

ANNEXURE B and C: SAMPLE EVALUATION FORMS

INSTRUCTIONS TO BIDDERS REGARDING SAMPLE EVALUATION FORMS

Please read the following instructions carefully before sending samples to the Department of Health for evaluation:

1. This is a legal document and **is** the only evaluation form that will be considered for the evaluation, adjudication and awarding of bids.
2. Failure to complete evaluation forms correctly and in full will invalidate your offer.
3. Samples must reach the Department before or on (but not later than) the date and time, and at the location, as will be communicated to all compliant bidders.
4. Please ensure that an appointment is made with the contact person <at **Clinical Sourcing** AND/OR at each evaluating Institution> before delivering samples for evaluation.
5. Each sample must be marked individually with a label in clear, legible print of a reasonable size **stating** the bid number, item number, offer number (where applicable) and the bidder's name, **and must be affixed** to the outer packaging or bag **containing the sample**.
6. No representative samples will be accepted for evaluation. **Please submit** a sample for each item for which you have made an offer as proof of your ability to supply the specified goods and as evidence that the supplies perform as required under evaluation conditions.
7. It is the bidder's responsibility to provide written proof that samples were delivered **at the specified times and locations**. **Written proof** shall consist of a document with a list of item number(s), description(s) and **quantity/ies** of the sample(s) submitted, the signature of the representative who delivered the samples and the signature of the official **who received** the samples.
8. Any enquiries regarding the evaluation form must be directed to:
Official :
Telephone No. :
E-mail :

PLEASE DETACH THIS PAGE WHEN THE EVALUATION FORM, SECTIONS A TO C, AND SAMPLES ARE SUBMITTED.

DO NOT INCLUDE THIS **PAGE OR THE EVALUATION REPORT IN YOUR BID**

OFFICIAL SAMPLE EVALUATION FORM FOR EVALUATION PURPOSES ONLY

Please note:

1. The purpose of this form is to obtain input from end-users for evaluation purposes. No other version of the evaluation form or report is acceptable for evaluation purposes.
2. Bidders must copy this form and ensure that a corresponding form is attached to each labelled, numbered sample.
3. **Section A1 – A3 must be completed accurately and in full by the bidder.** Sections B & C will be completed by the Department.
4. The completed report is protected by PAIA.

SECTION A1: ITEM DETAILS			
Contract number	WCGHCC147/2022	Contract item no	
SECTION A2: COMPANY DETAILS			
Bidder's (company) name			
Representative's name and surname			
SECTION A3: PRODUCT DETAILS			
Product name/type (e.g. gauze swab)			
Brand name (if applicable)			
Catalogue number/Product code			
Offer number (if applicable)			
SECTION B: FOR COMPLETION BY EVALUATING INSTITUTION(S)			
Name of evaluating institution		Evaluation date	
Evaluated by (print name)		Signature	
Department/Unit:		Contact number	
Is product to specification? (circle your option)			YES NO
If NO, please provide reasons and/or identify deviations.			
Do the deviations listed above affect functionality? (circle your option)			YES NO
Please provide reasons below			
Is product acceptable for intended use? (circle your option)			YES NO
Any other comments relating to the item:			
If NO, provide reasons below			
SECTION C: FOR HEAD OFFICE USE ONLY			
Evaluated by (print name)		Date	
Incomplete forms? (circle your option)	YES NO	Signature	