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Sikithi Siphos - ?



KZN HEALTH

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AdvertQuote



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 2021-10-19

Closing Date: 2021-10-26

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Grey's hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: Grey's Hospital

Date Submitted: 2021-10-19

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
GRS 1906/09/21

Item Category: Goods

Item Description: Radiotherapy Treatment Sheet
(FRONT COPY OF A SAMPLE ATTACHED)

Quantity (if supplies): 2500 Units

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: Departmental Website

QUOTES SHOULD BE DELIVERED TO: Grey's Hospital Tender Box

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Siphos Sikithi

Email: No Email

Contact Number: 033 897 3492

Finance Manager Name: Mrs. B. Anderson

Finance Manager Signature:

No late quotes will be considered

GREY'S HOSPITAL



HEALTH
Kwazulu-Natal

RADIOTHERAPY TREATMENT RECORD

CIRS: 1906/09/21

PATIENT DETAILS

PATIENT'S NAME: _____ AGE: _____
 ID NO: _____ RT NO: _____
 DIAGNOSIS: _____ STAGE: _____
 HISTOLOGY: _____ PREVIOUS TREATMENT: YES/NO _____

AIM: RAD 1^o RT 1^o CHEMO RT ADJUVT N-ADJUVT PALLIATIVE HIGH GRADE PALLIATIVE

CONSENT YES NO PREGNANCY CONSENT YES NO

BLOOD COUNT HB: _____ WCC: _____ PLATELETS: _____ NEUTROPHILS: _____

Treatment Site: _____

PRESCRIPTION	GY/DAILY	NO OF#	DOSE	ENERGY	REF PT	DAYS/WK
PRIMARY VOL						
ELECTRON BOOST						
BRACHY						
TOTAL DOSE						

Bolus: Yes/No _____ Borders: _____ Sup: _____
 Thickness: _____ cm Inf: _____
 Site: _____ Ant: _____
 Concurrent chemo: Yes / No _____ Post: _____
 Drug and Dose: _____ Other: _____

CT PLAN LEVEL: _____

CONSENT: Yes No

POSITION: _____

CONTRAST: _____

- SIMULATOR LOCALIZATION
- CLINICAL MARK-UP
- OTHER

PLANNING SPECIFICATIONS

CTV:

PTV:

ORGAN AT RISK 1: _____ GY
 ORGAN AT RISK 2: _____ GY
 ORGAN AT RISK 3: _____ GY
 ORGAN AT RISK 4: _____ GY

Special Instructions: _____

DOCTOR'S SIGNATURE: _____

DATE: _____

DECLARATION OF INTEREST

SBD 4

1. Any legal person, including persons employed by the state¹, 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 quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, 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 quote(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 quote.

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

- | | |
|--|---|
| 2.1. Full Name of bidder/representative..... | 2.4. Company Registration Number: |
| 2.2. Identity Number: | 2.5. Tax Reference Number: |
| 2.3. Position occupied in the Company (director, trustee, shareholder ²):..... | 2.6. VAT Registration Number: |

2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.

2.8. Are you or any person connected with the bidder presently employed by the state? TICK APPLICABLE

YES	NO
-----	----

2.8.1. 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:.....

2.8.2. 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
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2.8.2.1. If yes, did you attach proof of such authority to the quote document?

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

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

2.9. 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
-----	----

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

2.10. 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 quote?

YES	NO
-----	----

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

2.11. 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 quote?

YES	NO
-----	----

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

2.12. 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
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2.12.1. If so, furnish particulars:.....

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

NB: The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

4 DECLARATION

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

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

..... Name of bidder Signature Position Date
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¹"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.

²"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.