



KZN Health Intranet Search this site Search this site Search this site AdvertQuote

ROWAZUŁU-NATAL PROVINC HEALTH SEPIALC OF SOUTHABBICA	CE Quotation Advert	
Opening Date:	2021-11-24	Ö
Closing Date:	2021-12-01	(5)
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Umzinyathi district office	~
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	uMzinyathi Health District Office	
Date Submitted	2021-11-24	Central Co
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: UMZ296/2021/22	
Item Category:	Goods	~
Item Description:	DR TB Booklets (Drug Resistant Patient Record Yellow) for Adults	

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Not Applicable

N/A

Time:

N/A

Venue:

N/A

QUOTES CAN BE COLLECTED FROM:

Quotes can be Downloaded from the Wbmaster

QUOTES SHOULD BE DELIVERED TO:

UMzinyathi Health District Office

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Khulekani Zondo

Email: khulekani.zondo@kznhealth.gov.za

Contact Number: 034-2999 162

11/24/21, 11:24 AM

Finance Manager Name:

Finance Manager Signature:

Supply Chain Management - AdvertQuote

(M) L.

had wotes will be considered

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00 YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: UMZINYATHI HEALTH DISTRICT OFFICE DATE ADVERTISED: 24/11/2021 CLOSING TIME: 11:00 FACSIMILE NUMBER: 0342123139 E-MAIL ADDRESS: khulekani.zondo@kznhealth.gov.za PHYSICAL ADDRESS: 34 WILSON STREET DUNDEE, 3000 ZNQ NUMBER: UMZ296/2021/22 DESCRIPTION: DR TB BOOKLETS (DRUG RESISTANT PATIENT RECORD YELLOW) FOR ADULTS CONTRACT PERIOD. ONCE-OFF VALIDITY PERIOD 60 Days SARS PIN.... (if applicable) CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. UNIQUE REGISTRATION REFERENCE DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) 34 WILSON STREET DUNDEE 3000 Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration. The quote box is open from 08:00 to 15:30. ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS - (NOT TO BE RE-TYPED) THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT. THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR QUOTE BEING DISQUALIFIED) NAME OF BIDDER POSTAL ADDRESS STREET ADDRESS CODE......NUMBER....... FACSIMILE NUMBER CODENUMBER... TELEPHONE NUMBER CELLPHONE NUMBER E-MAIL ADDRESS VAT REGISTRATION NUMBER (If VAT vendor) HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1) YES NO

[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMES& QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]

DEPARTMENT OF HEALTH
UMZINYATHI DISTRICT OFFICE

2 4 NOV 2021

PRIVATE BAG 2052 DUNDEE 3000

GNATURE	OF BIDDER		DATE			
y signing t	nis document	I hereby agree to all terms and conditions]				
APACITY (JNDER WHIC	CH THIS QUOTE IS SIGNED	,,		*,***************	
tem No	Quantity	Description	Brand & model	Country of manufacture	Price R	С
01.	500	SUPPLY AND DELIVER DR TB BOOKLETS	5			
		(DR PATIENT RECORD YELLOW)				
		- COVER: PRINTED BLACK BOTH SIDES				
		: 160 GSM TOKAI BOARD YELLOW				
		TEXT OF COMPONE WHITE				
	ļ	- TEXT: 80 GSM BOND WHITE				+
		: PRINTED BLACK THROUGHOUT				
		: 36 PAGES				
		: SADDLE STITCHED		**************************************		
		NB: ELECTRONIC SAMPLE AVAILABLE				
		- TO BE DELIVERED AT UMZINYATHI HEALTH DISTRICT OFFI	Œ.			
		4000				
					-	_
						_
						+
						+
						_
VALUE AI	DDED TAX @	15% (Only if VAT Vendor)				-
		RICE (VALIDITY PERIOD 60 Days)				
					z ., ., .,	
				A.N.S. / S.A.B.S. Speci	tication?	
The Price	FIRM?		riod E.G. <i>E.G. 1da</i>	y, rweek		
Contact Pe	erson: Khul	ekani Zondo _{Tel:} 034 2999162	-	hnical information ma		

DECLARATION OF INTEREST

1. - -	Any legal person, including persons employed by the state ¹ , or person blood relationship, may make an offer or offers in terms of this invitatio limited quote or proposal). In view of possible allegations of favouritisn employed by the state, or to persons connected with or related to the declare his/her position in relation to the evaluating/adjudicating authorithe bidder is employed by the state; and/or the legal person on whose behalf the bidding document is signed, evaluation and or adjudication of the quote(s), or where it is known on whose behalf the declarant acts and persons who are involved we	on to m, si em, i rity v , has n tha with t	s quote (includes a price quots, or it is required that the bidder where- s a relationship with persons at such a relationship exists the evaluation and or adjudic	part thereof, be a or his/her authori	warded to persons sed representative e/is involved in the n or persons for or
2.	-				
2.1. 2.2. 2.3.	2. Identity Number:	יח ו	TAX REJEREBLE NUMBER		*******
2.7 2.8 2.8	 The names of all directors / trustees / shareholders / members, their employee / persal numbers must be indicated in paragraph 3 below. Are you or any person connected with the bidder presently employed 1.1 so, furnish the following particulars: Name of person / director / trustee / shareholder/ member: 	d by t	the state?	[110177	YES NO
2.8	Position occupied in the state institution: 8.2. If you are presently employed by the state, did you obtain the approximately and the person connected to the		ADV DIDEL DALIIGUIAI S		outside employment
	in the public sector?			ļ	YES NO
2.8 /Note	.8.2.1. If yes, did you attach proof of such authority to the quote docume te: Failure to submit proof of such authority, where applicable, may result it	מז מו	re msonanncanon or me uuvi	<u>'e.)</u>	
2.8 2.9	.8.2.2. If no, furnish reasons for non-submission of such proof:.9. Did you or your spouse, or any of the company's directors / trustees state in the previous twelve months?	s / sh	hareholders / members or the	eir spouses condu	YES NO
2.1	1.10. Do you, or any person connected with the bidder, have any relationst may be involved with the evaluation and or adjudication of this quote	ship (e?	(family, friend, other) with a p		YES NO
2.1	2.11. Are you, or any person connected with the bidder, aware of any relating employed by the state who may be involved with the evaluation and	tions i or a	snip (tamily, triend, other) bet adjudication of this quote?	ween any other bi	dder and any person YES NO
2.1	2.11.1. If so, furnish particulars:	t the	company nave any interest is	n any other related	companies whether YES NO
3. NE	3. Full details of directors / trustees / members / shareholders. NB: The Department Of Health will validate details of directors / trustee to ensure that their details are up-to-date and verified on CSD. If the not be considered and passed over as non-compliant according to N	ne D	ienanment cannot vanuate u	36 IIIIOHHanon o	ppliers' responsibility a CSD, the quote will
4	4 DECLARATION		OFRI	erren de la companya	E INTECTIMATION
F	I, THE UNDERSIGNED (NAME) FURNISHED IN PARAGRAPHS 2.				
1 . P	I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR PROVE TO BE FALSE.	₹ A(CT AGAINST ME SHOU	ELD THIS DECI	AKAHUN
	Name of bidder Signature		osition	Date	.,,
a) h)	constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999); h) any municipality or municipal entity;	c) d) e)	Parliament.		
2"	² "Shareholder" means a person who owns shares in the company and is actively involved in	in the	management of the enterprise or bi	usiness and exercises	control over the enterprise.

SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

AMENDMENT OF CONTRACT

Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties. 1.1.

CHANGE OF ADDRESS 2.

Bidders must advise the Department of Health (institution where the offer was submitted) should their address (domicilium citandi et 2.1. executandi) details change from the time of bidding to the expiry of the contract.

GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- The institution is under no obligation to accept the lowest or any quote. 3.1.
- The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all 3.2. quotations excluding VAT as some bidders may not be VAT vendors.
- The bidder must ensure the correctness & validity of quote: 3.3.
 - that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk
- The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this 3.4. agreement, as the Principal (s) liable for the due fulfilment of this contract.
- This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required 3.5. documentation must be completed in full and submitted.
- Offers must comply strictly with the specification. 3.6.
- Only offers that meet or are greater than the specification will be considered. 3.7.
- Late quotes will not be considered. 3.8.
- Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months. 3.9.
- A bidder not registered on the Central Suppliers Database or verification has failed will not be considered. 3.10.
- All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
- In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point. 3.13.
- In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered. Furthermore a verification will be done to identify if bidders have multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered.

SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

- Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with 4.1. words importing the masculine gender shall include the feminine and the neuter.
- Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation 4.2. may be used, but an original signature must appear on such photocopies.
- The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated. 4.3.
- Quotation submitted must be complete in all respects. 4.4.
- Any alteration made by the bidder must be initialled. 4.5.
- Use of correcting fluid is prohibited 4.6.
- Quotation will be opened in public as soon as practicable after the closing time of quotation. 4.7.
- Where practical, prices are made public at the time of opening quotations. 4.8.
- 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 4.9. question. Clear indication thereof must be stated on the schedules attached.

5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the 5.1. directives in the quotation documents.
- Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate 5.2. sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
- All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody 5.3. until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing 5.4. date and time of quotation will be considered.

- No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation 5.5. documentation, and proof of posting will not be accepted as proof of delivery.
- Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid. 5.6.

SAMPLES 6.

- In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective 6.1. institution). The bidders sample will be retained if such bidder wins the contract.
- If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
- If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion. (ii)

Samples must be made available when requested in writing or if stipulated on the document. 6.2.

If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be (i) rejected. All testing will be for the account of the bidder.

COMPULSORY SITE INSPECTION / BRIEFING SESSION

7.1.	Bidders who fail to attend the compulsory meeting will be disqua	lified from the evaluation process.
(i) (ii)	The institution has determined that a compulsory site meeting Date/ Time: Place	take place
Instit	ution Stamp:	Institution Site Inspection / briefing session Official
		Full Name:
		Signature:
		Date:

STATEMENT OF SUPPLIES AND SERVICES

The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

SUBMISSION AND COMPLETION OF SBD 6.1

Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences 9.1. applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

10. TAX COMPLIANCE REQUIREMENTS

- 10.1. In the event that the tax compliance status has failed on CSD, it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.
- In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

11. TAX INVOICE

- 11.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:
- (i) the name, address and registration number of the supplier;
- (ii) the name and address of the recipient;
- (iii) an individual serialized number and the date upon which the tax invoice is issued;
- (iv) a description and quantity or volume of the goods or services
- (v) the official department order number issued to the supplier;
- (vi) the value of the supply, the amount of tax charged;
- (vii) the words tax invoice in a prominent place.

12. PATENT RIGHTS

The supplier shall indemnify the KZN Department of Health (hear after known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

13. PENALTIES

- 13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar 13.2. quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

14. TERMINATION FOR DEFAULT

- The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
- if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
- if the supplier fails to perform any other obligation(s) under the contract; or (ii)
- if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the (iii)
- In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
- Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier 14.3. by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.
- 15. FAILURE TO COMPLY WITH ABOVE WILL RESULT IN YOUR QUOTE BEING PASSED OVER.

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

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

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

1. GENERAL CONDITIONS

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

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

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

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) "Broad-Based Black Economic Empowerment Act" means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) "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;
- (f) "functionality" means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) "prices" includes all applicable taxes less all unconditional discounts;
- (h) "proof of B-BBEE status level of contributor" means:
 - B-BBEE Status level certificate issued by an authorized body or person;
 - A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - Any other requirement prescribed in terms of the B-BBEE Act;
- (i) "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;
- (j) "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes:

€.	DECLAR	ATION WITH REGARD TO COMPANY/FIRM	
9.1	Name	of company/firm:	
9.2	VAT re	egistration number:	
3.3	Compa	any registration number:	
9.4	TYPE	OF COMPANY/ FIRM [TICK APPLICABLE BOX	X]
	 	Partnership/Joint Venture / Consortium One person business/sole propriety Close corporation Company (Pty) Limited	
9.5		RIBE PRINCIPAL BUSINESS ACTIVITIES	
9.6		PANY CLASSIFICATION [TICK APPLICABLE B	
3.0	[,,	Manufacturer Supplier Professional service provider Other service providers, e.g. transporter, etc.	
9.7		number of years the company/firm has been in	
9.8	the B	the undersigned, who is / are duly authorised to -BBE status level of contributor indicated in par reference(s) shown and I / we acknowledge that	o do so on behalf of the company/firm, certify that the points claimed, based on agraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for t:
	,	The information furnished is true and correct;	
			e with the General Conditions as indicated in paragraph 1 of this form;
		be required to furnish documentary proof to the	esult of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may satisfaction of the purchaser that the claims are correct;
	iv)	If the B-BBEE status level of contributor has been have not been fulfilled, the purchaser may, in ac	en claimed or obtained on a fraudulent basis or any of the conditions of contract ddition to any other remedy it may have –
	(a	disqualify the person from the bidding proce	ess;
	(b	recover costs, losses or damages it has inc	rred or suffered as a result of that person's conduct;
	(c	 cancel the contract and claim any damage arrangements due to such cancellation; 	s which it has suffered as a result of having to make less favourable
	(d	who acted on a fraudulent hasis, he restrict	ts shareholders and directors, or only the shareholders and directors ted by the National Treasury from obtaining business from any organ rs, after the audi alteram partem (hear the other side) rule has been
	(ε	e) forward the matter for criminal prosecution.	
	TIN	rnesses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			SIGNATURE(S) OF BIDDERS(S)
	1.		DATE:
	2.		ADDRESS
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

PATIENT HISTORY

PREVIOUS TB TREATMENT EPISODES

Treatment Episodes	Start Date (If unknown, state year)	Previous Drug Regimen (1,2 or 3)	Second Line Drugs Used (Use abbreviations))	D
1				
2				
3				

	Yes	No	Medication
Hypertension			
Diabetes			
Epilepsy			
Mental illness		7-0-7	
Liver disease			
Renal insufficiency			
Hearing loss			
Altergies (specify)			
Surgical history (specify)			
Family medical history (specify)			
Other (specify)			

HIV INFORMATION

HIV status	20 y \$4.4	. No. 1 e	1 - 1,447	faged mo.
CD4 cell count done	**		. 1.0	e Profession and Sees
Viral Load done			15 441	Egyptik i krei reist
On Co-trimoxazole			1 14 12	
On ART				

ART REGIMEN

Start Date	Stop Date	AZT	D4T	NVP	ABC	TDF	3TC	EFZ	Alluvia	DRV	VTA	R

3. POINTS AWARDED FOR PRICE

3.1 THE 80/20 PREFERENCE POINT SY

A maximum of 80 points is allocated

 $Ps = 80 \left(1 - \frac{Pt - P \min}{1 - \frac{Pt}{N}} \right)$ Where

Ps Points scored for p Ρt Price of bid under Pmin Price of lowest acc

POINTS AWARDED FOR B-BBEE ST 4.

4.1 In terms of Regulation 6 (2) and 7 (2) attaining the B-BBEE status level of co

B-BBEE Statu
Non-com

- 5. **BID DECLARATION**
- 5.1 Bidders who claim points in respect of
- 6. **B-BBEE STATUS LEVEL OF CONTRI**
- 6.1 B-BBEE Status Level of Contributor:

(Points claimed in respect of paragraph 7.1 must ! proof of B-BBEE status level of contributor.

7. **SUB-CONTRACTING**

- 7.1 Will any portion of the contract be sut
- 7.1.1 If yes, indicate:
 - What percentage of the contract
 - The name of the sub-contractor.
 - The B-BBEE status level of the s
- 8. Whether the sub-contractor is an EME of

iv) Specify, by ticking the appropr

Preferential Procurement Regula Designated Group: An EME Black people Black people who are youth Black people who are women Black people with disabilities Black people living in rural or underdevel Cooperative owned by black people Black people who are military veterans Any EME Any QSE

BASELINE UBSERVATION						
Respiratory Rate	b/min	Visual Acuity Test (Snellen)	Right	Left		
emperature	°C	Scoring				
Pulse	b/min	Last Menstrual Period				
3P	mmHg	Last Menstrual Period			-	
Weight	kg	Contraceptive Method			_ Due Date	
Height	cm	Pregnant	Yes	No		
ЗМІ		การนูกลเห] ¬	
ECG	QTcF	Pregnancy Test Done	Yes	No		
Blood Glucose	mg/dl	Pregnancy Test Result	Pos	Neg		
Ward HB		Trogitation Tour House	<u> </u>		_}	
Urine Dipstick Result		Date of pregnancy test				
L		Breast feeding	Yes	No		
		Date of last cervical smeal	Γ			
200771						
DR-TB REFLEX TESTING HAS SPUTUM BEEN COLLECTE		TE	SPECIMEN BAR CO	DE/SPECIME	EN NUMBER	
TB MICROSCOPY (Baseline)					, , , , , , , , , , , , , , , , , , , ,	
TB CULTURE (Baseline)						
1ST LINE LPA 2ND LINE LPA						
DST 1ST LINE TB DRUGS						
DST 2ND LINE TB DRUGS						AND THE PROPERTY OF THE PARTY O
DOT ZNO LINE TO DISCUS						
		SOCIAL P	ROFILE			
EDUCATION AND INCOME						
EDUCATION			INCOME			
Highest education level			Salary/wages	C	asual	UIF
Current Employment			Disability grant	No	іпсоте	Self employed
No. of dependants						
SUPPORT NETWORK / HOME	CIRCUMSTANCES					
Living alone Y	N Livin	g with others	Relatives	Partne		Other
		· 1			L	

Amenities available

SOCIAL PROFILE

COCIAL	ΔND	occur	PATIONAL	HISTORY

Smoker	Y		Number/day		Alcohol:	None	Light (Once a mo	min) Moderate (Once a w	eek) Heavy (Daily)
f yes, type of smoker	Cigare	tte	Pipe	Hubbly	Other Substance:	Tik	Dagga	Mandrax	Other
Details of intervention		abilit	ation for substa	ince abuse (if	any):				
las the patient ever v	orked or sp	ent ti	ime in:						
Mines	whe	n			Clin	ic/hospital	1 1	when	
Prison	whe	n							
Health Care Worker	·. [when						
Additional / follow-up	social note	:							
Home assessment / I	nfection co	ntrol:							
TIOMO discountries									
formily concerns:									
Family concerns:									
Family concerns:									
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	TS)			Age High risk	Low risk	Screened	Prophylaxis started	Treatment starte
					Age High risk	Low risk		Prophylaxis started	Treatment starte
					Age High risk	Low risk	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Prophylaxis started	Treatment starte
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)			Age High risk	Low risk	12 15 15 15 15 15 15 15	Prophylaxis started	Treatment start

Has patient education/counselling been done?

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Please refer to page 36.

CHEST X-RAY Pre-treatment Baseline Date_ Date_ Date_ Date___/_ ELECTROCARDIOGRAM (ECG) RESULTS **HEART RATE/** QTcF (ms) QT interval (sec) DATE PERFORMED **BASELINE ECG** PULSE(bpm) **HEART RATE/** QTcF (ms) QT interval (sec) DATE PERFORMED FOLLOW UP ECG's PULSE(bpm) MAIN COMPLAINTS

PHYSICAL EXAMINATION	\dashv
Cardiovascular system	-
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Abdomen	_
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Central nervous system	
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Genito-urinary	_
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Musculo-skeletal	
ADDITIONAL INVESTIGATIONS	

ADDITIONAL INVESTIGATIONS		
PROBLEM LIST		
PRUBLEWI LIST		
TREATMENT PLAN		
IREATIVIENT PLAN		
Clinicians Name	Signature	
Unincians Maine		
Note	Time	

SPUTUM RESULTS

GENE EXPERT, LINE PROBE ASSAY, CULTURE

		Xpert MTB/RI				Pre-treatm	ent SMEAR M	ICROSCOPY		Pre-treatme	nt TB Culture	
D.4-	Mycobacterium 1		Drug Suscep	otibility Results	(Rifampicin)	Date	Re	sult	Date		Result	
Date	Wycobacterium	0.10001110		1			. 4				1	! !
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	1 et Line I Pa	Orug Susceptit	oility Results		Mutation/s			2nd Line L	PA Drug Susce	ptibility Res	ults	
Date	Rifami		Isonia	ızid		Date	F	Tuoroquinolon	es		Injectables	····
Date					·				15. 3. 3. 3. 3. 4.	1	1.45	1 - 101
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PHENOTYPIC DRUG SUSCEPTIBILITY TEST RESULTS (R = resistant; S = sensitive; ND = not done)

PHENOTY	PIC DRU	3 SUSCEP	TIBILITY	TEST RES	ULIS (II =	= Tesisiani	, O acito	11146, 146	1101 00110	,		<u> </u>				Dimo	Cfz	Other (Specify)	
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		Smear Microscopy			TB Culture	E .
	Date	Specimen bar code	Result	Date	Specimen bar code	Result
Baseline resulls						
Month 1						
Month 2						
Month 3						
Month 4						
Month 5						
Month 6						
Month 7						

		Smear Microscopy			TB Culture	
	Date	Specimen bar code	Result	Date	Specimen bar code	Result
Month 8						
Month 9						
Month 10						
Month 11						
Month 12						
Month 13						
Month 14						
Month 15						
Month 16						
Month 17						
Month 18						
Month 19						
Month 20						

POST TREATMENT FOLLOW UP

		Smear Microscopy			TB Culture	
	Date	Specimen bar code	Result	Date	Specimen bar code	Result
Month 6 Post Discharge						
Month 12 Post Discharge						

LABORATORY RESULTS MONITORING SHEET

K Cl Bicarb	Normal 131-147 3.9-5.3]		
K Cl Bicarb				 	 	 	
CI Bicarb	3.9-5.3						
Bicarb						 	
	96-110						
	22-30					 	
Urea	2.4-7.4						
Creat	52-115						
eGFR	>60						
FBC							
WBC	4-11						
HGB	13-18						
PLT	150-400						
INR	>1.2						
LFT							
.Protein	60-78						
Albumin	35-52						
T.Bili	3-17						
ALT	10-40						
ALP	53-128					_	
GGT	10-60						
Amylase	****						
CMP							
Ca	2.15-2.55						
Mg	0.63-1.05						
P04	0.78-1.42						
TFT							
TSH	0,27-4,20						
FT4	11,50-22,70)					
CD4							
CRAG							
reflex if CD4 <100							
Viral load							
Other resul	its (e.g. CSF)			 	 	 	
A. MILEY PARKET			 	 	 	 	
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ADVERSE EVENTS

Clinical Event	Grade 3-5	Start date	Drug Suspected	Action A,B,C	Actual intervention	Outcome	Outcome Date
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*/**							
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GRADE	
1. Mild / No intervention	
2. Moderate - Local / non ivasive intervention	
3. Severe - Significant / not immediately life threateni	ng
4. Life threatening / urgent intervention	
5. Death	

Action	
A. Drug discontinuation	
B. Dose decrease	
C. Adjuvant	

OUTCOMES
Recovered / Resolved
Recovering / Resolving
Recovered / Resolved with Sequelae
Not Recovered / Not Resolved
Fatal
Unknown

Has the pharmacovigilance form been completed?	
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REGIMEN AND DOSES					Initia	l weigi	'nt				k	kg					
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 1 = Mild / No intervention

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 4 = Life threatening / urgent intervention

 5 = Death

Date	Weight	Progress Notes	S	Signat	ure
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		Anaemia Vision changes Depression/sadness Rashes or sores Chest pain Coughing blood Difficulty breathing New cough	Yes Yes Ses Ses Tes Yes Yes	No. 1906 1906 1906 1906 1906	
		Anaemia Vision changes Depression/sadness Rashes or sores Chest pain Coughing blood Difficulty breathing New cough Nausea/vomiting	Yes Yes Ses Ses Yes Yes Yes Yes Yes Yes	No. 140 140 140 140 140 140 140	
		Anaemia Vision changes Depression/sadness Rashes or sores Chest pain Coughing blood Difficulty breathing Neusea/vomiting Diarrhoea Abdominal pain	Property Property	No. 1966 1966 1966 1966 1966 1966 1966 1966	
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		Anaemia Vision changes Depression/sadness Rashes or sores Chest pain Coughing blood Difficulty breathing New cough Nausea/vomiting Diarrhoea Abdominal pain Fainting Joint pain/swelling Burning/lingling: hands/feet	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	No. No. No. No. No. No. No. No. No. No.	
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		Anaemia Vision changes Depression/sadness Rashes or sores Chest pain Coughing blood Difficulty breathing New cough Nausea/vomiting Diarrhoea Abdominal pain Fainting Joint pain/swelling Burning/lingling: hands/feet Fatigue/tiredness Easy bruising/bleeding Changes in hearing OTCF Prolongation Renal Failure/ Nephrotoxicity Hepatotoxicity/ Jaundice	1000 1000	No. No.	
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Date	Weight	Progress Notes	S	gnatı	ıre
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		ECG Heart Rate (bpm) OT Interval (sec) OTCF (ms) ADVERSE EVENT SYMPTOMS Headache Anaemia Vision changes Depression/sadness Rashes or sores Chest pain Coughing blood Difficulty breathing New cough Nausea/vomiting	Yes	146 146 146 146 146 146 146 146 146 146	GRADING
		ECG Heart Rate (bpm) OT Interval (sec) OTCF (ms) ADVERSE EVENT SYMPTOMS Headache Anaemia Vision changes Depression/sadness Rashes or sores Chest pain Coughing blood Difficulty breathing New cough Nausea/vomiting Diarrhoea Abdominal pain	Yes Yes	46 94 94 94 94 94 94 94 94 94 94	GRADING
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		ECG Heart Rate (bpm) OT Interval (sec) OTCF (ms) ADVERSE EVENT SYMPTOMS Headache Anaemia Vision changes Depression/sadness Rashes or sores Chest pain Coughing blood Difficulty breathing New cough Nausea/vomiting Diarrhoea Abdominal pain Fainting Joint pain/swelling Burning/tingling: hands/feet Fatigue/tiredness Easy bruising/bleeding Changes in hearing OTCF Prolongation Renal Failure/ Nephrotoxicity Hepatotoxicity/ Jaundice	Yes Yes	Harman Ha	GRADING
		ECG Heart Rate (bpm) OT Interval (sec) OTCF (ms) ADVERSE EVENT SYMPTOMS Headache Anaemia Vision changes Depression/sadness Rashes or sores Chest pain Coughing blood Difficulty breathing New cough Nauseal/vomiting Diarrhoea Abdominal pain Fainting Joint pain/swelling Burning/tingding: hands/feet Fatigue/tiredness Easy bruising/bleeding Changes in hearing OTCF Prolongation Renal Failure/ Nephrotoxicity Hepatotoxicity/ Jaundice	100 100	His has been a second of the control	GRADING
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Date	Weight	Progress Notes		Signa	ature
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		Diarrhoea	679	116	
		Abdominal pain	ri _{ele}	1 30	
		Fainting	68	Mes	
		Joint pain/swelling Burning/tingling: hands/feet	397 53	Na Na	-
		Fatigue/tiredness	\$2.5		†
		Easy bruising/bleeding	Yest	No.	
		Changes in hearing	Yes	40	
		QTcF Prolongation		4¢	
		Renal Failure/ Nephrotoxicity Hepatotoxicity/ Jaundice	Wet.	No.	
		Lactic Acidosis	Yes	30	1
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COUNSELING SESSIONS

COUNSELING SESSION 1			
Problems Identified (list):			
Action Plan (list):			
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0	Date	Patient sign	Date
Counselor sign	Date	Tation agri	
CONTRACT INTO OFFICIALLS			
COUNSELING SESSION 2			
Problems Identified (list):			
Action Plan (list):			
Counselor sign	Date	Patient sign	Date
COUNSELING SESSION 3			
Problems Identified (list):			
1 Toblettis Meritined (164).			
Action Plan (list):			
	D-1-	Detion of our	Date
Counselor sign	Date	Patient sign	חמוב

COUNSELING SESSION 4			
Problems Identified (list):			
Action Plan (list):			
Counselor sign	Date	Patient sign	Date
Counselor sign	Date	Patient sign	Date
Counselor sign FOLLOW-UP COUNSELING SESSION	Date	Patient sign	Date
	Date	Patient sign	Date
FOLLOW-UP COUNSELING SESSION	Date	Patient sign	Date
FOLLOW-UP COUNSELING SESSION	Date	Patient sign	Date
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FOLLOW-UP COUNSELING SESSION Problems Identified (list):	Date	Patient sign	Date
FOLLOW-UP COUNSELING SESSION Problems Identified (list):	Date	Patient sign	Date
FOLLOW-UP COUNSELING SESSION Problems Identified (list):	Date	Patient sign	Date

Patient sign

Date

Date

Counselor sign

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REFERRAL / DISCHARGE			
Name of receiving clinic:			
Town / District:			
Province / Country:			
Patient Continuing Treatment:			
Shared Care Patient:			ity
Confirmation received (Attach acknowledgment slip on card)	: :		
TREATMENT OUTCOMES			
Cured Treatment Completed		Moved out	Name of Facility
Loss to follow up			District
Failed treatment		Transferred out	
Died			Name of Facility
		Still on treatment	
Comments			
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Treatment outcome date			
Discharged by:			
Signature:			