS/ HER CAPACITY AS:

SIGNED ON BEHALF OF (ENTITY NAME):

SIGNATURE: **DATE:**

IN HIS/ HER CAPACITY AS:

SIGNED ON BEHALF OF (ENTITY NAME):

SIGNATURE: **DATE:**

IN HIS/ HER CAPACITY AS:

SIGNED ON BEHALF OF (ENTITY NAME):

SIGNATURE: DATE:

IN HIS/ HER CAPACITY AS:

SIGNED ON BEHALF OF (ENTITY NAME):

SIGNATURE: DATE:

IN HIS/ HER CAPACITY AS:

G. CONSORTIUM

If a bidder is a Consortium, a certified copy of the resolution/ agreement passed/ reached, signed by the duly authorised representatives of concerned entities, authorising the representatives who sign this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and/ or contract on behalf of the Consortium must be submitted with this bid, before the closing time and date of the bid.

AUTHORITY TO SIGN ON BEHALF OF THE CONSORTIUM

By resolution/agreement passed/reached by the Consortium on.....20.....
..... (full name)

whose signature appears below have been duly authorised to sign all documents in connection with this bid on behalf of:

..... (Name of Consortium)

IN HIS/ HER CAPACITY AS:

SIGNATURE: DATE:

SECTION D: DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes an advertised competitive bid, a limited bid, a proposal or written price quotation). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/ her authorised representative declare his/ her position in relation to the evaluating/ adjudicating authority where:

- the bidder is employed by the state; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

2.1 Full Name of bidder or his or her representative:

.....

2.2 Identity Number:

2.3 Position occupied in the Company (Shareholder, Director, Sole Proprietor, Member, Partner, Trustee):

.....

2.4 Registration number of Company, Sole Proprietor, Close Corporation, Partnership, Joint Venture, Consortium or Trust:

.....

2.5 Tax Reference Number:

2.6 VAT Registration Number:

2.7 The names of all Shareholders/ Directors/ Sole Proprietors, Members, Partners, Trustees, their individual identity numbers, tax reference numbers and, if applicable, employee/ PERSAL numbers must be indicated in paragraph 3 below.

“State” means –

- (a) Any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- (b) Any municipality or municipal entity;
- (c) Provincial Legislature;
- (d) National Assembly or the National Council of Provinces; or
- (e) Parliament.

“Shareholder” means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.8 Are you or any person connected with the bidder presently employed by the State? **YES/NO**

If so, furnish the following particulars:

Name of person/director/trustee/shareholder/member:

Name of state institution at which you or the person connected to the bidder is employed:
.....

Position occupied in the state institution:

Any other particulars:
.....
.....
.....

2.9 If you are presently employed by the State, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? **YES/NO**

If yes, did you attach proof of such authority to the bid document? **YES/NO**

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.

If no, furnish reasons for non-submission of such proof:
.....
.....
.....

2.10 Did you or your spouse, or any of the company's directors/ trustees/ shareholders/members or their spouses conduct business with the state in the previous twelve months? **YES/NO**

If so, furnish particulars:
.....
.....
.....

2.11 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid? **YES/NO**

If so, furnish particulars.
.....
.....
.....

2.12 Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this bid? **YES/NO**

If so, furnish particulars.
.....

.....
.....

2.13 Do you or any of the directors/trustees/shareholders/members of the company have any interest in any other related companies whether or not they are bidding for this contract? YES/NO

If so, furnish particulars:

.....
.....
.....

3.Full details of directors/trustees/members/shareholders

FULL NAME	IDENTITY NUMBER	PERSONAL INCOME TAX REFERENCE NUMBER	STATE EMPLOYEE NUMBER/ PERSAL NUMBER

DECLARATION

I, THE UNDERSIGNED (NAME)

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 AND 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of Bidder

SECTION E: DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

1. This Standard Bidding Document must form part of all bids invited.
2. It serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
3. The bid of any bidder may be disregarded if that bidder, or any of its directors have-
 - a. abused the institution's supply chain management system;
 - b. committed fraud or any other improper conduct in relation to such system; or
 - c. failed to perform on any previous contract.
4. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

ITEM	QUESTION	YES	NO
4.1	<p>Is the bidder or any of its directors listed on the National Treasury's Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector?</p> <p>(Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the <i>audi alteram partem</i> rule was applied).</p> <p>The Database of Restricted Suppliers now resides on the National Treasury's website (www.treasury.gov.za) and can be accessed by clicking on its link at the bottom of the home page.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.1.1	If so, furnish particulars:		
4.2	<p>Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)?</p> <p>The Register for Tender Defaulters can be accessed on the National Treasury's website (www.treasury.gov.za) by clicking on its link at the bottom of the home page.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2.1	If so, furnish particulars:		
4.3	<p>Was the bidder or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3.1	If so, furnish particulars:		
4.4	<p>Was any contract between the bidder and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.4.1	If so, furnish particulars:		

CERTIFICATION

I, THE UNDERSIGNED (FULL NAME)
CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS TRUE AND CORRECT.

I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE TAKEN AGAINST ME
SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of Bidder

SECTION F: DECLARATION THAT INFORMATION ON CENTRAL SUPPLIER DATABASE IS CORRECT AND UP TO DATE (To be completed by bidder)

This is to certify that I

.....
(name of bidder/authorized representative)

who represents

.....
(state name of bidder)

am aware of the contents of the Central Supplier Database with respect to the bidder's details and registration information, and that the said information is correct and up to date as on the date of submitting this bid, and I am aware that incorrect or outdated information may be a cause for disqualification of this bid from the bidding process, and/ or possible cancellation of the contract that may be awarded on the basis of this bid.

.....
SIGNATURE OF BIDDER OR AUTHORISED REPRESENTATIVE

DATE:

SECTION G: PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all bids invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (BBBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

1. GENERAL CONDITIONS

- 1.1. The following preference point systems are applicable to all bids:
- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
 - the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).
- 1.2. The value of this bid is estimated not to exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.
- 1.3. Points for this bid shall be awarded for:
- (a) Price; and
 - (b) Status Level of Contributor.
- 1.4. The maximum points for this bid are allocated as follows:

CATEGORY	POINTS
PRICE	80
STATUS LEVEL OF CONTRIBUTOR	20
Total points for Price and must not exceed	100

- 1.5. Failure on the part of a bidder to submit proof of Status level of contributor together with the bid will be interpreted to mean that preference points for Status level of contribution are not claimed.
- 1.6. The department reserves the right to require of a bidder, either before a bid is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the department.

2. DEFINITIONS

- a) **“B-BBEE”** means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- b) **“B-BBEE status level of contributor”** means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- c) **“Bid”** means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- d) **“Black Designated Groups”** has the meaning assigned to it in the codes of good practice issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;

- e) **“Black People”** has the meaning assigned to it in section 1 of the Broad-Based Black Economic Empowerment Act;
- f) **“Broad-Based Black Economic Empowerment Act”** means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- g) **“Co-operative”** means a co-operative **registered** in terms of section 7 of the Cooperatives Act, 2005 (Act No. 14 of 2005);
- h) **“EME”** means an Exempted Micro **Enterprise** in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- i) **“Functionality”** means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- j) **“Military Veteran”** has the meaning assigned to it in section 1 of the Military Veterans Act, 2011 (Act No. 18 of 2011);
- k) **“prices” includes** all applicable taxes less all unconditional discounts;
- l) **“proof of status level of contributor” means:**
 - 1) Status level certificate issued by an authorized body or person;
 - 2) A sworn affidavit as prescribed by the Codes of Good Practice;
 - 3) Any other requirement prescribed in terms of the Act;
- m) **“QSE”** means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- n) **“rand value”** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes; and
- o) **“stipulated minimum threshold”** means the minimum threshold stipulated in terms of regulation 8(1)(b).

3. POINTS AWARDED FOR PRICE

3.1 THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS

A maximum of 80 or 90 points is allocated for price on the following basis:

$$\begin{array}{ccc}
 \mathbf{80/20} & \mathbf{or} & \mathbf{90/10} \\
 P_s = 80 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right) & \text{or} & P_s = 90 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right)
 \end{array}$$

Where

- P_s = Points scored for price of bid under consideration
- P_t = Price of bid under consideration
- P_{\min} = Price of lowest acceptable bid

4. POINTS AWARDED FOR STATUS LEVEL OF CONTRIBUTOR

4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the status level of contribution in accordance with the table below:

STATUS LEVEL OF CONTRIBUTOR	NUMBER OF POINTS (90/10 SYSTEM)	NUMBER OF POINTS (80/20 SYSTEM)
1	10	20
2	9	18
3	6	14
4	5	12
5	4	8
6	3	6
7	2	4
8	1	2
Non-compliant contributor	0	0

5. BID DECLARATION

5.1 Bidders who claim points in respect of Status Level of Contribution must complete the following:

6. STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1

6.1 Status Level of Contributor: = (maximum of 10 or 20 points) (Points claimed in respect of paragraph 6.1 must be in accordance with the table reflected in paragraph 4 and must be substantiated by relevant proof of status level of contributor.

7. SUB-CONTRACTING

7.1 Will any portion of the contract be sub-contracted?

(Tick applicable box)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

7.1.1 If yes, indicate:

- i. What percentage of the contract will be subcontracted.....%
- ii. The name of the sub-contractor.....
- iii. The status level of the sub-contractor.....
- iv. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

- v. Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations, 2017:

DESIGNATED GROUP: AN EME OR QSE WHICH IS AT LAST 51% OWNED BY:	EME √	QSE √
Black people		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

8. DECLARATION WITH REGARD TO COMPANY/FIRM

8.1 Name of company/firm:

8.2 VAT registration number:

8.3 Company registration number:

8.4 TYPE OF COMPANY/ FIRM

- Partnership/Joint Venture / Consortium
- One-person business/sole propriety
- Close corporation
- Company
- (Pty) Limited

[TICK APPLICABLE BOX]

8.5 DESCRIBE PRINCIPAL BUSINESS ACTIVITIES

.....

8.6 COMPANY CLASSIFICATION

- Manufacturer
- Supplier
- Professional service provider
- Other service providers, e.g. transporter, etc.

[TICK APPLICABLE BOX]

8.7 Total number of years the company/firm has been in business:

8.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and

- 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv) If the status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
- (a) disqualify the person from the bidding process;
 - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
 - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
 - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
 - (e) forward the matter for criminal prosecution.

<p>WITNESSES</p> <p>1.</p> <p>2.</p>
--

<p>.....</p> <p>SIGNATURE(S) OF BIDDERS(S)</p>
<p>DATE:</p> <p>ADDRESS</p> <p>.....</p> <p>.....</p>

SECTION H: CERTIFICATE OF INDEPENDENT BID DETERMINATION

- 1 This Standard Bidding Document (SBD) must form part of all bids invited.
- 2. Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging). Collusive bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.
- 3 Treasury Regulation 16A9 prescribes that accounting officers and accounting authorities must take all reasonable steps to prevent abuse of the supply chain management system and authorizes accounting officers and accounting authorities to:
 - a. disregard the bid of any bidder if that bidder, or any of its directors have abused the institution’s supply chain management system and or committed fraud or any other improper conduct in relation to such system.
 - b. cancel a contract awarded to a supplier of goods and services if the supplier committed any corrupt or fraudulent act during the bidding process or the execution of that contract.
- 4 In order to give effect to the above, the attached Certificate of Bid Determination (SBD 9) must be completed and submitted with the bid:

Bid rigging (or collusive bidding) occurs when businesses, that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and / or services for purchasers who wish to acquire goods and / or services through a bidding process. Bid rigging is, therefore, an agreement between competitors not to compete.

CERTIFICATE OF INDEPENDENT BID DETERMINATION

I, the undersigned, in submitting the accompanying bid:

(Bid Number and Description)

in response to the invitation for the bid made by:

(Name of Institution)

do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of: _____ that:
(Name of Bidder)

- 1. I have read, and I understand the contents of this Certificate;
- 2. I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;
- 3. I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder;
- 4. Each person whose signature appears on the accompanying bid has been authorized by the bidder to determine the terms of, and to sign the bid, on behalf of the bidder;

5. For the purposes of this Certificate and the accompanying bid, I understand that the word “competitor” shall include any individual or organization, other than the bidder, whether or not affiliated with the bidder, who:
 - a) has been requested to submit a bid in response to this bid invitation;
 - b) could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities or experience; and
 - c) provides the same goods and services as the bidder and/or is in the same line of business as the bidder

6. 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 will not be construed as collusive bidding.

7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
 - a) prices;
 - b) geographical area where product or service will be rendered (market allocation)
 - c) methods, factors or formulas used to calculate prices;
 - d) the intention or decision to submit or not to submit, a bid;
 - e) the submission of a bid which does not meet the specifications and conditions of the bid; or
 - f) bidding with the intention not to win the bid.

8. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.

9. 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.

10. 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.

.....
Signature

.....
Date

.....
Position

.....
Name of Bidder

SECTION J: GENERAL CONDITIONS OF CONTRACT

<http://www.treasury.gov.za/divisions/ocpo/sc/GeneralConditions/General%20Conditions%20of%20Contract.pdf>

❖ I have read, understand and accept the General conditions of the contract which are binding upon me.

.....
Signature

.....
Date

.....
Name of Bidder

SECTION K: SPECIAL TERMS AND CONDITIONS

The bid is issued in accordance with the following subject to the provisions of the General Conditions of Contract:

- i. Section 217 of the Constitution,
- ii. The PFMA and its Regulations in general,
- iii. The Preferential Procurement Policy Framework Act (PPPFA) of 2000
- iv. National Treasury guidelines, and
- v. Revised PPPFA Regulations of 2017

The special terms and conditions are supplementary to that of the General Conditions of Contract. Where, however, the special terms and conditions are in conflict with the General Conditions of Contract, the Special Terms and Conditions prevail.

- (a) **Bidder/s must ensure that they are fully aware of all the conditions contained in this bid document.**
- (b) **Only bidders that fully meet the specifications and all conditions will be considered.**

1. CONDITIONS OF BID

The bid is issued in accordance with the following conditions:

1.1 ACCEPTANCE OF A BID

- 1.1.1 The bid is structured as a price list tender and therefore all bidders who comply with the specification will be placed on the tender as successful bidders

1.2 CERTIFICATE OF COMPLIANCE

- 1.2.1 If the bidder submits offers for items that make reference to South African National Standards (SANS) or South African Bureau of Standards (SABS) specifications, a Certificate of Compliance must be submitted with the bid document at the time of closing of the bid. SABS/SANS can be contacted for testing and conformity services at Tel: 031 203 2900/ Fax: 031 203 2907. SANS, SABS AND CKS specifications will be for the account of the prospective bidder.
- 1.2.2 Failure to submit the certificate, where applicable, will result in the bid being disqualified. The Department reserves its rights to contact SABS/SANS/CKS for testing and conformity services.
- 1.2.3 The South African National Accreditation System (SANAS) is recognized by the South African Government as the single National Accreditation Body that gives formal recognition that Laboratory, Certification Bodies, Inspection Bodies, Proficiency Testing Scheme Providers and Good Laboratory Practice (GLP) test facilities are competent to carry out specific tasks. This organization can be contacted as follows: Tel: 012 3943760: Fax: 012 3940526.
- 1.2.4 Prior to an award of the bid being made and/or during the evaluation process, the Department of Health reserves the right to conduct inspections of the premises of the most acceptable bidder. Therefore, premises of the bidder shall be open, at reasonable hours, for inspection by a representative of the Department of Health or organization acting on its behalf.
- 1.2.5 Any specification/s and conformity testing will be for the account of the prospective bidder.
- 1.2.6 In the event of the bidder not being the actual manufacturer and will be sourcing the product(s) from the manufacturer, a letter from the manufacturer confirming firm supply arrangement(s) including lead times in this regard, must accompany the bid at closing date and time. If the bidder is the manufacturer, a letter confirming that the bidder is the manufacturer should accompany the bid at the closing date and time.

1.3 COMPLIANCE WITH SPECIFICATION

- 1.3.1 Offers must comply strictly with the specification.
- 1.3.2 Offers exceeding specification requirements will be deemed to comply with the specification.
- 1.3.3 The quality of services/ supply must not be less than what is specified.

1.4 COMPULSORY DOCUMENTATION

The following information is required to accompany all bids:

- a. A product information brochure.
- b. A surgical techniques brochure.
- c. An appropriately labelled, colour photograph (AP and lateral view) of the implant or construct.
- d. Clinicians and other officials may request additional information prior to bid adjudication:
 - i. Physical samples may be requested at the discretion of the clinical evaluation board.
 - ii. Dry bone samples with assembled implant constructs may be requested.

1.5 LATE BIDS

- 1.5.1 Bids are late if they are received at the address indicated in the bid documents after the closing date and time.

1.6 MORE THAN ONE OFFER/ COUNTER OFFERS

- 1.6.1 Should the bidder make more than one offer, where applicable, against any individual item, such offer/s must be detailed in the Schedule of Additional Offer/s. The Department reserves its rights in and to the consideration of any additional offer/s subject to compliance with specification and the bidding conditions.
- 1.6.2 Bidders' attention is drawn to the fact that counter offers with regard to any of the abovementioned Special Terms and Conditions will invalidate such bids.
- 1.6.3 Bidders are at liberty to bid for one, a number of items, or bid for all items. If a bidder is not bidding for all the items, the appropriate price page must reflect: 'nil quote'.

1.7 ONLY ONE OFFER RECEIVED

- 1.7.1 Where only 1 offer is received, the Department of Health will determine whether the price is fair and reasonable. Proof of reasonableness will be determined as follows:
 - (i) Comparison with prices, after discounts, to the bidder's other normal clients and the relative discount that the State enjoys;
 - (ii) Where this is not possible, profit before tax based on a full statement of relevant costs; and
 - (iii) In all cases, comparison with previous bid prices where these are available.

1.8 AWARD OF BID (S)

- 1.8.1. The Department of Health Bid Adjudication Committee reserves the right to place all bidders who meet the requirements of the specifications on the schedule of successful bidders.
- 1.8.2. Notification of the intention to award the bid shall be in the same media that the bid was advertised.

- 1.8.3. In terms of Practice Note Number: SCM-07 of 2006, Section 5: Appeal Procedure, 5.1 “A bidder aggrieved by a decision of the Departmental Bid Adjudication Committee or a delegate of an accounting officer may appeal to the Bid Appeals Tribunal in the prescribed manner”
- 1.8.4. After all appeals, should they be lodged, have been dealt with by the Bid Appeals Tribunal, the successful bidder (s) shall be notified in writing by a duly authorised official of the Department of Health, Central Supply Chain Management Unit. A formal contract will then be entered into by both parties.

1.9. REGISTRATION ON THE CENTRAL SUPPLIER DATABASE (CSD)

- 1.9.1. A bidder submitting an offer must be registered on the Central Supplier Database. A bidder who has submitted an offer and is not registered on the Central Supplier Database will not be considered.
- 1.9.2. Each party to a joint venture/ consortium must be registered on the Central Suppliers Database at the time of submitting the bid.

NB.: IF A BIDDER IS FOUND TO BE EMPLOYED BY THE STATE AND IS ON THE CENTRAL SUPPLIER DATABASE, THE BIDDER WILL BE DISQUALIFIED.

1.10. TAX COMPLIANCE REQUIREMENTS

- 1.10.1. Bidders must ensure compliance with their tax obligations.
- 1.10.2. No award may be made to any bidder who is not tax compliant either on the Central Supplier Database or SARS eFiling system at the time of finalisation of the award of the bid. The Onus is on the bidder to ensure that their tax affairs are in order and is valid on the CSD.

1.11. TRUST, CONSORTIUM OR JOINT VENTURE

- 1.11.1. In terms of the Preferential Procurement Policy Framework Act and Regulations, as amended, a Trust, Consortium or Joint Venture must submit a consolidated Status Level Verification Certificate for every separate bid.
- 1.11.2. A separate B-BBEE Certificate must be submitted by each company participating in the Trust, Consortium or Joint Venture.
- 1.11.3. The non-submission of a B-BBEE Certificate by a Trust, Consortium or Joint Venture will result in zero (0) preference points being allocated for evaluation purposes.
- 1.11.4. Should this bid be submitted by a Joint Venture, the Joint Venture agreement must accompany the bid document.
- 1.11.5. The Joint Venture agreement must clearly specify the percentage of the contract to be undertaken by each company participating therein.
- 1.11.6. The Joint Venture/Consortium must submit a formal agreement that outlines the roles and responsibilities of each member of the Joint Venture/ Consortium, nomination of an authorised person to represent the Joint Venture or Consortium in all matters relating to this bid and the details of the bank account for payments to be affected.
- 1.11.7. No award will be made to a Trust/ Joint Venture/ Consortium that is not tax compliant at the finalisation of the award.
- 1.11.8. For verification purposes, each party must submit separate proof of TCS/ PIN / CSD number.

1.12. VALIDITY PERIOD OF BID AND EXTENSION THEREOF

1.12.1. The validity (binding) period for the bid will be **180 days** from close of bid.

1.12.2. However, circumstances may arise whereby the department may request bidders to extend the validity (binding) period. Should this occur, the department will request bidders to extend the validity (binding) period under the same terms and conditions as originally offered for by bidders? This request will be done before the expiry of the original validity (binding) period.

2. SPECIAL CONDITIONS OF CONTRACT

2.1 CHANGE OF ADDRESS

- 2.1.1. Bidders must advise the Department of Health's Central Supply Chain Management Unit, Contract Administration Section, should their ownership and/or address (domicilium citandi et executandi) details change from the time of bidding to the expiry of the contract.

2.2. DELIVERY AND PACKAGING

- 2.2.1. Items have to be delivered to the specific hospitals/institution where the orthopaedic items are required. The delivery service must be 24 hour supply/on call service. Technical staff must be available at all hours and must be present when items are used and accompany all deliveries to ensure that all items are available and all instruments that are required for proper insertion and use.
- 2.2.2. It is the responsibility of the awarded company to deliver all implants, sets, instrumentation, and consumables relating to the procedure to the relevant theatre complex at least 12 hours prior to a scheduled elective orthopaedic operation, in order allow sufficient time for preparation and sterilization.
- 2.2.3. In all cases, the Department of Health reserves the right to request the successful bidder/s to effect deliveries at any given time including Saturdays, Sundays and Public holidays.
- 2.2.4. For emergency cases companies are responsible for the delivery of all the necessary implants, sets, instrumentation and consumables relating to the procedure to the relevant theatre complex within 2 hours from the telephonic request. Technical staff must be available, to be present when items are used on an emergency basis, on a 24 hours a day basis including over weekends and public holidays.
- 2.2.5. It remains the responsibility of the supplier to ensure and confirm that all the relevant sizes of implants, instrumentation and consumables are present in theatre at the time of the operation.
- 2.2.6. The delivery performance of a contractor will be closely monitored and any subsequent orders will only be issued to the contractor that has proved to be competent with their delivery performance.
- 2.2.7. The following information must appear on the outer packaging of the carton/box:
- (a) Name of the manufacturer/supplier
 - (b) Description of item

2.3. DELIVERY CONDITIONS

- 2.3.1. Delivery of products must be made in accordance with the instructions of the clinician in charge of the surgical procedure.
- 2.3.2. All invoices for items used during any specific orthopaedic procedure must be submitted in the original.

2.4. EXECUTION PLAN

- 2.4.1. The bidder will be required to provide an efficient and effective service. Therefore, the bidder is required to submit proof that he/she has the required capacity to execute the contract bid for. The bidder must supply references or state his/her experience as a company to undertake the contract. The bidder must submit a business plan that the company will utilise to successfully execute the contract. (Annexure B)
- 2.4.2. If the bidder is a supplier/distributor (not a manufacturer of the product bid for) he/she must submit a signing Service Level Agreement a guarantee or a letter of undertaking from a manufacturer/or supplier of items bid for that supply to execute the contract successfully for the duration of the contract shall be provided. (Annexure C)

2.4.3. The Department of Health reserves the right to conduct inspections of the premises of the acceptable bidder. Therefore premises of the bidder shall be open, at reasonable hours, for inspection by a representative of the Department of Health or an organization acting on it's behalf.

2.5. ENTERING OF HOSPITAL/CLINIC STORES

2.5.1. No representative from a company shall be permitted to enter the hospital/clinic premises, buildings or containers where stores are kept unless he/she is accompanied by the responsible official in charge of stores. Before entering the hospital/clinic premises, buildings or containers where stores are kept, the company representative must in writing, motivate why entry is necessary and written authority must be obtained to enter from the Head of the Institution.

2.6. FIRM PRICES AND ESCALATIONS

2.6.1. This bid requires that all bid prices offered are firm for the three years of the contract. If a non-firm price is offered, the bidder shall be disqualified for not complying with the conditions of the bid.

2.6.2. In respect of rates of exchange, it is mandatory that bidders take forward cover upon award of the contract, for the contract period, with a recognized Financial Institution. Proof of this forward cover must be submitted to the contract management unit upon signing of the contract. Therefore, a price adjustment in respect of a rate of exchange claim will not be considered.

2.7. STATEMENT OF SUPPLIES AND SERVICES

2.7.1. The contractor shall, monthly, furnish particulars of supplies delivered or services executed. Such information must be submitted to the Department of Health Supply Chain Management, Contract Management as follows:

- (i) Name of institution.
- (ii) Orders received – order number & catalogue number & quantity delivered.
- (iii) Price.

2.7.2. Historical value and volume reports may be requested by the Department of Health, Supply Chain Management, during the term of the contract for the following:

a) SUPPLIER MEASURES

- Delivery period adherence
- Quality adherence

2.7.3. This information will be submitted at the expense of the contractor.

2.8. INSPECTION FOR QUALITY

2.8.1. All deliveries to authorised participants will be subjected to a visual examination and scrutiny by the relevant participants, and/or inspection for quality by Provincial Quality Control Laboratories in the Republic of South Africa, and/or inspection for quality by an accredited South African National Accreditation Section (SANAS) testing agency.

2.8.2. In the event of products tested, the contractor will bear the cost of any item failing to meet the relevant standard.

2.9. INVOICES AND PAYMENTS

- 2.9.1. All invoices submitted by the Contractor must be Tax Invoices indicating item description, catalogue number, quantity ordered and quantity delivered, unit price, total price, the amount of tax charged and the total invoice amount.
- 2.9.2. A tax invoice shall be in the currency of the republic of South Africa and shall contain the following particulars:
- (a) The name, address and registration number of the supplier;
 - (b) The name and address of the recipient;
 - (c) An individual serialized number and the date upon which the tax invoice is issued;
 - (d) A description of the goods or services supplied;
 - (e) The quantity or volume of the goods or services supplied
 - (f) The value of the supply, the amount of tax charged and the consideration for the supply; or
 - (g) Where the amount of tax charged is calculated by applying the tax fraction to the consideration, the consideration for the supply and either the amount of the tax charged, or a statement that it includes a charge in respect of the tax and the rate at which the tax was charged.
- 2.9.3. A contractor shall be paid by the institution concerned, in accordance with supplies delivered and services rendered.
- 2.9.4. Should a contractor indicate a special discount on his/her account provided payment is made within a certain time, every effort shall be made to take advantage of such discount.
- 2.9.5. Any query concerning the non-payment of accounts must be directed to the institution concerned. The following protocol will apply if accounts are queried:
- (i) Contact must be made with the officer-in-charge of stores;
 - (ii) If there is no response from stores, the finance manager of the institution must be contacted.

2.10. IRREGULARITIES

- 2.10.1. Companies are encouraged to advise the Department of Health timeously of any possible irregularities which might come to their notice in connection with this or other contracts.

2.11. PERIOD OF CONTRACT

- 2.11.1. Three-year contract.

2.12. QUALITY CONTROL TESTING OF PRODUCTS

- 2.12.1. If it is discovered that the product supplied is not in accordance with the specification the following will occur:
- (i) Testing charges will be for the account of the principal contractor;
 - (ii) Possible cancellation of the contract with the principal contractor;
 - (iii) Reporting such negligence by the principal contractor to the provincial and national treasury for listing on the Restricted Suppliers' Database.

2.13. RATE OF EXCHANGE

- 2.13.1. All bids involving imported products must use the rate of exchange that was applicable 14 days prior to the closing date indicated in the bid document. If this day falls on a weekend or public holiday, the next working day must be used.
- 2.13.2. Bidders must submit documentary proof (in the form of a certified copy) from their bank or any recognized legal financial Institution, clearly indicating what the rate of exchange was 14 days prior to the closing date, as mentioned above. Information can be sourced from the internet from a financial Institution website.
- 2.13.3. The Department of Health reserves the right to renegotiate the price should there be a reduction of the price in the market.
- 2.13.4. This clause must be read in conjunction with paragraphs 2.6.1 and 2.6.2

2.14. SAMPLES

- 2.14.1. Samples will not be accepted with the closing of the bid document.
- 2.14.2. A sample meeting will be arranged with selected companies whereby the companies will be invited to forward their samples on a specified date and time.
- 2.14.3. Samples must be made available for the sample meeting, failure to provide a sample will reject their bid offer.
- 2.14.4. Samples shall be supplied by the bidder at his/her own cost/risk. Samples must be packaged as per the specification. Failure to do so will render the bid invalid.
- 2.14.5. The Department reserves the right not to return such samples and to dispose of them at its discretion.
- 2.14.6. Samples must be clearly marked: Item number:
 - Brand Name
 - Name of the Company
 - Bid number
 - Name of the manufacturer/supplier
 - Description of item
 - Date of manufacture
- 2.14.7. The award of this bid will be based on the sample submitted from a manufacturer based on a letter of undertaking, which is compliant to specification. If, during the contract, the awarded supplier wishes to change the item being supplied, the service provider shall apply to the Department in writing, giving reasons why they want to change the product being supplied, which the Department shall consider. This process will be subject to the sample being submitted to the technical committee for evaluation and if in order, to the adjudication committee for approval. This will be done via the contract management unit of the Department. If there is a change in the product being supplied, and no prior approval has been granted, the Department reserves its right to cancel the contract.

N.B Failure to clearly mark the samples submitted shall result in the samples not being evaluated and eliminated from further consideration.

2.15. UNSATISFACTORY PERFORMANCE

- 2.15.1. Unsatisfactory performance occurs when performance is not in accordance with the contract conditions.

- (i) The institution shall warn the contractor by registered/certified mail that action will be taken in accordance with the contract conditions unless the contractor complies with the contract conditions and delivers satisfactory supplies or services within a specified reasonable time (7 days minimum). If the contractor does not perform satisfactorily despite the warning the institution will:
- (a) Take necessary action in terms of its delegated powers.
 - (ii) When correspondence is addressed to the contractor, reference will be made to the contract number/item number/s and an explanation of the complaint.

2.16. PREFERENCES

- 2.16.1. Should the Contractor apply for preferences in the submission of his bid, and it is found at a later stage that these applications were incorrect or made under false pretences, the Department may, at its own right:
- i. Recover from the Contractor all costs, losses or damages incurred or sustained by the Department as a result of the award of the Contract; and/or
 - ii. Cancel the contract and claim any damages which the Department may suffer by having to make less favourable arrangements after such cancellation.
 - iii. The Department may impose penalties, however, only if provision therefore is made in the Special Conditions of Bid.

2.17. RESTRICTION OF BIDDING

The Accounting Officer or his/her delegate must:

- a) Notify the supplier and any other person of the intention to restrict it doing business with KZN-DoH by registered mail. The letter of restriction must provide for:
 - ✓ The grounds for restriction;
 - ✓ The period of restriction which must not exceed 10 years;
 - ✓ A period of 14 calendar days for the supplier to provide reasons why the restriction should not be imposed.
- b) The Accounting Officer his/her delegate:
 - ✓ May regard the intended penalty as not objected to and may impose such penalty on the supplier, should the supplier fail to respond within the 14 days; and
 - ✓ Must assess the reasons provided by the supplier and take the final decision.
- c) If the penalty is imposed, the Accounting Officer must inform National Treasury of the restriction within 7 calendar days and must furnish the following information:
 - ✓ The name and address of the entity/ person to be restricted;
 - ✓ The identity number of individuals and the registration number of the entity; and
 - ✓ The period of restriction.
- d) National Treasury will load the details on the Database of Prohibited Vendors.

2.18. CONTRACTOR'S LIABILITY

- 2.18.1 In the event of the contract being cancelled by the Department in the exercise of its rights in terms of these conditions, the Contractor shall be liable to pay to the Department any losses sustained and/or additional costs or expenditure incurred as a result of such cancellation, and the Department shall have the right to recover such losses, damages or additional costs by means of set-off from moneys due or which may become due in terms of the contract or any other contract or from guarantee provided for the due fulfilment of the contract and, until such time as the amount of such losses, damages or additional costs have been determined, to retain such moneys or guarantee or any deposit as security for any loss which the Department may suffer or may have suffered.

2.18.2 The Contractor may be held responsible for any consequential damages and loss sustained which may be caused by any defect, latent or otherwise, in supply or service rendered or if the goods or service as a result of such defect, latent or otherwise, does not conform to any condition or requirement of the contract.

2.19. DEPARTMENTAL PROPERTY IN POSSESSION OF A CONTRACTOR

2.19.1 The Department's property supplied to a Contractor for the execution of a contract remains the property of the Department and shall at all times be available for inspection by the Department or its representatives. Any such property in the possession of the Contractor on the completion of the contract shall, at the Contractor's expense, be returned to the Department forthwith.

2.19.2 The Contractor shall be responsible at all times for any loss or damages to the Department's property in his possession and, if required, he shall furnish such security for the payment of any such loss or damages as the Department may require.

2.20. RIGHTS TO PROCURE OUTSIDE THE CONTRACT

2.20.1 The Department reserves the right to procure goods outside the contract in cases of urgency or emergency or if the quantities are too small to justify delivery costs, or if the goods are obtainable from another organ of State or if the Contractor's point of supply is not situated at or near the place where the goods are required or if the Contractor's goods are not readily available.

2.20.2 No provision in a contract shall be deemed to prohibit the obtaining of goods or services from a Department or local authority.

2.21. USE OF CONTRACT DOCUMENTS AND INFORMATION INSPECTION

2.21.1 The Contractor shall not, without the Department's prior written consent, disclose the contract, or any provision thereof, or any specification, plan, drawing, pattern, sample, or information furnished by or on behalf of the Department in connection therewith, to any person other than a person employed by the Contractor in the performance of the contract. Disclosure to any such employed person shall be made in confidence and shall extend only so far as may be necessary for purposes of such performance.

2.21.2 The Contractor shall not, without the Department's prior written consent, make use of any document or information mentioned in GCC clause 2.21.1 except for purposes of performing the contract.

2.21.3 Any document, other than the contract itself mentioned in GCC clause (2.21.1) shall remain the property of the Department and shall be returned (all copies) to the Department on completion of the Contractor's performance under the contract or so required by the Department.

2.21.4. The Contractor shall permit the Department to inspect the Contractor's records relating to the performance of the Contractor and to have them audited by auditors appointed by the Department, if so required by the Department.

2.22. PAYMENT FOR SUPPLIES AND SERVICES

2.22.1. A contractor shall be paid by the institution concerned, in accordance with supplies delivered and services rendered.

2.22.2. Should a contractor indicate a special discount on his/her account provided payment is made within a certain time, every effort shall be made to take advantage of such discount.

2.22.3 Any query concerning the non-payment of accounts must be directed to the institution concerned. The following protocol will apply if accounts are queried:

- (i) Contact must be made with the officer-in-charge of stores;
- (ii) If there is no response from stores, the Finance Manager of the institution must be contacted.

SECTION N: SPECIFICATIONS

ORTHOPAEDIC IMPLANTS MATERIAL SPECIFICATIONS

INTRODUCTION

This bid is invited as a price list tender

INTENT OF THE TENDER

The Department are requesting bids in three formats:

1. A single exit price to include all components required to complete the procedure.

For items on the tender requesting bids for a single exit price per procedure, price will have to be inclusive of all components regardless

2. A price list of components per procedure (as required)

There are instances where the number of possible variations of implants required to perform a procedure, make getting a single exit price challenging. In these instances there is a request for a price list of all components that may be needed. It is requested that as far as possible prices are standardised.

3. Price per each item

List Price, price per each

Price per each is the sales price of a single item charge.

Overall Commodity Breakdown:

The bid is separated into relevant Orthopaedic sub specialties or disciplines. The bid has the following subsections:

COMMODITY BREAKDOWN		DESCRIPTION
	1	Trauma
	2	Foot and ankle
	3	Hand
	4	Paediatric
	5	Arthroscopy
	6	Arthroplasty
	7	Spinal
	8	Oncology
	9	Orthopaedic screws
	10	External fixations (x-fix)
	11	Bone, tendon substitutes
	12	Post-operation splints and braces

CATEGORY: 1. TRAUMA

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.1.1A	Orthopaedic, Kit, Adult Trauma, Mini stainless steel plate, from 2 to 7 holes long, with locking and/or non-locking screws (Mini is any plate from 1.0mm to 2.7mm)									
1.1.1B	Orthopaedic, Kit, Adult Trauma, Mini stainless steel plate, 8 holes or longer, with locking and/or non-locking screws. (Mini is any plate from 1.0mm to 2.7mm)									
1.1.2A	Orthopaedic, Kit, Adult Trauma, Mini titanium plate, from 2 to 7 holes long, with locking and/or non-locking screws. (Mini is any plate from 1.0mm to 2.7mm)									
1.1.2B	Orthopaedic, Kit, Adult Trauma, Mini titanium plate, 8 holes or longer, with locking and/or non-locking screws. (Mini is any plate from 1.0mm to 2.7mm)									
A. Are you the manufacturer? Please circle your option.						YES / NO				
If No Letter of undertaking must be submitted										

B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.2.1A	Orthopaedic, Kit, Adult Trauma, Small stainless steel plate, any thickness, from 2 to 7 holes long, with locking and/or non-locking screws. (Small plates are 3,5 to 4mm plates.)									
1.2.1B	Orthopaedic, Kit, Adult Trauma, Small stainless steel plate, any thickness, 8 holes or longer, with locking and /or non-locking screws. (Small plates are 3,5 to 4mm plates.)									
1.2.2A	Orthopaedic, Kit, Adult Trauma, Small titanium plate, any thickness, from 2 to 7 holes long, with locking and/or non-locking screws. (Small plates are 3,5 to 4mm plates.)									

1.2.2B	Orthopaedic, Kit, Adult Trauma, Small titanium plate, any thickness, 8 holes or longer, with locking and/or non-locking screws. (Small plates are 3,5 to 4mm plates.)									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.3.1A	Orthopaedic, Kit, Adult Trauma, Large stainless steel plate, any thickness, from 2 to 7 holes long, with locking and non-locking screws. (Large plates are 4,5mm and 5mm plates)									
1.3.1B	Orthopaedic, Kit, Adult Trauma, Large stainless steel plate, any thickness, 8 holes or longer, with locking and/or non-locking screws. (Large plates are 4,5mm to 5mm plates)									

1.3.2A	Orthopaedic, Kit, Adult Trauma, Large titanium plate, any thickness, from 2 to 7 holes long, with locking and/or non-locking screws. (Large plates are 4,5mm to 5mm plates)									
1.3.2B	Orthopaedic, Kit, Adult Trauma, Large titanium plate, any thickness, 8 holes or longer, with locking and/or non-locking screws. (Large plates are 4,5mm to 5mm plates)									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.4.1	Orthopaedic, Kit, Adult Trauma, Clavicle fracture fixation, Anatomically shaped stainless steel plate with locking and/or non-locking screws - mid shaft fractures									

1.4.2	Orthopaedic, Kit, Adult Trauma, Clavicle fracture fixation, Anatomically shaped stainless steel plate with locking and/or non-locking screws - distal third fractures									
1.4.3	Orthopaedic, Kit, Adult Trauma, Clavicle fracture fixation, Anatomically shaped titanium plate with locking and/or non- locking screws - midshaft fractures									
1.4.4	Orthopaedic, Kit, Adult Trauma, Clavicle fracture fixation, Anatomically shaped titanium plate with locking and/or non- locking screws - distal third fractures									
1.4.5	Orthopaedic, Kit, Adult Trauma, Clavicle fracture fixation, intramedullary nail									
1.4.6	Orthopaedic, Kit, Adult Trauma, Clavicle fracture fixation, stainless steel sub acromial hook plate, with locking and/or non locking screws									

1.4.7	Orthopaedic, Kit, Adult Trauma, Clavicle fracture fixation, titanium sub acromial hook plate, with locking and/or non locking screws									
1.4.8	Orthopaedic, Kit, Adult Trauma, Clavicle fracture fixation, Tight rope for ACJ dissociation, including disposables									
1.4.9	Orthopaedic, Kit, Adult Trauma, Clavicle fracture fixation, Tape for ACJ dissociation, including disposables									
1.4.10	Orthopaedic, Kit, Adult Trauma, Clavicle fracture fixation, Synthetic ligament grafts for ACJ dislocation, including disposables									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.5.1	Orthopaedic, Kit, Adult Trauma, Scapula body fracture fixation, Anatomically shaped Stainless steel plate with locking and non-locking screws									
1.5.2	Orthopaedic, Kit, Adult Trauma, Scapula body fracture fixation, Anatomically shaped titanium plate with locking and non-locking screws									
1.5.3	Orthopaedic, Kit, Adult Trauma, Scapula spine fracture fixation, Anatomically shaped stainless steel plate with locking and non-locking screw									
1.5.4	Orthopaedic, Kit, Adult Trauma, Scapula spine fracture fixation, Anatomically shaped titanium plate with locking and non-locking screw									
1.5.5	Orthopaedic, Kit, Adult Trauma, Glenoid neck fracture fixation, Anatomically stainless steel plate with locking and non-locking screws									

1.5.6	Orthopaedic, Kit, Adult Trauma, Glenoid neck fracture fixation, Anatomically shaped titanium plate with locking and non-locking screws									
1.5.7	Orthopaedic, Kit, Adult Trauma, Acromial fracture fixation, Anatomically shaped stainless steel plate with locking and non-locking screws									
1.5.8	Orthopaedic, Kit, Adult Trauma, Acromial fracture fixation, Anatomically shaped titanium plate with locking and non-locking screws									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.6.1	Orthopaedic, Kit, Adult Trauma, Proximal humerus fracture fixation/joint replacement, Anatomically shaped stainless									

	steel plate with locking, variable angle locking and non-locking screws, all lengths.									
1.6.2	Orthopaedic, Kit, Adult Trauma, Proximal humerus fracture fixation/joint replacement, Anatomically shaped titanium plate with locking, variable angle and non-locking screws. All lengths.									
1.6.3	Orthopaedic, Kit, Adult Trauma, Proximal humerus fracture fixation/joint replacement, Intramedullary nail - titanium and cannulated with cephalic screws or blade									
1.6.4	Orthopaedic, Kit, Adult Trauma, Proximal humerus fracture fixation/joint replacement, augmentation of fixation with injectable cement to humeral head									
1.6.5	Orthopaedic, Kit, Adult Trauma, Proximal humerus fracture fixation/joint replacement, Cemented hemiarthroplasty									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										

C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.6.6	Orthopaedic, Kit, Adult Trauma, Proximal humerus fracture fixation/joint replacement, Uncemented hemiarthroplasty									
1.6.7	Orthopaedic, Kit, Adult Trauma, Midshaft humerus fracture fixation, Anatomically shaped stainless steel plate with locking and non-locking screws, all lengths									
1.6.8	Orthopaedic, Kit, Adult Trauma, Midshaft humerus fracture fixation, Anatomically shaped titanium plate with locking and non-locking screws, all lengths									
1.6.9	Orthopaedic, Kit, Adult Trauma, Midshaft humerus fracture fixation, Intramedullary nail - titanium and cannulated, anterograde, including screws									

1.6.10	Orthopaedic, Kit, Adult Trauma, Midshaft humerus fracture fixation, Intramedullary nail - titanium and cannulated , retrograde, including screws									
1.6.11	Orthopaedic, Kit, Adult Trauma, Midshaft humerus fracture fixation, Intramedullary nail - titanium and non-cannulated or unreamed, anterograde, including screws									
1.6.12	Orthopaedic, Kit, Adult Trauma, Midshaft humerus fracture fixation, Intramedullary nail - titanium and non-cannulated or unreamed, retrograde including screws									
1.6.13	Orthopaedic, Kit, Adult Trauma, Midshaft humerus fracture fixation, Intramedullary nail - stainless steel flexible nail type devices									
1.6.14	Orthopaedic, Kit, Adult Trauma, Midshaft humerus fracture fixation, Intramedullary nail - titanium flexible nail type devices									

1.6.15	Orthopaedic, Kit, Adult Trauma, Midshaft humerus fracture fixation, Intramedullary nail - sleeve type devices for locking screws to nail, per single screw									
1.6.16	Orthopaedic, Kit, Adult Trauma, Distal humerus fracture fixation, Extra - articular anatomically shaped stainless steel plate with locking and non-locking screws (MDJ type plates)									
1.6.17	Orthopaedic, Kit, Adult Trauma, Distal humerus fracture fixation, Extra - articular anatomically shaped titanium plate with locking and non-locking screws (MDJ type plates)									
1.6.18	Orthopaedic, Kit, Adult Trauma, Distal humerus fracture fixation, Anatomically shaped medial stainless steel plate with locking and non-locking screws, all lengths									
1.6.19	Orthopaedic, Kit, Adult Trauma, Distal humerus fracture fixation, Anatomically shaped medial titanium plate with locking, variable angle and non-locking screws, all lengths									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.6.20	Orthopaedic, Kit, Adult Trauma, Distal humerus fracture fixation, Anatomically shaped posterior - lateral stainless steel plate with locking and non-locking screws, all lengths									
1.6.21	Orthopaedic, Kit, Adult Trauma, Distal humerus fracture fixation, Anatomically shaped posterior - lateral titanium plate with locking, variable angle and non-locking screws, all lengths									
1.6.22	Orthopaedic, Kit, Adult Trauma, Distal humerus fracture fixation, Anatomically shaped lateral stainless steel plate with locking and non-locking screws, all lengths									

1.6.23	Orthopaedic, Kit, Adult Trauma, Distal humerus fracture fixation, Anatomically shaped lateral titanium plate with locking, variable angle and non-locking screws, all lengths									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.7.1	Orthopaedic, Kit, Adult Trauma, Radius head fracture/joint replacement, Standard stainless steel radial neck fracture plate with locking, variable angle and non-locking screws, all lengths									
1.7.2	Orthopaedic, Kit, Adult Trauma, Radius head fracture/joint replacement, Titanium radial neck fracture plate with locking, variable angle and non-locking screws									

1.7.3	Orthopaedic, Kit, Adult Trauma, Radius head fracture/joint replacement, Cemented radial head replacement, with fixed or bipolar type heads									
1.7.4	Orthopaedic, Kit, Adult Trauma, Radius head fracture/joint replacement, Uncemented radial head replacement, with fixed or bipolar type heads									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.8.1	Orthopaedic, Kit, Adult Trauma, Proximal radius fracture fixation, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screw									

1.8.2	Orthopaedic, Kit, Adult Trauma, Proximal radius fracture fixation, Anatomically shaped titanium plate with locking, variable angle and non-locking screws									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free? Please circle your option.					YES / NO					

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.8.3	Orthopaedic, Kit, Adult Trauma, Mid-shaft radius fracture fixation, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screws									
1.8.4	Orthopaedic, Kit, Adult Trauma, Mid-shaft radius fracture fixation, Anatomically shaped titanium plate with locking, variable angle and non-locking screws									

1.8.5	Orthopaedic, Kit, Adult Trauma, Mid-shaft radius fracture fixation, Intramedullary nail - stainless steel, with cross screws									
1.8.6	Orthopaedic, Kit, Adult Trauma, Mid-shaft radius fracture fixation, Intramedullary nail - titanium, with cross screws									
1.8.7	Orthopaedic, Kit, Adult Trauma, Midshaft radius fracture fixation, Intramedullary elastic type devices, stainless steel									
1.8.8	Orthopaedic, Kit, Adult Trauma, Mid-shaft radius fracture fixation, Intramedullary elastic type devices, titanium									
1.8.9	Orthopaedic, Kit, Hand Surgery, Distal radius fracture fixation, Anatomically shaped stainless steel Dorsal Plate with locking, variable angle and non-locking screws									
1.8.10	Orthopaedic, Kit, Hand Surgery, Distal radius fracture fixation, Anatomically shaped titanium dorsal Plate with locking, variable angle and non-locking screws/pegs									

1.8.11	Orthopaedic, Kit, Hand Surgery, Distal radius fracture fixation, Anatomically shaped stainless steel volar plate with, locked, variable angle locking and non- locking screws									
1.8.12	Orthopaedic, Kit, Hand Surgery, Distal radius fracture fixation, Anatomically shaped titanium volar plate with locked, variable angle locking and non-locking screws/pegs									
1.8.13	Orthopaedic, Kit, Hand Surgery, Distal radius fracture fixation, Fragment specific plates and screws, for entrie case									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturi ng	Deviations (Yes or No)	Delivery Period	Packaging
1.9.1	Orthopaedic, Kit, Adult Trauma, Proximal ulna fracture fixation, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screws									

1.9.2	Orthopaedic, Kit, Adult Trauma, Proximal ulna fracture fixation, Anatomically shaped titanium plate with locking, variable angle and non-locking screws									
1.9.3	Orthopaedic, Kit, Adult Trauma, Proximal ulna fracture fixation, Proximal ulna fracture: Tension band wire construct									
1.9.4	Orthopaedic, Kit, Adult Trauma, Midshaft ulna fracture fixation, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screws									
1.9.5	Orthopaedic, Kit, Adult Trauma, Midshaft ulna fracture fixation, Anatomically shaped titanium plate with locking, variable angle and non-locking screws									
1.9.6	Orthopaedic, Kit, Adult Trauma, Midshaft ulna fracture fixation, Intramedullary nail - stainless steel, with cross screws									
1.9.7	Orthopaedic, Kit, Adult Trauma, Midshaft ulna fracture fixation, Intramedullary nail - titanium, with cross screws									

1.9.8	Orthopaedic, Kit, Adult Trauma, Midshaft ulna fracture fixation, Intramedullary elastic type devices, stainless steel									
1.9.9	Orthopaedic, Kit, Adult Trauma, Midshaft ulna fracture fixation, Intramedullary elastic type devices, titanium									
1.9.10	Orthopaedic, Kit, Adult Trauma, Distal ulna fracture fixation, Fragment specific anatomically shaped stainless steel plate with locked, variable angle and unlocked screws									
1.9.11	Orthopaedic, Kit, Adult Trauma, Distal ulna fracture fixation, fragment specific anatomically shaped titanium plate with locking, variable angle and non-locking screws									
1.9.12	Orthopaedic, Kit, Adult Trauma, Coronoid fixation, Anchor for fixation									
1.9.13	Orthopaedic, Kit, Adult Trauma, Coronoid fixation, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screws									

1.9.14	Orthopaedic, Kit, Adult Trauma, Coronoid fixation, Anatomically shaped titanium plate with locking, variable angle and non-locking screws									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.10.1	Orthopaedic, Kit, Adult Trauma, Pubic symphysis disruption, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screw fixation									
1.10.2	Orthopaedic, Kit, Adult Trauma, Pubic symphysis disruption, Anatomically shaped titanium plate with locking, variable angle and non-locking screw fixation									

1.10.3	Orthopaedic, Kit, Adult Trauma, Ilium wing fracture fixation, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screws									
1.10.4	Orthopaedic, Kit, Adult Trauma, Ilium wing fracture fixation, Anatomically shaped titanium plate with locking, variable angle and non-locking screws									
1.10.5	Orthopaedic, Kit, Adult Trauma, Acetabulum fracture fixation - Anterior column, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screws									
1.10.6	Orthopaedic, Kit, Adult Trauma, Acetabulum fracture fixation - Anterior column, Anatomically shaped titanium plate with locking, variable angle and non-locking screws									
1.10.7	Orthopaedic, Kit, Adult Trauma, Acetabulum fracture fixation - Anterior wall, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screws									

1.10.8	Orthopaedic, Kit, Adult Trauma, Acetabulum fracture fixation - Anterior wall, Anatomically shaped titanium plate with locking, variable angle and non-locking screws									
1.10.9	Orthopaedic, Kit, Adult Trauma, Acetabulum fracture fixation - Posterior column, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screws									
1.10.10	Orthopaedic, Kit, Adult Trauma, Acetabulum fracture fixation - Posterior column, Anatomically shaped titanium plate with locking, variable angle and non-locking screws									
1.10.11	Orthopaedic, Kit, Adult Trauma, Acetabulum fracture fixation Posterior wall, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screws									
1.10.12	Orthopaedic, Kit, Adult Trauma, Acetabulum fracture fixation Posterior wall, Anatomically shaped titanium plate with locking, variable angle and non-locking screw									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.11.1	Orthopaedic, Kit, Adult Trauma, Femur neck fracture fixation three parallel canulated stainless steel screws									
1.11.2	Orthopaedic, Kit, Adult Trauma, Femur neck fracture fixation three parallel canulated stainless steel screws and washers									
1.11.3	Orthopaedic, Kit, Adult Trauma, Femur neck fracture fixation three parallel titanium screws									
1.11.4	Orthopaedic, Kit, Adult Trauma, Femur neck fracture fixation three parallel titanium screws and washers									

1.11.5	Orthopaedic, Kit, Adult Trauma, Femur neck fracture fixation, dynamic hip screw, plate 4 or less holes, any lag screw and locking or non-locking screws on plate									
1.11.6	Orthopaedic, Kit, Adult Trauma, Femur neck fracture fixation, dynamic hip screw, plate 5 holes or more, any lag screw and locking or non-locking screws on plate									
1.11.7	Orthopaedic, Kit, Adult Trauma, Femur neck fracture fixation, dynamic hip screw, plate 4 or less, any blade like head fixation, with locking, variable angle or non-locking screws									
1.11.8	Orthopaedic, Kit, Adult Trauma, Femur neck fracture fixation, dynamic hip screw, plate 5 holes or more, any blade like head fixation, with locking, variable angle or non locking screws									
1.11.9	Orthopaedic, Kit, Adult Trauma, Femur neck fracture fixation, dynamic hip screw, add on trochanteric stabilising attachment with screws									

1.11.10	Orthopaedic, Kit, Adult Trauma, Femur neck fracture fixation, add injectable cement for augmentation of lag screw or blade fixation									
1.11.11	Orthopaedic, Kit, Adult Trauma, Femur neck fracture fixation, lateral femoral plate devices with locked screws into head, and locking, variable angle and non locking screws on plate									
1.11.12	Orthopaedic, Kit, Adult Trauma, Femur neck fracture fixation, hook plates (four holes or less) over the greater trochanter, with cables on shaft									
1.11.13	Orthopaedic, Kit, Adult Trauma, Femur neck fracture fixation, hook plates (five holes or more) over the greater trochanter, with cables on shaft									
1.11.14	Orthopaedic, Kit, Adult Trauma, Femur neck fracture fixation, hook plates (four holes or less) over the greater trochanter, with screws and/or cables on shaft									
1.11.15	Orthopaedic, Kit, Adult Trauma, Femur neck fracture fixation, hook plates (five holes or more)									

	over the greater trochanter, with screws and/or cables on shaft									
1.11.16	Orthopaedic, Kit, Adult Trauma, Femur neck fracture fixation, short cephalomedullary nail, with greater trochanteric entry point, any head fixation method (screw or blade)									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.11.17	Orthopaedic, Kit, Adult Trauma, Femur neck fracture fixation, long cephalomedullary nail, with greater trochanteric entry point, any head fixation method (screw or blade)									
1.11.18	Orthopaedic, Kit, Adult Trauma, Femur neck fracture fixation, recon nail, stainless steel, with greater trochanteric entry point, any head fixation method (screw or blade)									

1.11.19	Orthopaedic, Kit, Adult Trauma, Femur neck fracture fixation, recon nail, titanium, with greater trochanteric entry point, any head fixation method (screw or blade)									
1.11.20	Orthopaedic, Kit, Adult Trauma, Femur neck fracture, replacement, uncemented hemiarthroplasty (Moores type devices)									
1.11.21	Orthopaedic, Kit, Adult Trauma, Femur neck fracture, replacement, cemented hemiarthroplasty (Thompson type devices)									
1.11.22	Orthopaedic, Kit, Adult Trauma, Femur neck fracture, replacement, uncemented femoral stem, with a bipolar head (any size)									
1.11.23	Orthopaedic, Kit, Adult Trauma, Femur neck fracture, replacement, cemented femoral stem, with a bipolar head (any size)									

1.11.24	Orthopaedic, Kit, Adult Trauma, Femur neck fracture, cemented stem and dual mobility head and cup construct									
1.11.25	Orthopaedic, Kit, Adult Trauma, Femur neck fracture, uncemented stem and dual mobility head and cup construct									
1.11.26	Orthopaedic, Kit, Adult Trauma, Proximal third femur fracture fixation, lateral femoral plate devices with locked screws into head, and locking and non locking screws on plate									
1.11.27	Orthopaedic, Kit, Adult Trauma, Proximal third femur fracture fixation, short cephalomedullary nail, with greater trochanteric entry point, any head fixation method (screw or blade)									
1.11.28	Orthopaedic, Kit, Adult Trauma, Proximal third femur fracture fixation, long cephalomedullary nail, with greater trochanteric entry point, any head fixation method (screw or blade)									
1.11.29	Orthopaedic, Kit, Adult Trauma, Proximal third femur fracture fixation, recon nail, stainless steel, with greater trochanteric									

	entry point, any head fixation method (screw or blade)									
1.11.30	Orthopaedic, Kit, Adult Trauma, Proximal third femur fracture fixation, recon nail, titanium, with greater trochanteric entry point, any head fixation method (screw or blade)									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.11.31	Orthopaedic, Kit, Adult Trauma, Proximal third femur fracture fixation, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screws									
1.11.32	Orthopaedic, Kit, Adult Trauma, Proximal third femur fracture fixation, Anatomically shaped titanium plate with locking, variable angle and non-locking screws									

1.11.33	Orthopaedic, Kit, Adult Trauma, Proximal third femur fracture fixation, Intramedullary prograde nail, greater trochanteric entry point, titanium and cannulated, including cross screws									
1.11.34	Orthopaedic, Kit, Adult Trauma, Proximal third femur fracture fixation, Intramedullary prograde nail, sleeve type device for locking screw to nail, per screw									
1.11.35	Orthopaedic, Kit, Adult Trauma, Midshaft femur fracture fixation, Anatomically shaped stainless steel plate with locking , variable angle and non-locking screws									
1.11.36	Orthopaedic, Kit, Adult Trauma, Midshaft femur fracture fixation, Anatomically shaped titanium plate with locking, variable angle and non-locking screws									
1.11.37	Orthopaedic, Kit, Adult Trauma, Midshaft femur fracture fixation, Intramedullary prograde nail, greater trochanteric entry point, titanium and cannulated, including cross screws									
1.11.38	Orthopaedic, Kit, Adult Trauma, Midshaft femur fracture fixation,									

	Intramedullary prograde nail, sleeve type device for locking screw to nail, per screw									
1.11.39	Orthopaedic, Kit, Adult Trauma, Distal femur fracture fixation, Standard stainless steel Dynamic Compression plate, 4 hole and less, with locking , variable angle and non-locking screws									
1.11.41	Orthopaedic, Kit, Adult Trauma, Distal femur fracture fixation, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screws									
1.11.42	Orthopaedic, Kit, Adult Trauma, Distal femur fracture fixation, Anatomically shaped titanium plate with locking, variable angle and non-locking screws									
1.11.43	Orthopaedic, Kit, Adult Trauma, Distal femur fracture fixation, Retrograde intramedullary nail, titanium and cannulated, with distal screw fixation, and proximal cross screws									
1.11.44	Orthopaedic, Kit, Adult Trauma, Distal femur fracture fixation, Retrograde intramedullary nail, titanium and cannulated, with									

	distal blade and screw fixation, and proximal cross screws										
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO						
B. If not to specification, please indicate deviation(s)											
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)											
D. Is product latex and DEHP free? Please circle your option.					YES / NO						

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.12.1	Orthopaedic, Kit, Adult Trauma, Proximal tibia fracture fixation, Anatomically shaped stainless steel plate,medial side, with locking, variable anlgre and non-locking screws, any length									
1.12.2	Orthopaedic, Kit, Adult Trauma, Proximal tibia fracture fixation, Anatomically shaped titanium plate, medial side, with locking, variable angle and non-locking screws, any length									
1.12.3	Orthopaedic, Kit, Adult Trauma, Proximal tibia fracture fixation, Anatomically shaped stainless steel plate, lateral side, with									

	locking, variable angle and non-locking screws, any length									
1.12.4	Orthopaedic, Kit, Adult Trauma, Proximal tibia fracture fixation, Anatomically shaped titanium plate, lateral side, with locking, variable angle and non-locking screws, any length									
1.12.5	Orthopaedic, Kit, Adult Trauma, Proximal tibia fracture fixation, Anatomically shaped stainless steel plate, posterior medial side, with locking, variable angle and non-locking screws, any length									
1.12.6	Orthopaedic, Kit, Adult Trauma, Proximal tibia fracture fixation, Anatomically shaped titanium plate, posterior medial side, with locking, variable angle and non-locking screws, any length									
1.12.7	Orthopaedic, Kit, Adult Trauma, Midshaft tibia fracture fixation, Intramedullary nail, stainless steel, cannulated (reamed), all screw options included, and different entry options included									

1.12.8	Orthopaedic, Kit, Adult Trauma, Midshaft tibia fracture fixation, Intramedullary nail, titanium and cannulated (reamed), all screw option included, and different entry options included									
1.12.9	Orthopaedic, Kit, Adult Trauma, Midshaft tibia fracture fixation, Intramedullary nail, titanium and solid (unreamed), all screw option included									
1.12.10	Orthopaedic, Kit, Adult Trauma, Midshaft tibia fracture fixation, Intramedullary nail, sleeve type device to lock screw to nail									
1.12.11	Orthopaedic, Kit, Adult Trauma, Tibia Pilon fracture fixation, Anatomically shaped stainless steel medial plate with locking, variable angle and non-locking screws									
1.12.12	Orthopaedic, Kit, Adult Trauma, Tibia Pilon fracture fixation, Anatomically shaped titanium medial plate with locking, variable angle and non-locking screws									

1.12.13	Orthopaedic, Kit, Adult Trauma, Tibia Pilon fracture fixation, Anatomically shaped stainless steel anterolateral plate with locking, variable angle and non-locking screws									
1.12.14	Orthopaedic, Kit, Adult Trauma, Tibia Pilon fracture fixation, Anatomically shaped titanium antero-lateral plate with locking, variable angle and non-locking screws									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.12.15	Orthopaedic, Kit, Adult Trauma, Tibia Pilon fracture fixation, Anatomically shaped stainless steel posterior plate with locking, variable angle and non-locking screws									

1.12.16	Orthopaedic, Kit, Adult Trauma, Tibia Pilon fracture fixation, Anatomically shaped titanium posterior plate with locking, variable angle and non-locking screws										
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO						
B. If not to specification, please indicate deviation(s)											
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)											
D. Is product latex and DEHP free ? Please circle your option.					YES / NO						
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.											
1.13.1	Orthopaedic, Kit, Adult Trauma, Lateral malleolus fracture fixation, anatomically shaped Stainless steel plate with any/variable thickness from DC to one third tubular, with non-locking, variable angle and locking screws										
1.13.2	Orthopaedic, Kit, Adult Trauma, Lateral malleolus fracture fixation, anatomically shaped titanium plate with any/variable thickness from DC to one third tubular, with non-locking, variable angle and locking screws										

1.13.3	Orthopaedic, Kit, Adult Trauma, Lateral malleolus fracture fixation, Fibula intramedullary nail									
1.13.4	Orthopaedic, Kit, Adult Trauma, Lateral malleolus fracture fixation, Standard stainless steel hook plate with locking, variable angle and non-locking screws									
1.13.5	Orthopaedic, Kit, Adult Trauma, Lateral malleolus fracture fixation, titanium hook plate with locking, variable angle and non-locking screws									
1.13.6	Orthopaedic, Kit, Adult Trauma, syndosmosis injury, tight rope fixation, including disposables									
1.13.7	Orthopaedic, Kit, Adult Trauma, Medial malleolus fracture fixation, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screws									
1.13.8	Orthopaedic, Kit, Adult Trauma, Medial malleolus fracture fixation, Anatomically shaped titanium plate with locking, variable angle and non-locking screws									

1.13.9	Orthopaedic, Kit, Adult Trauma, Medial malleolus fracture fixation, one malleolar screw, any length, plus or minus a washer									
1.13.10	Orthopaedic, Kit, Adult Trauma, Medial malleolus fracture fixation, two malleolar screws, any length, plus or minus a washer									
1.13.11	Orthopaedic, Kit, Adult Trauma, Medial malleolus fracture fixation, stainless steel hook plate with locked, variable angle and non-locking screws									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.13.13	Orthopaedic, Kit, Adult Trauma, Trimalleolar fracture complex fixation, Anatomically shaped posterior stainless steel plate with locking, variable angle and non-locking screws									
1.13.14	Orthopaedic, Kit, Adult Trauma, Trimalleolar fracture complex fixation, Anatomically shaped, titanium posterior plate with locking, variable angle and non-locking screws									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C.										
D. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
E. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.14.1	10 smooth K-wires of size 0.6mm									

1.14.2	10 smooth K-wires of size 0.8mm									
1.14.3	10 smooth K-wires of size 1.0mm									
1.14.4	10 smooth K-wires of size 1.2mm									
1.14.5	10 smooth K-wires of size 1.4mm									
1.14.6	10 smooth K-wires of size 1.6mm									
1.14.7	10 smooth K-wires of size 1.8mm									
1.14.8	10 smooth K-wires of size 2.0mm									
1.14.9	10 smooth K-wires of size 2.2mm									
1.14.10	10 smooth K-wires of size 2.4mm									

1.14.11	10 smooth K-wires of size 2.8mm									
1.15.1	10 threaded K-wires of size 0.6mm									
1.15.2	10 threaded K-wires of size 0.8mm									
1.15.3	10 threaded K-wires of size 1.0mm									
1.15.4	10 threaded K-wires of size 1.2mm									
1.15.5	10 threaded K-wires of size 1.4mm									
1.15.6	10 threaded K-wires of size 1.6mm									
1.15.7	10 threaded K-wires of size 1.8mm									
1.15.8	10 threaded K-wires of size 2.0mm									

1.15.9	10 threaded K-wires of size 2.2mm									
1.15.10	10 threaded K-wires of size 2.4mm									
1.15.11	10 threaded K-wires of size 2.8mm									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.16.1	1 absorbable K-wires of size 0.6mm									
1.16.2	1 absorbable K-wires of size 0.8mm									
1.16.3	1 absorbable K-wires of size 1.0mm									

1.16.4	1 absorbable K-wires of size 1.2mm									
1.16.5	1 absorbable K-wires of size 1.4mm									
1.16.6	1 absorbable K-wires of size 1.6mm									
1.16.7	1 absorbable K-wires of size 1.8mm									
1.16.8	1 absorbable K-wires of size 2.0mm									
1.16.9	1 absorbable K-wires of size 2.2mm									
1.16.10	1 absorbable K-wires of size 2.4mm									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										

D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.17.1	One drill bit of diameter 0,1 to 1mm.									
1.17.2	One drill bit of diameter 1,1 to 2mm.									
1.17.3	One drill bit of diameter 2,1 to 3mm.									
1.17.4	One drill bit of diameter 3,1 to 4mm.									
1.17.5	One drill bit of diameter 4,1 to 5mm.									
1.17.6	One drill bit of diameter 5,1 to 6mm.									
1.17.7	One drill bit of diameter 6,1 to 7mm.									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				

B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.18.1	High speed burr, fast cutting burr, 1,1mm to 4mm									
1.18.2	High speed burr, extra coarse cutter burr, 1,1mm to 4mm									
1.18.3	High speed burr, diamond tip burr, 1,1mm to 4mm									
1.18.4	High speed burr, extra coarse diamond tip burr, 1,1mm to 4mm									
1.18.5	High speed burr, fast cutting burr, 4,1mm to 8mm									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
B. If not to specification, please indicate deviation(s)	

C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.18.6	High speed burr, extra coarse cutter burr, 4,1mm to 8mm									
1.18.7	High speed burr, diamond tip burr, 4,1mm to 8mm									
1.18.8	High speed burr, extra coarse diamond tip burr, 4,1mm to 8mm									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.19.1	Steinman and Denham pins (list all sizes/configurations)									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.20.1	Charnley/other specialized wire (list all sizes/lengths)									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
1.21.1	Screw removal set disposables, per case									

1.21.2	Adjunctive device, pulsed ultrasound device									
1.21.3	Adjunctive device, pulsed electro-magnetic field devices									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

CATEGORY: 2. FOOT AND ANKLE

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.1.1	Orthopaedic, Foot Surgery, Staples, stainless steel or titanium, Bridge 8 or 9 mm, with 2 legs of any length									
2.1.2	Orthopaedic, Foot Surgery, Staples, stainless steel or titanium, Bridge 8 or 9 mm, with 3 or more legs of any length									
2.1.3	Orthopaedic, Foot Surgery, Staples, stainless steel or titanium, Bridge 10 or 11 mm, with 2 legs of any length									
2.1.4	Orthopaedic, Foot Surgery, Staples, stainless steel or titanium, Bridge 10 or 11 mm, with 3 or more legs of any length									
2.1.5	Orthopaedic, Foot Surgery, Staples, stainless steel or titanium, Bridge 12 or 13 mm, with 2 legs of any length									

2.1.6	Orthopaedic, Foot Surgery, Staples, stainless steel or titanium, Bridge 12 or 13 mm, with 3 or more legs of any length									
2.1.7	Orthopaedic, Foot Surgery, Staples, stainless steel or titanium, Bridge 14 or 15 mm, with 2 legs of any length									
2.1.8	Orthopaedic, Foot Surgery, Staples, stainless steel or titanium, Bridge 14 or 15 mm, with 3 or more legs of any length									
2.1.9	Orthopaedic, Foot Surgery, Staples, stainless steel or titanium, Bridge 16 or 17 mm, with 2 legs of any length									
2.1.10	Orthopaedic, Foot Surgery, Staples, stainless steel or titanium, Bridge 16 or 17 mm, with 3 or more legs of any length									
2.1.11	Orthopaedic, Foot Surgery, Staples, stainless steel or titanium, Bridge 18 or 19 mm, with 2 legs of any length									

2.1.12	Orthopaedic, Foot Surgery, Staples, stainless steel or titanium, Bridge 18 or 19 mm, with 3 or more legs of any length									
2.1.13	Orthopaedic, Foot Surgery, Staples, stainless steel or titanium, Bridge 20 mm or bigger, with 2 legs of any length									
2.1.14	Orthopaedic, Foot Surgery, Staples, stainless steel or titanium, Bridge 20 mm or bigger, with 3 or more legs of any length									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.2.1	Orthopaedic, Kit, Foot Surgery, Achilles Tendon, suture anchor set to reattach achilles to calcaneus including disposables									
2.2.2	Orthopaedic, Kit, Foot Surgery, Achilles Tendon, suture devices for mid-substance tears, including disposables									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.3.1	Orthopaedic, Kit, Foot Surgery, Ankle arthrodesis, Cannulated Nail fixation									

2.3.2	Orthopaedic, Kit, Foot Surgery, Ankle arthrodesis, anterior fusion plate, stainless steel or titanium, with locked, variable angle or non locked screws									
2.3.3	Orthopaedic, Kit, Foot Surgery, Ankle arthrodesis, posterior fusion plate, stainless steel or titanium, with locked, variable angle or non locked screws									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.4.1	Orthopaedic, Kit, Foot Surgery, Talus fracture fixation, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screw fixation									

2.4.2	Orthopaedic, Kit, Foot Surgery, Talus fracture fixation, Anatomically shaped titanium plate with locking, variable angle and non-locking screw fixation									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.5.1	Orthopaedic, Kit, Foot Surgery, Calcaneus fracture fixation, Anatomically shaped stainless steel plate with locking , variable angle and non-locking screw fixation									
2.5.2	Orthopaedic, Kit, Foot Surgery, Calcaneus fracture fixation, Anatomically shaped titanium plate with locking, variable angle and non-locking screw fixation									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.6.1	Orthopaedic, Kit, Foot Surgery, Navicular fracture fixation, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screw fixation									
2.6.2	Orthopaedic, Kit, Foot Surgery, Navicular fracture fixation, Anatomically shaped titanium plate with locking, variable angle and non-locking screw fixation									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted		YES / NO								
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										

D. Is product latex and DEHP free ? Please circle your option.	YES / NO
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Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.7.1	Orthopaedic, Kit, Foot Surgery, TMT (Lis franc injury) fixation, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screw fixation									
2.7.2	Orthopaedic, Kit, Foot Surgery, TMT (Lis franc injury) fixation, Anatomically shaped titanium plate with locking, variable angle and non-locking screw fixation									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
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B. If not to specification, please indicate deviation(s)	
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C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
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D. Is product latex and DEHP free ? Please circle your option.	YES / NO
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Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.8.1	Orthopaedic, Kit, Foot Surgery, Cuboid fracture fixation, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screw fixation									
2.8.2	Orthopaedic, Kit, Foot Surgery, Cuboid fracture fixation, Anatomically shaped titanium plate with locking, variable angle and non-locking screw fixation									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.9.1	Orthopaedic, Kit, Foot Surgery, Metatarsal fracture fixation, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screw fixation									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.10.1	Orthopaedic, Kit, Foot Surgery, Dwyer osteotomy, Plate and screw fixation									
2.10.2	Orthopaedic, Kit, Foot Surgery, Evans osteotomy, Plate and screw fixation									
2.10.3	Orthopaedic, Kit, Foot Surgery, H Plates, with or without wedge and any screw fixation									
2.10.4	Orthopaedic, Kit, Foot Surgery, Step Plates, any size step, and any screw fixation									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					

B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.11.1	Orthopaedic, Kit, Foot Surgery, Calcaneocubiod fusion, Plate and screw fixation									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
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B. If not to specification, please indicate deviation(s)	
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C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
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D. Is product latex and DEHP free ? Please circle your option.	YES / NO
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Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.12.1	Orthopaedic, Kit, Foot Surgery, Cotton osteotomy, Plate, with and without wedge and any screw fixation									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
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B. If not to specification, please indicate deviation(s)	
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C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.13.1	Orthopaedic, Kit, Foot Surgery, Talar navicular fusion, Plate and screw fixation									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
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B. If not to specification, please indicate deviation(s)	
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C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
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D. Is product latex and DEHP free ? Please circle your option.	YES / NO
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Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.14.1	Orthopaedic, Kit, Foot Surgery, Flat foot correction, Plate and screw fixation									

2.14.2	Orthopaedic, Kit, Foot Surgery, Flat foot correction, sinus tarsi implant									
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A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
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B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.15.1	Orthopaedic, Kit, Foot Surgery, Midfoot fusion, Plate and screw fixation									
2.15.2	Orthopaedic, Kit, Foot Surgery, Midfoot fusion, Plate with wedge and screw fixation									
2.15.3	Orthopaedic, Kit, Foot Surgery, Midfoot fusion, Midfoot fusion bolt and extras									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.16.1	Orthopaedic, Kit, Foot Surgery, Triple fusion, Plate and screw fixation									
2.16.2	Orthopaedic, Kit, Foot Surgery, Triple fusion, Subtalar nail and screw fixation									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.17.1	Orthopaedic, Kit, Foot Surgery, Hallux valgus deformity correction, Twist off screws, any length									
2.17.2	Orthopaedic, Kit, Foot Surgery, Hallux valgus deformity correction, Lapidus plate and screw fixation									

2.17.3	Orthopaedic, Kit, Foot Surgery, Hallux valgus deformity correction, proximal osteotomy stainless steel plate with built in wedge, locking, variable angle and non-locking screw fixation									
2.17.4	Orthopaedic, Kit, Foot Surgery, Hallux valgus deformity correction, proximal osteotomy titanium plate with built in wedge, locking, variable angle and non-locking screw fixation									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.18.1	Orthopaedic, Kit, Foot Surgery, Hallux Rigidus, joint replacement or resurfacing devices									

2.18.2	Orthopaedic, Kit, Foot Surgery, Hallux Rigidus, fusion plate and locking, variable angle or non-locking screws									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.19.1	Orthopaedic, Kit, Foot Surgery, MTP fusion plate, with any configuration of screws									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
2.20.1	Orthopaedic, Kit, Foot Surgery, DIP fusion, Threaded break off wire									
2.20.2	Orthopaedic, Kit, Foot Surgery, DIP fusion implant									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

CATEGORY: 3. HANDS

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
3.1.1	Orthopaedic, Kit, Hand Surgery, Metacarpal fracture fixation, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screw fixation									
3.1.2	Orthopaedic, Kit, Hand Surgery, Metacarpal fracture fixation, Anatomically shaped titanium plate with locking, variable angle and non-locking screw fixation									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
3.2.1	Orthopaedic, Kit, Hand Surgery, Proximal phalanx fracture fixation, Anatomically shaped stainless steel Plate with locking, variable angle and non-locking screws									
3.2.2	Orthopaedic, Kit, Hand Surgery, Proximal phalanx fracture fixation, Anatomically shaped titanium Plate with locked, variable angle locking and non-locking screws									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
3.3.1	Orthopaedic, Kit, Hand Surgery, Middle phalanx fracture fixation, Anatomically shaped stainless steel Plate with locking, variable angle and non-locking screws									

3.3.2	Orthopaedic, Kit, Hand Surgery, Middle phalanx fracture fixation, Anatomically shaped titanium Plate with locking, variable angle and non-locking screws									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
3.4.1	Orthopaedic, Kit, Hand Surgery, Thumb MCP reconstruction, mini anchors for ligament attachment, titanium									
3.4.2	Orthopaedic, Kit, Hand Surgery, Thumb MCP reconstruction, mini anchors for ligament attachment, absorbable									
3.4.3	Orthopaedic, Kit, Hand Surgery, Thumb MCP reconstruction, mini tight rope devices for instability									

3.4.4	Orthopaedic, Kit, Hand Surgery, Thumb MCP reconstruction, mini tenodesis interference screws, biocompatible									
3.4.5	Orthopaedic, Kit, Hand Surgery, Thumb MCP reconstruction, mini tenodesis interference screws, titanium									
3.4.6	Orthopaedic, Kit, Hand Surgery, Thumb MCP reconstruction, mini tenodesis interference screws, PLDLA									
3.4.7	Orthopaedic, Kit, Hand Surgery, Thumb MCP reconstruction, mini tenodesis interference screws, PEEK									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
3.5.1	Orthopaedic, Kit, Hand Surgery, Wrist fusion, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screw fixation									
3.5.2	Orthopaedic, Kit, Hand Surgery, Wrist fusion, Anatomically shaped titanium plate with locking, variable angle and non-locking screw fixation									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
3.6.1	Orthopaedic, Kit, Hand Surgery, Carpal fusion, Anatomically shaped titanium plate with locking, variable angle and non-locking screw fixation									

3.6.2	Orthopaedic, Kit, Hand Surgery, Carpal fusion, Anatomically shaped stainless steel plate with locking, variable angle and non-locking screw fixation									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
3.7.1	Orthopaedic, Kit, Hand Surgery, MCP fusion, Anatomically shaped stainless steel plate with locking, variable angel and non-locking screw fixation									
3.7.2	Orthopaedic, Kit, Hand Surgery, MCP fusion, Anatomically shaped titanium plate with locking, variable angle and non-locking screw fixation									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					

B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
3.8.1	Orthopaedic, Kit, Hand Surgery, PIP fusion, Anatomically shaped stainless steel fusion plate with locking, variable angle and non-locking screw fixation									
3.8.2	Orthopaedic, Kit, Hand Surgery, PIP fusion, Anatomically shaped titanium fusion plate with locked, variable angle locking and non-locking screw fixation									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
3.9.1	Orthopaedic, Kit, Hand Surgery, Single DIP fusion, Threaded wire fixation									
3.9.2	Orthopaedic, Kit, Hand Surgery, Single DIP fusion, DIP fusion device									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
3.10.1	Orthopaedic, Kit, Hand Surgery, Total wrist replacement									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										

C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
3.11.1	Orthopaedic, Kit, Hand Surgery, Ulna head replacement									
3.11.2	Orthopaedic, Kit, Hand Surgery, Ulna osteotomy (shortening) plate with locking, variable angle and non-locking screws									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
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B. If not to specification, please indicate deviation(s)	
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C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
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D. Is product latex and DEHP free? Please circle your option.	YES / NO
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Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
3.12.1	Orthopaedic, Kit, Hand Surgery, Constrained MCP joint replacement									

3.12.2	Orthopaedic, Kit, Hand Surgery, non-constrained MCP joint replacement									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
3.13.1	Orthopaedic, Kit, Hand Surgery, Trapezio - metacarpal replacement									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
3.14.1	Orthopaedic, Kit, Hand Surgery, PIP joint replacement, constrained									
3.14.2	Orthopaedic, Kit, Hand Surgery, PIP joint replacement, non constrained implants									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
3.15.1	Orthopaedic, Kit, Hand Surgery, Hunters Silastic Rod									
3.15.2	Orthopaedic Kit, Hand Surgery, fiber loop or ortho cord for tendon repairs, price for one pack, all sizes									
3.15.3	Orthopaedic Kit, Hand Surgery, Intra-operative surgical nerve stimulators									

3.15.4	Orthopaedic Kit, Hand Surgery, Synthetic/Allograft peripheral nerve conduits									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

CATEGORY: 4. PAEDIATRIC

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
4.1	Orthopaedic, Kit, Paediatric, stainless steel blade plates, with locking and non-locking screws									
4.2	Orthopaedic, Kit, Paediatric, titanium blade plates, with locking and non-locking screws									
4.3	Orthopaedic, Kit, Paediatric and Infant, stainless steel pin and plates, various angles and lengths of plate and lag screw , with locking and non-locking screws									
4.4	Orthopaedic, Kit, Paediatric, stainless steel curved lateral femur plates designed for submuscular plating, with locking and non-locking screws									
4.5	Orthopaedic, Kit, Paediatric, Solid intramedullary rods, stainless steel (list sizes and indicate re-usable reamers available in set)									

4.6	Orthopaedic, Kit, Paediatric, Solid intramedullary rods, titanium (list sizes and indicate re-usable reamers available in set)									
4.7	Orthopaedic, Kit, Paediatric, Telescoping growth rods									
4.8	Orthopaedic, Kit, Paediatric, Temporary epiphysiodesis devices, so called 8 plates or H plates, or equivalent									
4.9	Orthopaedic, Kit, Paediatric, Intramedullary nail fixation for paediatric, lateral entry point, with locking. Titanium.									
4, 10	Orthopaedic, Kit, Paediatric, Intramedullary nail fixation for paediatric, lateral entry point, with locking. Stainless steel.									
4, 11	Orthopaedic, Kit, Paediatric, Femur fixation, dynamic compression screw plate (list all angles), 4 or less holes, any lag screw and locking or non- locking screws on plate									

4, 12	Orthopaedic, Kit, Paediatric, Femur fixation, dynamic compression screw plate (list all angles), 5 holes or more, any lag screw and locking or non-locking screws on plate									
4, 13	Orthopaedic, Kit, Paediatric, Femur fixation, blade plate (list all angles), 4 holes or less, any blade like fixation, with locking, variable angle or non-locking screws									
4, 14	Orthopaedic, Kit, Paediatric, Femur fixation, blade plate (list all angles), 5 holes or more, any blade like head fixation, with locking, variable angle or non locking screws									
4, 15	Orthopaedic, Kit, Paediatric, lateral distal femur plate, titanium, with locked, variable angle and non locked screws									
4, 16	Orthopaedic, Kit, Paediatric, lateral distal femur plate, stainless steel, with locked, variable angle and non locked screws .									

4,17	Orthopaedic, Kit, Paediatric, medial distal femur plate, titanium, with locked, variable angle and non locked screws									
4, 18	Orthopaedic, Kit, Paediatric, medial distal femur plate, stainless steel, with locked, variable angle and non locked screws									
4, 19	Orthopaedic, Kit, Paediatric, proximal tibial plate, titanium, medial, with locked, variable angle and non locked screws									
4,20	Orthopaedic, Kit, Paediatric, proximal tibial plate, stainless steel, medial, with locked, variable angle and non locked screws									
4, 21	Orthopaedic, Kit, Paediatric, proximal tibial plate, titanium, lateral, with locked, variable angle and non locked screws									
4,22	Orthopaedic, Kit, Paediatric, proximal tibial plate, stainless steel, lateral, with locked, variable angle and non locked screws									
4,23	Orthopaedic, Kit, Paediatric, intramedullary lengthening nail									

<p>A. Are you the manufacturer? Please circle your option.</p> <p>If No Letter of undertaking must be submitted</p>	<p>YES / NO</p>
<p>B. If not to specification, please indicate deviation(s)</p>	
<p>C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)</p>	
<p>D. Is product latex and DEHP free? Please circle your option.</p>	<p>YES / NO</p>
<p>Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.</p>	

CATEGORY: 5.ARTHROSCOPY

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
	SHOULDER									
5.1.1	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Distractor/Positioner device consumables, price per case									
5.1.2	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Disposable Portals - Single use									
5.1.3	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Pump Tubing									
5.1.4	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Soft tissue Shaver - Gentle									
5.1.5	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Soft tissue Shaver - Aggressive									
5.1.6	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Bone burr/shaver - Gentle									
5.1.7	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Bone burr/shaver - Aggressive									

5.1.8	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Radiofrequency Ablator									
5.1.9	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Instability Anchor, absorbable, with needles									
5.1.10	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Instability Anchor, absorbable, without needles									
5.1.11	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Instability Anchor, metal or titanium, with needles									
5.1.12	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Instability Anchor, metal or titanium, without needles									
5.1.13	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Instability Anchor, non-absorbable PEEK, with needles									
5.1.14	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Instability Anchor, non-absorbable PEEK, without needles									
5.1.15	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Knotless Anchor									

5.1.16	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Lateral Row Anchors									
5.1.17	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Rotator cuff anchors metal or titanium, with needles									
5.1.18	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Rotator cuff anchors metal or titanium, without needles									
5.1.19	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Rotator cuff anchors, Absorbable, with needles									
5.1.20	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Rotator cuff anchors, Absorbable, without needles									
5.1.21	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Rotator cuff anchors, non-absorbable PEEK type, with needles									
5.1.22	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Rotator cuff anchors, non-absorbable PEEK type, without needles									

5.1.23	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Rotator cuff anchor repair kit, including disposables (please state how many anchors in kit)									
5.1.24	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Suture Passing Needle									
5.1.25	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Suture Passing Devices - single use									
5.1.26	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Biceps Tenodesis interference type screw in biceps groove									
5.1.27	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Biceps Tenodesis device screwed into bone									
5.1.28	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Tightrope device or artificial ligament for ACJ dislocation									
5.1.29	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Synthetic grafts/ligaments for ligament/tendon augmentation/reconstruction									
A. Are you the manufacturer? Please circle your option.						YES / NO				

If No Letter of undertaking must be submitted	
B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
5.1.30	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, Suture pusher									
5.1.31	Orthopaedic, Shoulder Arthroscopy, Joint arthroscopy, disposable Suture cutter									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

ELBOW										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging

5.2.1	Orthopaedic, Elbow Arthroscopy, Joint arthroscopy, Distractor/Positioner device consumables, price per case									
5.2.2	Orthopaedic, Elbow Arthroscopy, Joint arthroscopy, Pump Tubing									
5.2.3	Orthopaedic, Elbow Arthroscopy, Joint arthroscopy, Soft tissue Shaver - Gentle									
5.2.4	Orthopaedic, Elbow Arthroscopy, Joint arthroscopy, Soft tissue Shaver - Aggressive									
5.2.5	Orthopaedic, Elbow Arthroscopy, Joint arthroscopy, Bone burr/shaver - Gentle									
5.2.6	Orthopaedic, Elbow Arthroscopy, Joint arthroscopy, Bone burr/shaver - Aggressive									
5.2.7	Orthopaedic, Elbow Arthroscopy, Joint arthroscopy, Radiofrequency Ablator									
5.2.8	Orthopaedic, Elbow Arthroscopy, Joint arthroscopy, Instability Anchor, absorbable, with needles									
5.2.9	Orthopaedic, Elbow Arthroscopy, Joint arthroscopy, Instability Anchor, absorbable, without needles									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
5.2.10	Orthopaedic, Elbow Arthroscopy, Joint arthroscopy, Instability Anchor, metal or titanium, with needles									
5.2.11	Orthopaedic, Elbow Arthroscopy, Joint arthroscopy, Instability Anchor, metal or titanium, without needles									
5.2.12	Orthopaedic, Elbow Arthroscopy, Joint arthroscopy, Instability Anchor, non-absorbable PEEK, with needles									
5.2.13	Orthopaedic, Elbow Arthroscopy, Joint arthroscopy, Instability Anchor, non-absorbable PEEK, without needles									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				

B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free? Please circle your option.	YES / NO

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

WRIST										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
5.3.1	Orthopaedic, Wrist Arthroscopy, Joint arthroscopy, Distractor/Positioner device consumables, price per case									
5.3.2	Orthopaedic, Wrist Arthroscopy, Joint arthroscopy, Pump Tubing									
5.3.3	Orthopaedic, Wrist Arthroscopy, Joint arthroscopy, Soft tissue Shaver - Gentle									
5.3.4	Orthopaedic, Wrist Arthroscopy, Joint arthroscopy, Soft tissue Shaver - Aggressive									
5.3.5	Orthopaedic, Wrist Arthroscopy, Joint arthroscopy, Bone burr/shaver - Gentle									

5.3.6	Orthopaedic, Wrist Arthroscopy, Joint arthroscopy, Bone burr/shaver - Aggressive									
5.3.7	Orthopaedic, Wrist Arthroscopy, Joint arthroscopy, Radiofrequency Ablator									
5.3.8	Orthopaedic, Wrist Arthroscopy, Joint arthroscopy, Instability Anchor, absorbable, with needles									
5.3.9	Orthopaedic, Wrist Arthroscopy, Joint arthroscopy, Instability Anchor, absorbable, without needles									
5.3.10	Orthopaedic, Wrist Arthroscopy, Joint arthroscopy, Instability Anchor, metal or titanium, with needles									
5.3.11	Orthopaedic, Wrist Arthroscopy, Joint arthroscopy, Instability Anchor, metal or titanium, without needles									
5.3.12	Orthopaedic, Wrist Arthroscopy, Joint arthroscopy, Instability Anchor, non-absorbable PEEK, without needles									
5.3.13	Orthopaedic, Wrist Arthroscopy, Joint arthroscopy, TFCC repair device									
A. Are you the manufacturer? Please circle your option.						YES / NO				

If No Letter of undertaking must be submitted	
B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

HIP										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
5.4.1	Orthopaedic, Hip Arthroscopy, Joint arthroscopy, Distractor/Positioner device consumables, price per case									
5.4.2	Orthopaedic, Hip Arthroscopy, Joint arthroscopy, Hip access pack - wires, blades, capsulotomy blades, etc, per case									
5.4.3	Orthopaedic, Hip Arthroscopy, Joint arthroscopy, Pump Tubing									
5.4.4	Orthopaedic, Hip Arthroscopy, Joint arthroscopy, Soft tissue Shaver - Gentle									

5.4.5	Orthopaedic, Hip Arthroscopy, Joint arthroscopy, Soft tissue Shaver - Aggressive									
5.4.6	Orthopaedic, Hip Arthroscopy, Joint arthroscopy, Bone burr/shaver - Gentle									
5.4.7	Orthopaedic, Hip Arthroscopy, Joint arthroscopy, Bone burr/shaver - Aggressive									
5.4.8	Orthopaedic, Hip Arthroscopy, Joint arthroscopy, Radiofrequency Ablator									
5.4.9	Orthopaedic, Hip Arthroscopy, Joint arthroscopy, Instability Anchor, absorbable, with needles									
5.4.10	Orthopaedic, Hip Arthroscopy, Joint arthroscopy, Instability Anchor, absorbable, without needles									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
5.4.11	Orthopaedic, Hip Arthroscopy, Joint arthroscopy, Instability Anchor, non-absorbable PEEK, with needles									
5.4.12	Orthopaedic, Hip Arthroscopy, Joint arthroscopy, Instability Anchor, non-absorbable PEEK, without needles									
5.4.13	Orthopaedic, Hip Arthroscopy, Joint arthroscopy, Knotless Anchor, price per one									
5.4.14	Orthopaedic, Hip Arthroscopy, Joint arthroscopy, all suture Anchor, price per one									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
	KNEE									

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
5.5.1	Orthopaedic, Knee Arthroscopy, Joint arthroscopy, Distractor/Positioner device consumable									
5.5.2	Orthopaedic, Knee Arthroscopy, Joint arthroscopy, Disposable Portals									
5.5.3	Orthopaedic, Knee Arthroscopy, Joint arthroscopy, Pump Tubing									
5.5.4	Orthopaedic, Knee Arthroscopy, Joint arthroscopy, Soft Tissue Shaver - Gentle									
5.5.5	Orthopaedic, Knee Arthroscopy, Joint arthroscopy, Soft tissue Shaver - Aggressive									
5.5.6	Orthopaedic, Knee Arthroscopy, Joint arthroscopy, Bone resection burr - gentle									
5.5.7	Orthopaedic, Knee Arthroscopy, Joint arthroscopy, Bone resection burr - aggressive									

5.5.8	Orthopaedic, Knee Arthroscopy, Joint arthroscopy, Radiofrequency Ablator									
5.5.9	Orthopaedic, Knee Arthroscopy, Joint arthroscopy, Meniscal suture, all inside									
5.5.10	Orthopaedic, Knee Arthroscopy, Joint arthroscopy, Meniscal suture, inside - out									
5.5.11	Orthopaedic, Knee Arthroscopy, Joint arthroscopy, Meniscal root repair kit									
5.5.12	Orthopaedic, Knee Arthroscopy, Joint arthroscopy, Meniscal suture, outside - in									
5.5.13	Orthopaedic, Knee Arthroscopy, Joint arthroscopy, Suture pusher and cutter									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										

D. Is product latex and DEHP free ? Please circle your option.	YES / NO
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Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
5.5.14	Orthopaedic, Kit, Knee Arthroscopy, Joint arthroscopy, ACL reconstruction, using a cortical fixation for the femoral side, including disposables, and an interference screw for the tibial side, including disposables									
5.5.15	Orthopaedic, Kit, Knee Arthroscopy, Joint arthroscopy, ACL reconstruction, using all inside fixation method, including disposables									
5.5.16	Orthopaedic, Kit, Knee Arthroscopy, Joint arthroscopy, ACL reconstruction, using an interference screw for the femoral side, including disposables, and an interference screw for the tibial side, including disposables									
5.5.17	Orthopaedic, Kit, Knee Arthroscopy, Joint arthroscopy, price for an endobutton type fixation device, including disposables									

5.5.18	Orthopaedic, Kit, Knee Arthroscopy, Joint arthroscopy, price for an absorbable interference screw, including disposables									
5.5.19	Orthopaedic, Kit, Knee Arthroscopy, Joint arthroscopy, PCL reconstruction, Femoral fixation, cortical device, and tibial fixation with interference screw, including disposables									
5.5.20	Orthopaedic, Kit, Knee Arthroscopy, Joint arthroscopy, PCL reconstruction, Femoral and tibial fixation with interference screw, including disposables									
5.5.21	Orthopaedic, Kit, Knee Arthroscopy, Joint arthroscopy, PCL reconstruction, suture retrieval device for retrieving suture at back of the tibial tunnel									
5.5.22	Orthopaedic, Kit, Knee Arthroscopy, Joint arthroscopy, LCL reconstruction, using an anchor for the femoral side, including disposables									
5.5.23	Orthopaedic, Kit, Knee Arthroscopy, Joint arthroscopy, MCL reconstruction, using an interference screw for the femoral side, including disposables									

5.5.24	Orthopaedic, Kit, Knee Arthroscopy, Joint arthroscopy, MCL reconstruction, using an anchor for the femoral side, including disposables									
5.5.25	Orthopaedic, Kit, Knee Arthroscopy, Joint arthroscopy, MPFL reconstruction, using interference screw on the femur, including disposables									
5.5.26	Orthopaedic, Kit, Knee Arthroscopy, Joint arthroscopy, MPFL reconstruction, using cortical fixation device on femur, including disposables									
5.5.27	Orthopaedic, Kit, Knee Arthroscopy, Joint arthroscopy, MPFL reconstruction, using an anchor for the femoral side, including disposables									
5.5.28	Orthopaedic, Knee Arthroscopy, Joint arthroscopy, Synthetic tape for MPFL type reconstructions									
5.5.29	Orthopaedic, Knee Arthroscopy, Joint arthroscopy, Synthetic Chondral Plug or scapholds									
5.5.30	Orthopaedic, Knee Arthroscopy, Joint arthroscopy, Synthetic grafts/ligaments									
5.5.31	Orthopaedic, Knee Arthroscopy, Joint arthroscopy, Suture loop type devices for tendon									

harvesting/holding										
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					

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

FOOT/ANKLE										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
5.6.1	Orthopaedic, Foot/Ankle Arthroscopy, Joint arthroscopy, Distractor/Positioner device consumables, price per case									
5.6.2	Orthopaedic, Foot/Ankle Arthroscopy, Joint arthroscopy, Pump Tubing									
5.6.3	Orthopaedic, Foot/Ankle Arthroscopy, Joint arthroscopy, Soft tissue Shaver - Gentle									
5.6.4	Orthopaedic, Foot/Ankle Arthroscopy, Joint arthroscopy, Soft tissue Shaver - Aggressive									

5.6.5	Orthopaedic, Foot/Ankle Arthroscopy, Joint arthroscopy, Bone burr/shaver - Gentle									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
5.6.6	Orthopaedic, Foot/Ankle Arthroscopy, Joint arthroscopy, Bone burr/shaver - Aggresssive									
5.6.7	Orthopaedic, Foot/Ankle Arthroscopy, Joint arthroscopy, Radiofrequency Ablator									
5.6.8	Orthopaedic, Foot/Ankle Arthroscopy, Joint arthroscopy, Instability Anchor, absorbable, with needles									

5.6.9	Orthopaedic, Foot/Ankle Arthroscopy, Joint arthroscopy, Instability Anchor, absorbable, without needles									
5.6.10	Orthopaedic, Foot/Ankle Arthroscopy, Joint arthroscopy, Instability Anchor, metal or titanium, with needles									
5.6.11	Orthopaedic, Foot/Ankle Arthroscopy, Joint arthroscopy, Instability Anchor, metal or titanium, without needles									
5.6.12	Orthopaedic, Foot/Ankle Arthroscopy, Joint arthroscopy, Instability Anchor, non-absorbable PEEK, with needles									
5.6.13	Orthopaedic, Foot/Ankle Arthroscopy, Joint arthroscopy, Instability Anchor, non-absorbable PEEK, without needles									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

CATEGORY: 6. ARTHROPLASTY

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
6.1.1	Orthopaedic, Kit, Joint Arthroplasty, Shoulder arthroplasty, Hemi arthroplasty, cemented humeral stem and head									
6.1.2	Orthopaedic, Kit, Joint Arthroplasty, Shoulder arthroplasty, Hemi arthroplasty, uncemented humeral stem and head									
6.1.3	Orthopaedic, Kit, Joint Arthroplasty, Shoulder arthroplasty, Hemi arthroplasty, resurfacing humerus only									
6.1.4	Orthopaedic, Kit, Joint Arthroplasty, Shoulder arthroplasty, Total replacement, cemented stem, cemented all poly glenoid, and metal head									
6.1.5	Orthopaedic, Kit, Joint Arthroplasty, Shoulder arthroplasty, Total replacement, cementless stem, cemented all poly glenoid, and metal head									

6.1.6	Orthopaedic, Kit, Joint Arthroplasty, Shoulder arthroplasty, Total replacement, cemented stem, metal backed glenoid, and metal head									
6.1.7	Orthopaedic, Kit, Joint Arthroplasty, Shoulder arthroplasty, Total replacement, cementless stem, metal backed glenoid, and metal head									
6.1.8	Orthopaedic, Kit, Joint Arthroplasty, Shoulder arthroplasty, Total replacement, reverse shoulder arthroplasty, uncemented									
6.1.9	Orthopaedic, Kit, Joint Arthroplasty, Shoulder arthroplasty, Total replacement, reverse shoulder arthroplasty, cemented									
6.1.10	Orthopaedic, Kit, Joint Arthroplasty, Shoulder arthroplasty, Total replacement, stemless head for humerus, no glenoid component									

6.1.11	Orthopaedic, Kit, Joint Arthroplasty, Shoulder arthroplasty, Total replacement, stemless head for humerus, with metal backed glenoid component									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
6.2.1	Orthopaedic, Kit, Joint Arthroplasty, Shoulder arthroplasty, please provide your price list of all of your shoulder revision implants									
6.2.2	Orthopaedic, Kit, Joint Arthroplasty, Shoulder arthroplasty, please provide your price list of all your shoulder implants for periprosthetic fractures									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					

B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
6.3.1	Orthopaedic, Kit, Joint Arthroplasty, Elbow arthroplasty, linked elbow prosthesis, cemented implants									
6.3.2	Orthopaedic, Kit, Joint Arthroplasty, Elbow arthroplasty, unlinked elbow prosthesis, cemented implants									
6.3.3	Orthopaedic, Kit, Joint Arthroplasty, Elbow arthroplasty, linked elbow prosthesis, cementless implant									
6.3.4	Orthopaedic, Kit, Joint Arthroplasty, Elbow arthroplasty, unlinked elbow prosthesis, cementless implant									

6.3.5	Orthopaedic, Kit, Joint Arthroplasty, Elbow arthroplasty, hemi-elbow replacement of distal humerus, cementless implant									
6.3.6	Orthopaedic, Kit, Joint Arthroplasty, Elbow arthroplasty, hemi-elbow replacement of distal humerus, cemented implant									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
6.4.1	Orthopaedic, Kit, Joint Arthroplasty, Elbow arthroplasty, please provide your price list of all of your elbow revision implants									

6.4.2	Orthopaedic, Kit, Joint Arthroplasty, Elbow arthroplasty, please provide your price list of all of your elbow implants for periprosthetic fractures									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
6.5.1	Orthopaedic, Kit, Hip Arthroplasty, Cemented stem, cemented all polyethylene cup, with corresponding "metal" head of any size, and extras, like centralizer and cement restrictor, excludes cement and cement gun.									
6.5.2	Orthopaedic, Kit, Hip Arthroplasty, Cemented stem, cemented all polyethylene cup, with corresponding ceramic head of any size, including extras, like centralizer and cement restrictor, excludes cement and cement gun.									

6.5.3	Orthopaedic, Kit, Hip Arthroplasty, Cemented stem, uncemented cup, with crosslinked polyethylene liner and corresponding 'metal' head of any size, including extras, like centralizer and cement restrictor, excludes cement and cement gun.									
6.5.4	Orthopaedic, Kit, Hip Arthroplasty, Cemented stem, uncemented cup, with crosslinked polyethylene liner and corresponding ceramic head of any size, including extras, like centralizer and cement restrictor, excludes cement and cement gun.									
6.5.5	Orthopaedic, Kit, Hip Arthroplasty, Cemented stem, uncemented cup, with ceramic liner and corresponding ceramic head of any size, including extras , like centralizer and cement restrictor, excludes cement and cement gun.									
A. Are you the manufacturer? Please circle your option.					YES / NO					
If No Letter of undertaking must be submitted										
B. If not to specification, please indicate deviation(s)										

C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)

D. Is product latex and DEHP free? Please circle your option. YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
6.5.6	Orthopaedic, Kit, Hip Arthroplasty, Uncemented stem, uncemented cup with crosslinked polyethylene liner and corresponding 'metal' head of any size									
6.5.7	Orthopaedic, Kit, Hip Arthroplasty, Uncemented stem, uncemented cup with crosslinked polyethylene liner and corresponding ceramic head of any size									
6.5.8	Orthopaedic, Kit, Hip Arthroplasty, Uncemented stem, uncemented cup with ceramic liner and corresponding ceramic head of any size									
6.5.9	Orthopaedic, Hip Arthroplasty, uncemented stem and cemented all polyethylene cup with corresponding metal head (all sizes), including extras required for cup									

6.5.10	Orthopaedic, Hip Arthroplasty, uncemented stem and cemented all polyethylene cup with corresponding ceramic head (all sizes), , including extras required for cup									
6.5.11	Orthopaedic, Kit, Hip Arthroplasty, Hip resurfacing system									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
6.6.1	Orthopaedic, Kit, 1 Screw to augment fixation of acetabular cup									
6.6.2	Orthopaedic, Kit, 1 Stainless steel cable, including clamping/crimping device									

6.6.3	Orthopaedic, Kit, 1 Titanium or other metal cable, including clamping/crimping device									
6.6.4	Orthopaedic, Kit, 1 non-metal synthetic cable, including clamping/crimping device									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
6.7.1	Orthopaedic, Kit, Hip Arthroplasty, Please submit your price list for all of your revision components for total hip replacements, from simple polyethylene exchange through to complex reconstructions, including dual mobility articulations and price of disposable trephines in list									

6.7.2	Orthopaedic Kit, Hip Arthroplasty, mould for cement spacer									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
6.8.1	Orthopaedic, Kit, Knee Arthroplasty, Cemented metal femur, Cemented metal tibial tray, following options: fixed or rotating platform, with any configuration of poly including but not limited to; posterior cruciate retaining, posterior cruciate substituting, anterior cruciate substituting, bicruciate substituting, etc									
6.8.2	Orthopaedic, Kit, Knee Arthroplasty, Cemented metal femur, Cemented metal tibial tray, following options: fixed or rotating platform, any configuration of poly including									

	posterior stabilized, posterior cruciate retaining, posterior cruciate sacrificing, anterior cruciate substituting, bicruciate substituting; with patella button.									
6.8.3	Orthopaedic, Kit, Knee Arthroplasty, Cemented metal femur, cementless tibial tray, following options: fixed or rotating platform, any configuration of poly including, posterior stabilized, posterior cruciate retaining, posterior cruciate sacrificing, anterior cruciate substituting, bicruciate substituting									
6.8.4	Orthopaedic, Kit, Knee Arthroplasty, Cemented metal femur, cementless tibial tray, following options: fixed or rotating platform, any configuration of poly including, posterior stabilized, posterior cruciate retaining, posterior cruciate sacrificing, anterior cruciate substituting, bicruciate substituting; with patella button									
6.8.5	Orthopaedic, Kit, Knee Arthroplasty, Cemented metal femur, With cemented all polyethylene tibia									

6.8.6	Orthopaedic, Kit, Knee Arthroplasty, Cemented metal femur, With cemented all polyethylene tibia of any configuration									
6.8.7	Orthopaedic, Kit, Knee Arthroplasty, Cementless femur, With cemented all polyethylene tibia of any configuration									
6.8.8	Orthopaedic, Kit, Knee Arthroplasty, Cementless femur, With cemented all polyethylene tibia, with patella button									
6.8.9	Orthopaedic, Kit, Knee Arthroplasty, Cementless femur, With cemented metal tibial tray, with any of the following options: fixed bearing or rotating platform, and any configuration of poly including, posterior stabilized, posterior cruciate retaining, posterior cruciate sacrificing, anterior cruciate substituting, bicruciate substituting									
6.8.10	Orthopaedic, Kit, Knee Arthroplasty, Cementless femur,									

	With cemented metal tibial tray, with any of the following options: fixed bearing or rotating platform, and any configuration of poly including, posterior stabilized, posterior cruciate retaining, posterior cruciate sacrificing, anterior cruciate substituting, bicruciate substituting with patella button									
6.8.11	Orthopaedic, Kit, Knee Arthroplasty, Cementless femur, With cemented tibial tray, with any of the following options: fixed bearing or rotating platform, and any configuration of poly including, posterior stabilized, posterior cruciate retaining, posterior cruciate sacrificing, anterior cruciate substituting, bicruciate substituting									
6.8.12	Orthopaedic, Kit, Knee Arthroplasty, Cementless femur, With cementless tibial tray, with any of the following options: fixed or rotating platform, and any configuration of poly including, posterior stabilized, posterior cruciate retaining, posterior cruciate sacrificing, anterior cruciate substituting,									

	bicruciate substituting with patella button									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
6.9.1	Orthopaedic, Kit, Knee Arthroplasty, Lateral compartment knee replacement, including mobile bearing, fixed bearing and all polyethylene tibia									
6.9.2	Orthopaedic, Kit, Knee Arthroplasty, Medial compartment knee replacement, including mobile bearing, fixed bearing and all polyethylene tibia									
6.9.3	Orthopaedic, Kit, Knee Arthroplasty, Patello - femoral joint replacement									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
6.10.1	Orthopaedic, Kit, Knee Arthroplasty, specific stainless steel plates for low femoral osteotomies on the medial side, with locking, variable angle and non-lockong screws (please inidcate if same as trauma option)									
6.10.2	Orthopaedic, Kit, Knee Arthroplasty, specific titanium plates for low femoral osteotomies on the medial side, with locking, variable angle and non-locking screws (please inidcate if same as trauma option)									
6.10.3	Orthopaedic, Kit, Knee Arthroplasty, specific stainless									

	steel plates for low femoral osteotomies on the lateral side, with locking, variable angle and non-locking screws (please indicate if same as trauma option)									
6.10.4	Orthopaedic, Kit, Knee Arthroplasty, specific titanium plates for low femoral osteotomies on the lateral side, with locking, variable angle and non-locking screws (please indicate if same as trauma option)									
6.10.5	Orthopaedic, Kit, Knee Arthroplasty, specific stainless steel plates for high tibial osteotomies on the medial side, with locking, variable angle and non-locking screws (please indicate if same as trauma option)									
6.10.6	Orthopaedic, Kit, Knee Arthroplasty, specific stainless steel plates, with built in wedge, for high tibial osteotomies on the medial side, with locking, variable angle and non-locking screws (please indicate if same as trauma option)									

6.10.7	Orthopaedic, Kit, Knee Arthroplasty, specific titanium plates for high tibial osteotomies on the medial side, with locking, variable angle and non-locking screws (please indicate if same as trauma option)									
6.10.8	Orthopaedic, Kit, Knee Arthroplasty, specific titanium plates, with a built in wedge, for high tibial osteotomies on the medial side, with locking, variable angle and non-locking screws (please indicate if same as trauma option)									
6.10.9	Orthopaedic, Kit, Knee Arthroplasty, specific stainless steel plates for high tibial osteotomies on the lateral side, with locking, variable angle and non-locking screws (please indicate if same as trauma option)									
6.10.10	Orthopaedic, Kit, Knee Arthroplasty, specific titanium plates for high tibial osteotomies on the lateral side, with locking, variable angle and non-locking screws (please indicate if same as trauma option)									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
6.11.1	Orthopaedic, Kit, Knee Arthroplasty, Price per case for disposables to perform TKR using CAS									
6.11.2	Orthopaedic, Kit, Knee Arthroplasty, Price per case to perform case using 'cutting blocks' for TKR, obtained through MRI or CT scan pre - operatively									
6.11.3	Orthopaedic, Kit, Knee Arthroplasty, Price per case to perform case using robotic surgery, including all disposables									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
B. If not to specification, please indicate deviation(s)	

C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
6.12.1	Orthopaedic, Kit, Knee Arthroplasty, Please submit your price list for all of your revision components for total knee replacements, from simple polyethylene exchange through to complex reconstructions									
6.12.2	Orthopaedic, Kit, Knee Arthroplasty, Please submit your price list for all of your implants for periprosthetic fractures around total knee replacements									
6.12.3	Orthopaedic Kit, Knee Arthroplasty, mould for cement spacer									
6.12.4	Orthopaedic Kit, Knee Arthroplasty - Fusion, Intramedullary fusion nail titanium and cannulated, including cross screws									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					

B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
6.13.1	Orthopaedic, Kit, Ankle Arthroplasty, Total ankle replacement									
6.13.2	Orthopaedic, Kit, Ankle Arthroplasty, please provide your price list for all of your revision components for total ankle replacement									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
6.14.1	Orthopaedic, Kit, Pulse Lavage, disposable pulse lavage systems									

6.14.2	Orthopaedic, Kit, Pulse Lavage, price for tubing for non-disposable pulse lavage system									
6.14.3	Orthopaedic, Kit, vacuum mixing system, and all extras.									
6.14.4	Orthopaedic, Kit, Blades, small blades for oscillating saw									
6.14.5	Orthopaedic, Kit, Blades, medium blades for oscillating saw									
6.14.6	Orthopaedic, Kit, Blades, large blades for oscillating saw									
6.14.7	Orthopaedic, Kit, Blades, large blades for oscillating saw, with oscillating type teeth mechanism									
6.14.8	Orthopaedic, Kit, Blades, reciprocating blade									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										

D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
6.15.1	Orthopaedic, Kit, cost of 1 (one) mix of cement, 20mg , no antibiotics									
6.15.2	Orthopaedic, Kit, cost of 1 (one) mix of cement, 20mg, with antibiotics									
6.15.3	Orthopaedic, Kit, cost of 1 (one) mix of cement, 40mg, no antibiotics									
6.15.4	Orthopaedic, Kit, cost of 1 (one) mix of cement, 40mg, with antibiotics									
6.15.4 B	Orthopaedic Kit, Antibiotic impregnated beads/collagen matrix (list all offerings)									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the										

Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
6.16.1 A	Orthopaedic, Kit, Personal Protective system, Helmet with fan, rechargeable battery, without light									
6.16.1 B	Orthopaedic, Kit, Personal Protective system, Helmet with fan, rechargeable battery, with light									
6.16.1 C	Orthopaedic, Kit, Personal Protective system, Sterile hood with anti-glare lens									
6.16.1 D	Orthopaedic, Kit, Personal Protective system, Sterile hood with anti-glare lens, with peel away cover									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

CATEGORY: 7. SPINAL

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
7.1.1	Orthopaedic, Kit, Spinal, Occipitocervical fusion with skull plate construct with extension to C2. (All of the constructs need to have hooks available at same price as screws)									
7.1.2	Orthopaedic, Kit, Spinal, Occipitocervical fusion skull plate construct to C2: cost per level extension below C2									
7.1.3	Orthopaedic, Kit, Spinal, Odontoid screw fixation with Odontoid peg - screw fixation									
7.1.4	Orthopaedic, Kit, Spinal, Atlanto - axial fusion with C1 lateral mass - C2 screw construct posterior (An instrumented segment is defined here as 4 screws/hooks connected by 2 rods)									

7.1.5	Orthopaedic, Kit, Spinal, Atlanto - axial fusion with Trans - articular screw construct									
7.1.6	Orthopaedic, Kit, Spinal, Cervical disk replacement									
7.1.7	Orthopaedic, Kit, Spinal, Cervical disk replacement- additional level									
7.1.8	Orthopaedic, Kit, Spinal, Sub - axial Anterior segmental fusion with cage and plate construct									
7.1.9	Orthopaedic, Kit, Spinal, Sub - axial Anterior segmental fusion with cage-screw construct									
7.1.10	Orthopaedic, Kit, Spinal, Sub - axial Anterior fusion with cage and long plate construct. Cost per additional cage									
7.1.11	Orthopaedic, Kit, Spinal, Sub - axial Anterior segmental fusion with plate construct, 1 level									

7.1.12	Orthopaedic, Kit, Spinal, Sub - axial Anterior segmental fusion with plate construct, 2 level									
7.1.13	Orthopaedic, Kit, Spinal, Sub - axial Anterior multisegmental fusion with long plate construct, 3 or more levels									
7.1.14	Orthopaedic, Kit, Spinal, Sub - axial Anterior multisegmental fusion with long plate and expandable Titanium cage construct.									
7.1.15	Orthopaedic, Kit, Spinal, Sub - axial Anterior multisegmental fusion with long plate and expandable PEEK cage construct.									
7.1.16	Orthopaedic, Kit, Spinal, Sub - axial Anterior multisegmental fusion with long plate and titanium mesh cage construct.									
7.1.17	Orthopaedic, Kit, Spinal, Sub - axial Anterior fusion with stand - alone cage									

7.1.18	Orthopaedic, Kit, Spinal, Sub - axial Anterior fusion with stand - alone cage additional level: cost per cage									
7.1.19	Orthopaedic, Kit, Spinal, Cervical disk replacement hybrid construct- additional level: cost per cage									
7.1.20	Orthopaedic, Kit, Spinal, Sub - axial Posterior segmental fusion with lateral mass screw construct									
7.1.21	Orthopaedic, Kit, Spinal, Sub - axial Posterior segmental fusion with lateral mass screw construct. Additional level: cost per 2 lateral mass screws									
7.1.22	Orthopaedic, Kit, Spinal, Cervical spine connector- cost per connector construct									
7.1.23	Orthopaedic, Kit, Spinal, Cervico - thoracic Posterior instrumented fusion with lateral mass screw to pedicle screw: cost per single level construct									

7.1.24	Orthopaedic, Kit, Spinal, Cervico - thoracic Anterior fusion with cage and plate construct									
7.1.25	Orthopaedic, Kit, Spinal, Cervico - thoracic Anterior fusion with plate construct									
7.1.26	Orthopaedic, Kit, Spinal, Cervico - thoracic Anterior fusion with stand - alone cage									
7.1.27	Orthopaedic, Kit, Spinal, Cervical laminoplasty plates and screws for 1 case (4 plates, C3 to C6)									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
7.2.1	Orthopaedic, Kit, Spinal, Thoracic spine Posterior segmental fusion with pedicle screw construct									
7.2.2	Orthopaedic, Kit, Spinal, Thoracic spine Posterior segmental fusion with pedicle screw construct: Additional level cost per 2 pedicle screws									
7.2.3	Orthopaedic, Kit, Spinal, Thoracic spine posterior segmental fusion schanz pin construct									
7.2.4	Orthopaedic, Kit, Spinal, Thoracic spine posterior segmental fusion schanz pin construct: Additional level cost per 2 schanz screws									
7.2.5	Orthopaedic, Kit, Spinal, Thoracic spine Anterior segmental fusion with vertebral body rod-2 screw construct									
7.2.6	Orthopaedic, Kit, Spinal, Thoracic spine Anterior fusion with vertebral body rod-2 screw construct with Titanium expansile cage									

7.2.7	Orthopaedic, Kit, Spinal, Thoracic spine Anterior fusion with vertebral body rod-2 screw construct with PEEK expansile cage									
7.2.8	Orthopaedic, Kit, Spinal, Thoracic spine Anterior fusion with vertebral body rod-2 screw construct with Titanium mesh cage									
7.2.9	Orthopaedic, Kit, Spinal, Thoracic spine Anterior segmental fusion with vertebral body plate construct									
7.2.10	Orthopaedic, Kit, Spinal, Thoracic spine Anterior fusion with vertebral body plate construct with Titanium expansile cage									
7.2.11	Orthopaedic, Kit, Spinal, Thoracic spine Anterior fusion with vertebral body plate construct with PEEK expansile cage									
7.2.12	Orthopaedic, Kit, Spinal, Thoracic spine Anterior fusion									

	with vertebral body plate construct with Titanium mesh cage									
7.2.13	Orthopaedic, Kit, Spinal, Thoracic spine Posterior fusion with 4 pedicle screw construct with expansile titanium cage - anterior cage									
7.2.14	Orthopaedic, Kit, Spinal, Thoracic spine Posterior fusion with 4 pedicle screw construct with expansile PEEK cage - anterior cage									
7.2.15	Orthopaedic, Kit, Spinal, Thoracic spine Posterior fusion with 4 pedicle screw construct with titanium mesh cage - anterior cage									
7.2.16	Orthopaedic, Kit, Spinal, Thoracic spine Posterior fusion with 4 pedicle screw - anterior cage construct: Additional level cost per 2 pedicle screws									
7.2.17	Orthopaedic, Kit, Spinal, Thoracic spine connector- cost per connector construct									

7.2.18	Orthopaedic, Kit, Spinal, price for kit to perform a kyphoplasty per level									
7.2.19	Orthopaedic, Kit, Spinal, price for kit to perform an additional kyphoplasty per level									
7.2.20	Orthopaedic, Kit, Spinal, price for kit to perform a vertebroplasty per level									
7.2.21	Orthopaedic, Kit, Spinal, price for kit to perform an additional vertebroplasty per level									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
7.3.1	Orthopaedic, Kit, Spinal, Lumbar spine posterior segmental fusion schanz pin construct									

7.3.2	Orthopaedic, Kit, Spinal, Lumbar spine posterior segmental fusion schanz pin construct: Additional level cost per 2 shantz screws									
7.3.3	Orthopaedic, Kit, Spinal, Lumbar spine posterior segmental fusion pedicle screw construct									
7.3.4	Orthopaedic, Kit, Spinal, Lumbar spine posterior segmental fusion pedicle screw construct. Additional level cost per 2 pedicle screws									
7.3.5	Orthopaedic, Kit, Spinal, Lumbar disk replacement									
7.3.6	Orthopaedic, Kit, Spinal, Lumbar disk replacement. Additional level disc replacement									
7.3.7	Orthopaedic, Kit, Spinal, Lumbar disk replacement hybrid construct with additional level ALIF									
7.3.8	Orthopaedic, Kit, Spinal, Lumbar spine anterior fusion with anterior lumbar inter - body fusion cage construct - ALIF									

7.3.9	Orthopaedic, Kit, Spinal, Lumbar spine anterior fusion with anterior lumbar inter - body fusion cage construct - ALIF, with anterior screws									
7.3.10	Orthopaedic, Kit, Spinal, Lumbar spine anterior fusion with anterior lumbar inter - body fusion cage construct - ALIF Additional level									
7.3.11	Orthopaedic, Kit, Spinal, Lumbar spine anterior fusion with anterior lumbar inter - body fusion cage construct - ALIF, with posterior stabilization construct									
7.3.12	Orthopaedic, Kit, Spinal, Lumbar spine anterior fusion direct lateral lumbar inter - body fusion stand alone cage construct - DLIF									
7.3.13	Orthopaedic, Kit, Spinal, Lumbar spine anterior fusion direct lateral lumbar inter - body fusion cage construct requiring posterior additional instrumentation - DLIF									
7.3.14	Orthopaedic, Kit, Spinal, Lumbar									

	spine posterior segmental fusion pedicle screw construct with Transforaminal inter body fusion cage - TLIF									
7.3.15	Orthopaedic, Kit, Spinal, Lumbar spine posterior segmental fusion pedicle screw construct with fusion cage - TLIF : Additional level cost per 2 pedicle screws									
7.3.16	Orthopaedic, Kit, Spinal, Lumbar spine posterior segmental fusion pedicle screw construct with fusion cage - TLIF : Additional level cost per 2 pedicle screws and TLIF cage									
7.3.17	Orthopaedic, Kit, Spinal, Lumbar spine posterior segmental fusion pedicle screw construct with Posterior inter - body fusion cage - PLIF									
7.3.18	Orthopaedic, Kit, Spinal, Lumbar spine posterior fusion with 4 pedicle screw construct with expansile titanium cage - anterior cage									
7.3.19	Orthopaedic, Kit, Spinal, Lumbar spine posterior fusion with 4 pedicle screw construct									

	with expansile PEEK cage - anterior cage									
7.3.20	Orthopaedic, Kit, Spinal, Lumbar spine posterior fusion with 4 pedicle screw construct with Titanium mesh cage - anterior cage									
7.3.21	Orthopaedic, Kit, Spinal, Lumbar spine posterior fusion with 4 pedicle screw construct with anterior cage. Additional level cost per 2 pedicle screws									
7.3.22	Orthopaedic, Kit, Spinal, Lumbo - sacral posterior fusion pedicle screw construct with Transforaminal inter body fusion cage - TLIF									
7.3.23	Orthopaedic, Kit, Spinal, Lumbo - sacral posterior fusion schanz pin construct									
7.3.24	Orthopaedic, Kit, Spinal, Lumbo - sacral spine posterior fusion pedicle screw construct									
7.3.25	Orthopaedic, Kit, Spinal, Lumbar spine connector- cost per connector construct									

7.3.26	Orthopaedic, Kit, Spinal, Adult whole spine deformity correction posterior fusion with pedicle screws- cost per screw 8-12 screw construct									
7.3.27	Orthopaedic, Kit, Spinal, used in conjunction with 7.2.26, cost per additional screw or hook and connectors, for longer construct									
7.3.28	Orthopaedic, Kit, Spinal, Additional iliac screws with connectors to deformity correction: cost per screw									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
7.4.1	Orthopaedic, Kit, Spinal, Paediatric whole spine deformity correction posterior fusion with pedicle screw or hook: cost per screw 8-12 screw construct									

7.4.2	Orthopaedic, Kit, Spinal, Paediatric whole spine deformity correction, used in conjunction with 7.4.1, cost per additional screw or hook and connectors, for longer construct									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
7.5.1	Orthopaedic, Kit, Spinal, Price for 1 complete adult HALO jacket									
7.5.2	Orthopaedic, Kit, Spinal, Price for one complete paediatric HALO jacket									
7.5.3	Please provide your price list for the components of a HALO jacket (Pricelist)									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
7.6.1	Orthopaedic, Kit, Spinal, Price for 1 complete Cone Caliper									
7.6.2	Orthopaedic, Kit, Spinal, Price for 1 set of pins for a cone caliper									
7.6.3	Orthopaedic, Kit, Spinal, Price for 1 set of halter traction									
7.6.4	Orthopaedic, Kit, Spinal, Price for a single use spinal biopsy needle									

A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted	YES / NO
B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

CATEGORY: 8.ONCOLOGY

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
8.1.1	Scapula replacement including constrained proximal humeral replacement									
8.1.2	Reverse total shoulder glenoid replacement with polyethylene liner and proximal body									
8.1.3	Proximal humerus replacement - hemi, total, reverse									
8.1.4	Intercalary humeral replacement									
8.1.5	Distal humerus replacement, with hinged elbow and stem to fit ulna									
8.1.6	Distal humerus replacement, with hinged elbow and proximal ulna replacement									
8.1.7	Intercalary forearm prosthesis									
8.1.8	Proximal radius replacement									

8.1.9	Distal radius replacement									
8.1.10	Wrist replacement									
8.1.11	Custom Wrist replacement									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
8.2.1	Custom hemi pelvis replacement									
8.2.2	Custom hemi pelvis replacement with proximal femur replacement (including acetabulum, polyethylene liner, femoral head, femoral stem, collar) cemented or uncemented									

8.2.3	Custom hemi pelvis replacement with total hip replacement (including acetabulum, polyethylene liner, femoral head, femoral stem) cemented or uncemented									
8.2.4	Cone cup with total hip replacement (including polyethylene liner, femoral head and femoral stem) cemented or uncemented									
8.2.5	Cone cup (including polyethylene liner, femoral head and proximal femur with collar) cemented or uncemented									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
8.2.6	Cone cup (excluding acetabulum, polyethylene liner, femoral head) and proximal femur									
8.2.7	Proximal femur replacement (including acetabulum, polyethylene liner, femoral head, collar) cemented or uncemented									
8.2.8	Proximal femur replacement (excluding acetabulum, polyethylene liner, femoral head) cemented or uncemented									
8.2.9	Intercalary femur replacement cemented or uncemented									
8.2.10	Total femur replacement cemented or uncemented									
8.2.11	Distal femur replacement cemented or uncemented									

8.2.12	Distal femur/proximal tibia replacement cemented or uncemented									
8.2.13	Proximal tibial replacement cemented or uncemented									
8.2.14	Total tibia replacment including knee joint									
8.2.15	Distal tibia replacement cemented or uncemented									
8.2.16	Total talar replacement									
8.2.17	Complex hindfoot ankle to calcaneus replacement									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
8.3.1	Spine lengthening devices									
8.3.2	Proximal femur replacement with built in non invasive electromagnetic growing device									
8.3.3	Distal femur replacement with built in non invasive electromagnetic growing device									
8.3.4	Proximal tibia replacement with built in non invasive electromagnetic growing device									
8.3.5	Intramedullary lengthening nail									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
8.4.1	Artificial Ligament, synthetic, ≤ 10mm wide, all lengths									
8.4.2	Artificial Ligament, synthetic, 11-20 mm wide, all lengths									
8.4.3	Artificial Ligament, synthetic, 21-40mm wide, all lengths									
8.4.4	Artificial Ligament, synthetic, >40mm wide, all lengths									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
8.5.1.	Custom 3D printed implants (list all available)									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					

B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.	

CATEGORY: 9. ORTHO SCREWS

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
9.1.1	Orthopaedic, fully threaded, stainless steel, cancellous screw with head, 1mm to 2mm, including a washer, all lengths									
9.1.2	Orthopaedic, fully threaded, stainless steel, cancellous screw with head, 2,1mm to 4mm, including a washer, all lengths									
9.1.3	Orthopaedic, fully threaded, stainless steel, cancellous screw with head, 4,1mm to 6 mm, including a washer, all lengths									
9.1.4	Orthopaedic, fully threaded, stainless steel, cancellous screw with head, 6,1 mm to 8 mm, including a washer, all lengths									
9.1.5	Orthopaedic, fully threaded, titanium, cancellous screw with head, 1mm to 2mm, including a washer, all lengths									
9.1.6	Orthopaedic, fully threaded, titanium, cancellous screw with head, 2,1mm to 4mm, including a washer, all lengths									

9.1.7	Orthopaedic, fully threaded, titanium, cancellous screw with head, 4,1mm to 6 mm, including a washer, all lengths									
9.1.8	Orthopaedic, fully threaded, titanium, cancellous screw with head, 6,1 mm to 8 mm, including a washer, all lengths									
9.1.9	Orthopaedic, fully threaded, absorbable, cancellous screw with head, 1mm to 2mm, including a washer, all lengths									
9.1.10	Orthopaedic, fully threaded, absorbable, cancellous screw with head, 2,1mm to 4mm, including a washer, all lengths									
9.1.11	Orthopaedic, fully threaded, absorbable, cancellous screw with head, 4,1mm to 6 mm, including a washer, all lengths									
9.1.12	Orthopaedic, fully threaded, absorbable, cancellous screw with head, 6,1 mm to 8 mm, including a washer, all lengths									
A. Are you the manufacturer? Please circle your option.						YES / NO				
If No Letter of undertaking must be submitted										
B. If not to specification, please indicate deviation(s)										

C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free? Please circle your option.	YES / NO

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
9.2.1	Orthopaedic, partially threaded, stainless steel, cancellous screw with head, 1 mm to 2mm, including a washer, all lengths									
9.2.2	Orthopaedic, partially threaded, stainless steel, cancellous screw with head, 2,1mm to 4 mm, including a washer, all lengths									
9.2.3	Orthopaedic, partially threaded, stainless steel, cancellous screw with head, 4,1mm to 6mm, including a washer, all lengths									
9.2.4	Orthopaedic, partially threaded, stainless steel, cancellous screw with head, 6,1mm to 8mm, including a washer, all lengths									
9.2.5	Orthopaedic, partially threaded, titanium, cancellous screw with head, 1 mm to 2mm, including a washer, all lengths									

9.2.6	Orthopaedic, partially threaded, titanium, cancellous screw with head, 2,1mm to 4 mm, including a washer, all lengths									
9.2.7	Orthopaedic, partially threaded, titanium, cancellous screw with head, 4,1mm to 6mm, including a washer, all lengths									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
9.2.8	Orthopaedic, partially threaded, titanium, cancellous screw with head, 6,1mm to 8mm, including a washer, all lengths									
9.2.9	Orthopaedic, partially threaded, absorbable, cancellous screw with head, 1 mm to 2mm, including a washer, all lengths									

9.2.10	Orthopaedic, partially threaded, absorbable, cancellous screw with head, 2,1mm to 4 mm, including a washer, all lengths									
9.2.11	Orthopaedic, partially threaded, absorbable. cancellous screw with head, 4,1mm to 6mm, including a washer, all lengths									
9.2.12	Orthopaedic, partially threaded, absorbable cancellous screw with head, 6,1mm to 8mm, including a washer, all lengths									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
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9.3.1	Orthopaedic, partially or fully threaded, stainless steel, cannulated cancellous screw, with a head, 1mm to 2mm, and include a washer, all lengths									
9.3.2	Orthopaedic, partially or fully threaded, stainless steel, cannulated cancellous screw, with a head, 2,1mm to 4mm, and include a washer, all lengths									
9.3.3	Orthopaedic, partially or fully threaded, stainless steel, cannulated cancellous screw, with a head, 4,1mm to 6mm, and include a washer, all lengths									
9.3.4	Orthopaedic, partially or fully threaded, stainless steel, cannulated cancellous screw, with a head, 6,1mm to 8mm, and include a washer, all lengths									
9.3.5	Orthopaedic, partially or fully threaded, titanium, cannulated cancellous screw, with a head, 1mm to 2mm, and include a washer, all lengths									

9.3.6	Orthopaedic, partially or fully threaded, titanium, cannulated cancellous screw, with a head, 2,1mm to 4mm, and include a washer, all lengths									
9.3.7	Orthopaedic, partially or fully threaded, titanium, cannulated cancellous screw, with a head, 4,1mm to 6mm, and include a washer, all lengths									
9.3.8	Orthopaedic, partially or fully threaded, titanium, cannulated cancellous screw, with a head, 6,1mm to 8mm, and include a washer, all lengths									
9.3.9	Orthopaedic, partially or fully threaded, absorbable, cannulated cancellous screw, with a head, 1mm to 2mm, and include a washer, all lengths									
9.3.10	Orthopaedic, partially or fully threaded, absorbable, cannulated cancellous screw, with a head, 2,1mm to 4mm, and include a washer, all lengths									

9.3.11	Orthopaedic, partially or fully threaded, absorbable, cannulated cancellous screw, with a head, 4,1mm to 6mm, and include a washer, all lengths									
9.3.12	Orthopaedic, partially or fully threaded, absorbable, cannulated cancellous screw, with a head, 6,1mm to 8mm, and include a washer, all lengths									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
9.4.1	Orthopaedic, partially or fully threaded, stainless steel, cannulated cancellous screw, headless, 1mm to 2mm, all lengths									
9.4.2	Orthopaedic, partially or fully threaded, stainless steel, cannulated cancellous screw, headless, 2,1mm to 4mm, all lengths									

9.4.3	Orthopaedic, partially or fully threaded, stainless steel, cannulated cancellous screw, headless, 4,1mm to 6mm, all lengths									
9.4.4	Orthopaedic, partially or fully threaded, stainless steel, cannulated cancellous screw, headless, 6,1mm to 8mm, all lengths									
9.4.5	Orthopaedic, partially or fully threaded, titanium, cannulated cancellous screw, headless, 1mm to 2mm, all lengths									
9.4.6	Orthopaedic, partially or fully threaded, titanium, cannulated cancellous screw, headless, 2,1mm to 4mm, all lengths									
9.4.7	Orthopaedic, partially or fully threaded, titanium, cannulated cancellous screw, headless, 4,1mm to 6mm, all lengths									
9.4.8	Orthopaedic, partially or fully threaded, titanium, cannulated cancellous screw, headless, 6,1mm to 8mm, all lengths									

9.4.9	Orthopaedic, partially or fully threaded, absorbable, cannulated cancellous screw, headless, 1mm to 2mm, all lengths									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.					YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										
Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
9.4.10	Orthopaedic, partially or fully threaded, absorbable, cannulated cancellous screw, headless, 2,1mm to 4mm, all lengths									
9.4.11	Orthopaedic, partially or fully threaded, absorbable, cannulated cancellous screw, headless, 4,1mm to 6mm, all lengths									
9.4.12	Orthopaedic, partially or fully threaded, absorbable, cannulated cancellous screw, headless, 6,1mm to 8mm, all lengths									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					

B. If not to specification, please indicate deviation(s)	
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free ? Please circle your option.	YES / NO

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

9.5.1	Orthopaedic, twist off or break off screws, stainless steel, 1mm to 2mm, all lengths									
9.5.2	Orthopaedic, twist off or break off screws, stainless steel, 2,1mm to 4mm, all lengths									
9.5.3	Orthopaedic, twist off or break off screws, stainless steel, 4,1mm to 6mm, all lengths									
9.5.4	Orthopaedic, twist off or break off screws, stainless steel, 6,1mm to 8mm, all lengths									
9.5.5	Orthopaedic, twist off or break off screws, titanium, 1mm to 2mm, all lengths									
9.5.6	Orthopaedic, twist off or break off screws, titanium, 2,1mm to 4mm, all lengths									
9.5.7	Orthopaedic, twist off or break off screws, titanium, 4,1mm to 6mm, all lengths									

9.5.8	Orthopaedic, twist off or break off screws, titanium, 6,1mm to 8mm, all lengths									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free? Please circle your option.					YES / NO					

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

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
9.6.1	Orthopaedic, fully threaded, stainless steel, cortical screw with head, 1mm to 2mm, including a washer, all lengths									
9.6.2	Orthopaedic, fully threaded, stainless steel, cortical screw with head, 2,1mm to 4mm, including a washer, all lengths									
9.6.3	Orthopaedic, fully threaded, stainless steel, cortical screw with head, 4,1mm to 6 mm, including a washer, all lengths									

9.6.4	Orthopaedic, fully threaded, stainless steel, cortical screw with head, 6,1 mm to 8 mm, including a washer, all lengths									
9.6.5	Orthopaedic, fully threaded, titanium, cortical screw with head, 1mm to 2mm, including a washer, all lengths									
9.6.6	Orthopaedic, fully threaded, titanium, cortical screw with head, 2,1mm to 4mm, including a washer, all lengths									
9.6.7	Orthopaedic, fully threaded, titanium, cortical screw with head, 4,1mm to 6 mm, including a washer, all lengths									
9.6.8	Orthopaedic, fully threaded, titanium, cortical screw with head, 6,1 mm to 8 mm, including a washer, all lengths									
9.6.9	Orthopaedic, fully threaded, absorbable, cortical screw with head, 1mm to 2mm, including a washer, all lengths									
9.6.10	Orthopaedic, fully threaded, absorbable, cortical screw with head, 2,1mm to 4mm, including a washer, all lengths									

9.6.11	Orthopaedic, fully threaded, absorbable, cortical screw with head, 4,1mm to 6 mm, including a washer, all lengths									
9.6.12	Orthopaedic, fully threaded, absorbable, cortical screw with head, 6,1 mm to 8 mm, including a washer, all lengths									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

CATEGORY: 10 .X-FIX

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
10.1.1	External fixator, mini, for proximal phalanx, made up of 4 pins, 2 clamps, 2 bars and 4 connectors									
10.1.2	External fixator, medium, for spanning distal radius fractures, made up of 4 pins, 2 clamps, 2 bars and 4 connectors									
10.1.3	External fixator, large, for tibia fractures, made up of 4 pins, 2 clamps, 2 bars and 4 connectors									
10.1.4	External fixator, medium, for elbow fractures, with articulating connectors, made up of 8 pins, 4 clamps, 4 bars, 4 normal connectors and 2 articulating connectors									
10.1.5	External fixator, medium, for spanning distal radius fractures, made up of 4 pins, 2 clamps, 2 bars and 4 connectors									

10.1.6	External fixator, medium, for spanning distal radius fractures, made up of 4 pins, 2 clamps, 2 bars and 4 connectors									
10.1.7	External fixator, medium, for humerus, circular (or frame) fixator, with olive wires, rings and connecting bars									
10.1.8	External fixator, medium, for tibia, circular (or frame) fixator, with olive wires, rings and connecting bars									
10.1.9	External fixator, C-clamp type for pelvis									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
10.2.1	Please provide a price list of all external fixator components for Mini (micro) ex-fix, including articulating components, distracting and compressing components, pins, etc. (This is for us to pay for what we use, as opposed to a fixed procedure price)									
10.2.2	Please provide a price list of all external fixator components for medium ex-fix, including articulating connectors, distracting and compressing components, pins, etc. (This is to enable us to pay for what we use as opposed to a fixed procedure price)									
10.2.3	Please provide a price list of all external fixator components for large ex-fix, including articulating connectors, distracting and compressing components, pins, etc. (This is to enable us to pay for what we use as opposed to a fixed procedure price)									

10.2.4	Please provide a price list of all your circular external fixator components for medium (upper limb) ex-fix, including articulating connectors, distracting and compressing components, pins, etc. (This is to enable us to pay for what we use as opposed to a fixed procedure price)	Please Provide Price List - (clearly marked by giving each item a item code)						
10.2.5	Please provide a price list of all your circular external fixator components for large(lower limb) ex-fix, including articulating connectors, distracting and compressing components, pins, etc. (This is to enable us to pay for what we use as opposed to a fixed procedure price)	Please Provide Price List - (clearly marked by giving each item a item code)						
10.2.6	Please provide a price list of all your external fixator components for pelvis specific ex-fixes, C-clamp type devices and the components. (This is to enable us to pay for what we use as opposed to a fixed procedure price)	Please Provide Price List - (clearly marked by giving each item a item code)						
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted			YES / NO					
B. If not to specification, please indicate deviation(s)								
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)								
D. Is product latex and DEHP free ? Please circle your option.			YES / NO					
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.								

CATEGORY: 11. BONE, TENDON, SUBSTITUTE

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
11.1.1	Injectable Calcium Phosphate Powder, liquid component, and all disposables per case, 2,5cc									
11.1.2	Injectable Calcium Phosphate, including all disposables per case, 5cc									
11.1.3	Injectable Calcium Phosphate, including all disposables per case, 10cc									
11.1.4	Injectable Calcium Phosphate and Hyaluronate, including all disposables for the case, 1cc									
11.1.5	Injectable Calcium Phosphate and Hyaluronate, including all disposables for the case, 2,5cc									
11.1.6	Injectable Calcium Phosphate and Hyaluronate, including all disposables for the case, 5 cc									

11.1.7	Injectable Calcium Phosphate and Hyaluronate, including all disposables for the case, 10 cc									
11.1.8	Pre-Shaped Calcium Phosphate Cylinder, price for one, all sizes, including bone marrow aspiration system									
11.1.9	Pre-Shaped Calcium Phosphate Block, price for one, all sizes, including bone marrow aspiration system									
11.1.10	Pre-Shaped Calcium Phosphate Wedges, price for one, all sizes, including bone marrow aspiration system									
11.1.11	Pre-Shaped Calcium Phosphate Semi Circular Wedges, price for one, all sizes, including bone marrow aspiration system									
11.1.12	Calcium Phosphate granules, price for 1cc, including bone marrow aspiration system									
11.1.13	Calcium Phosphate granules, price for 2,5 cc, including bone marrow aspiration system									
11.1.14	Calcium Phosphate granules, price for 5 cc, including bone marrow aspiration system									

11.1.15	Calcium Phosphate granules, price for 10 cc, including bone marrow aspiration sytem									
11.1.16	Calcium Phosphate granules, price for 20 cc, including bone marrow aspiration sytem									
11.1.17	Injectable Hydroxyapatite and Calcium sulfate, and all disposables per case, 5ml									
11.1.18	Injectable Hydroxyapatite and Calcium sulfate, including all disposables per case, 10ml									
11.1.19	Injectable Hydroxyapatite and Calcium sulfate, including all disposables per case, 20ml									
11.1.20	Injectable Hydroxyapatite and Calcium sulfate with Gentamycin, including all disposables per case, 5ml									
11.1.21	Injectable Hydroxyapatite and Calcium sulfate with Gentamycin, including all disposables per case, 10ml									
11.1.22	Injectable Hydroxyapatite and Calcium sulfate with Vancomycin , including all disposables per case, 10ml									
A. Are you the manufacturer? Please circle your option.						YES / NO				
If No Letter of undertaking must be submitted										
B. If not to specification, please indicate deviation(s)										

C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)	
D. Is product latex and DEHP free? Please circle your option.	YES / NO
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.	

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
11.2.1	Please provide a price list of your other bone substitute products	Please Provide Price List - (clearly marked by giving each item a item code)								
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free? Please circle your option.					YES / NO					

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
11.3.1	Reamer irrigation aspirator set for bone graft									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO					
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										

D. Is product latex and DEHP free ? Please circle your option.					YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.									
11.4.1	Allogenic bone graft (list all)								
11.4.2	Allogenic tendon graft (list all)								
11.4.3	Bio-active glass (list all)								
11.4.4	Resorbable antibiotic impregnated collagen (list all)								
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted					YES / NO				
B. If not to specification, please indicate deviation(s)									
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)									
D. Is product latex and DEHP free ? Please circle your option.					YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.									

CATEGORY: 12. POST-OP SPLINTS AND BRACES

Item Number	Description	Pricing Year 1	Pricing Year 2	Pricing Year 3	Brand Name	Procedure Code	Country Of Manufacturing	Deviations (Yes or No)	Delivery Period	Packaging
12.1.1	Orthopaedic, Kit, Knee Ligament Immobilizer non-articulating (all sizes)									
12.1.2	Orthopaedic, Kit, Knee Ligament Immobilizer articulating (ROM type) (all sizes)									
12.1.3	Orthopaedic, Kit, Knee Ligament Immobilizer non-articulating, PCL support (all sizes)									
12.1.4	Orthopaedic, Kit, Knee Ligament Immobilizer articulating, PCL dynamic stabilizer (all sizes)									
12.1.5	Orthopaedic, Kit, Shoulder Immobilizer Sling (all sizes)									
12.1.6	Orthopaedic, Kit, Shoulder Immobilizer Sling, Abduction/External rotation support (all sizes)									
12.1.7	Orthopaedic, Kit, Elbow Immobilizer articulating (ROM type) (all sizes)									

12.1.8	Orthopaedic, Kit, Wrist Immobilizer, Fixed, Open Thumb (all sizes)									
12.1.9	Orthopaedic, Kit, Wrist Immobilizer, Fixed, Thumb Spica (all sizes)									
12.1.10	Orthopaedic, Kit, Hip Immobilizer non-articulating Abduction Splint (all sizes)									
12.1.11	Orthopaedic, Kit, Hip Immobilizer, Articulating Abduction Splint (all sizes)									
12.1.12	Orthopaedic, Kit, Ankle Immobilizer non-articulating ("Moon- Boot") Splint (all sizes)									
12.1.13 A	Orthopaedic, Kit, Achilles Tendon Immobilizer non-articulating ("Moon- Boot" with Adjustable Heel Height/Wedges) Splint (all sizes)									
12.1.13 B	Orthopaedic Kit, Ankle Immobilizer, Semi-rigid Strapped Stirrup (all sizes)									
12.1.14 A	Orthopaedic, Kit, Laced ankle Ligament Support Brace (all sizes)									

12.1.14 B	Orthopaedic, Kit, Ankle Immobilizer, Hinged "Moon Boot" type (all sizes)									
12.1.14 C	Orthopaedic, Kit, Post op shoe/boot (all sizes)									
12.1.13 C	Orthopaedic, Kit, Knee Immobilizer, Patella Stabilizer (all sizes)									
A. Are you the manufacturer? Please circle your option. If No Letter of undertaking must be submitted						YES / NO				
B. If not to specification, please indicate deviation(s)										
C. Period required for delivery (this must comply with or be better than the Department's requirements on the Special conditions of the contract)										
D. Is product latex and DEHP free ? Please circle your option.						YES / NO				
Note: All delivery costs must be included in the bid price for delivery at the prescribed destination.										

SECTION O: EVALUATION CRITERIA

Evaluation will be based on the following:

- Phase 1: Minimum Compulsory Requirements
- Phase 2: Evaluation Criteria

Phase 1: Minimum Compulsory Requirements

The Bidder shall complete and submit the following returnable schedules and documents:

NO.	SECTION/ SCHEDULE	COMPULSORY (YES / NO) NON- SUBMISSION WILL RENDER BIDDERS NON- RESPONSIVE	COMPULSORY (YES / NO) FOR BID EVALUATION PURPOSES	FOR OFFICIAL USE ONLY		
				YES	NO	N/A
Prospective Bidders must ensure that the following Sections of the bid document is completed in all respects to qualify for the next stage of evaluation:						
1	Section A: Invitation to Bid	Yes	Yes			
2	Section B: Special Instructions	Yes	Yes			
3	Section C: Authority to Sign the Bid	Yes	Yes			
4	Section D: Declaration of Interest	Yes	Yes			
5	Section E: Declaration of Bidder's Past SCM Practices	Yes	Yes			
6	Section F: Declaration that CSD is Updated with Latest Bidder's Details	Yes	Yes			
7	Section G: Preference Points Claimed	Yes	Yes			
8	Section H: Certificate of Independent Bid Determination	Yes/If Applicable	Yes/If Applicable			
9	Section J: General Conditions of Contract	Yes	Yes			
10	Section K: Special Terms and Conditions	Yes	Yes			
11	Section L: Compulsory Briefing Session	No	No			
12	Section N: Specification and Pricing	Yes	Yes			
Prospective Bidders must provide the following Requirements:						
1	Copy of the Consortium/ Joint Venture/ Partnership agreement, if applicable	Yes If Applicable				
2	A Status Level Verification Certificate/Sworn Affidavit (For EMEs& QSEs) must be Submitted in order to qualify for Preference Points	Yes	Yes			
3	SAHPRA certification	Yes If Applicable	Yes If Applicable			
4	FDA/CE/SABS certification	Yes	Yes			
5	Peer-reviewed clinical journal publications, indicating the safety and efficacy of the item and outcomes	Yes	Yes			
6	A product information brochure.	Yes	Yes			
7	A surgical techniques brochure.	Yes	Yes			
8	An an appropriately labelled, colour photograph (AP and lateral view) of the implant or construct.	Yes	Yes			

Phase 2: Evaluation Criteria

The item offered must comply fully with or exceed all of the minimum specification requirements as per the Technical Specification. The prospective bidder will be required to provide a sample for evaluation purposes as required in terms of clause 2.14 of the special terms and conditions of the bid.

Clinicians and other officials may request additional information prior to bid adjudication.

Dry bone samples with assembled implant constructs may be requested.