



KZN HEALTH **KZN Health Intranet**

- HOME CORPORATE INFORMATION COMPONENTS DIRECTORY DISTRICT OFFICES HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote



Quotation Advert

Opening Date: 2022-05-10

Closing Date: 2022-05-17

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 2022-05-10

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
GRS 112/04/22

Item Category: Goods

Item Description: FORM C.T Scan - 297mm x 615mm. Printed in Black Ink on Both sides on 60 GSM White Paper (250 Pkt)
(SEE SAMPLE COPY ATTACHED)

Quantity (if supplies) 20 Pkt of 250 Pages

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 / Fax: 033 897 3006

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Sipho Sikithi

Email: Not Allowed / Fax: 033 897 3006

Contact Number: 033 897 3492

Finance Manager Name: Mrs. B.G Anderson

Finance Manager Signature:

No late quotes will be considered

VERSOEKVORM:
REQUEST FORM:

C.T. SCAN/R.T. SKANDERING

(Block Letters -Hoofletters)

(For Depart. use/Vir Dept. gebruik)

Name/Naam		Hospital/Hospitaal	
		Ward/Dept. Saal/Dept.	
Age/Ouderdom	Sex/Geslag	Race/Ras	Hospital No./Hospitaal No.

Code Number Kode Nommer	Patient Number Pasiënt Nommer
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Date: Datum:	<input type="text"/>

(Indicate with ✓ / Wys met ✓)

Vervoer na/Transport to Scanner

Walking/Loop	Chair/Stoel	Stretcher/Draagbaar
Anaesthetic? Narkose?	<input type="checkbox"/> Yes Ja <input type="checkbox"/> No Nee	Sedation? Kalmeermiddel? <input type="checkbox"/> Yes Ja <input type="checkbox"/> No Nee

Previous Scan? Vorige skandering?	<input type="checkbox"/> Yes Ja <input type="checkbox"/> No Nee	Number/Nommer
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HISTORY, CLINICAL FINDINGS AND RESULTS OF INVESTIGATIONS:
GESKIEDENIS, KLINIESE BEVINDINGS EN RESULTAAT VAN ONDERSOEK:

CIRS: 112/04/22

PROVISIONAL DIAGNOSIS:
VOORLOPIGE DIAGNOSE:

Name of Doctor/Naam van Dokter (Block Letters/Hoofletters)	Address: (For forwarding of scan report) Adres: (Waarheen verslag moet gestuur word)
Signature: Ondtekening:	
Date: Datum:	
Print No: 23-42701 APPLE PRINT 086 122 7753	

