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Mthethwa Khaya 🕶 🦻



KZN HEALTH

KZN Health Intranet

CORPORATE INFORMATION COMPONENTS DIRECTORY

KZN Health > Components > Supply Chain Management

AdvertQuote

KWAZULU-NATAL PROVING HEALTH REPUBLIC OF SOUTH AFRICA	uce Quotation Advert
Opening Date:	2022-10-03
Closing Date:	2022-10-07
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	Amajuba district office
Province:	Kwa'Zulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	Amajuba District Office, 38 Voortrekker Street
Date Submitted	2022-10-03
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ: AMA057/22/23
Item Category:	Goods
Item Description:	PRINTING
Quantity (if supplies)	
COMPULSORY BRIEFING SESSION /	SITE VISIT
Select Type:	Not Applicable
Date:	
Time:	

 $http://portal.kznhealth.gov.za/components/scm/SitePages/A... \ \ 3$

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Venue:	
QUOTES CAN BE COLLECTED FROM:	Amajuba District Office, 38 Voortrekker Street,2940
QUOTES SHOULD BE DELIVERED TO:	Amajuba District Office,38 Voortrekker Street,2940
ENQUIRIES REGARDING THE ADVER	T MAY BE DIRECTED TO:
Name:	KHAYA/NELLY
Email:	khaya.mthethwa@kznhealth.gov.za
Contact Number:	034 328 7030/7054
Finance Manager Name:	.MRS S.Y MASANGO
Finance Manager Signature;	80 5

No late quotes will be considered

STANDARD QUOTE DOCUMENTATION OVER R30 000.00

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: AMAJUBA DISTRICT OFFICE				
DATE ADVERTISED: 03/10/2022 CLOSING DATE: 07/10/2022 CLOSING TIME: 11:00				
FACSIMILE NUMBER: 034 312 3122 E-MAIL ADDRESS: khaya.mthethwa@kznhealth.gov.za				
PHYSICAL ADDRESS: 38 VOORTREKKER STREET				
QUOTE NUMBER: ZNQ / AMA / 057 / 22 - 23				
DESCRIPTION: PRINTING				
CONTRACT PERIOD				
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.				
UNIQUE REGISTRATION REFERENCE				
DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS)				
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.				
QUOTATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS - (NOT TO BE RETYPED)				
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 MAY RESULT IN YOUR QUOTE BEING DISQUALIFIED)				
NAME OF BIDDER				
POSTAL ADDRESS				
STREET ADDRESS				
TELEPHONE NUMBER CODENUMBER FACSIMILE NUMBER CODENUMBER				
CELLPHONE NUMBER				
E-MAIL ADDRESS				
VAT REGISTRATION NUMBER (If VAT vendor)				
HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1) [A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMES& QSEs) MUST BE SUBMITTED TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]				
ISIFUNDAZWE SAKWAZULU-NATAL,				
EZEMPILO				

DEPARTMENT OF HEALTH ;

Page 1 of 9

OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R30 000	QUOTE NUMBER: ZNQ/AMA / 057 / 22 - 23	

DESCRIPTION: PRINTING	
CIONATURE OF DIRECT	
CAPACITY UNDER WHICH THIS QUOTE IS SIGNED	

Item No	Quantity	Description	Brand &	Country of	Price	
	<u> </u>		model	manufacture	R	С
_		PRINTING ITEMS				
	3113 Unit	ITEM A - MMC CLINICAL FILE/INTAKE FORM				
	1000 Unit	ITEM B-Drug resistant patient record-Yellow book	E 502			
	211	Cover- printed black both side-160GSM total board yellow				
		Text- 80 GSM Bond white- Printed black throughout				
		Saddle stitched, 750 units- TB Identification Register				
	1000 units	Patient Identification card				
	10000 unit	ITEM C - HPV Vaccination cards				
	100 Bookle	TEM D - Anti-Retrovital Therapy Guides				
_	100 Bookl	Viral load Algorithm size A3 posterl				
	100 Poster	Turbercoilisis/ Human Immunode fieciency				
	100 Bookle	Viral Data management Sop				
	5000 Book	ITEM E- Adult Male Patient folder,9000-Female folders			- 22 12	
	2700 Folde	Paediatric Patient Folder				
	940 Folder	EM F-Ward based primary health care outreach team-		2 8 5 5 5 5 5 5 5		
	450 Folder	aily activity tracker,450 booklets-Ward based primary				
		health care outreach team- individual client health record		SN 8 8		
	315 Folder	Community Health workers tracing register				
	450 Folder	Community outreach services referal form				1
		(Specification attached)faxed, email,hand delivered qouta				
		Submit the execution plan letter as indicated (no.5) on	2.5			
		Evaluation Criteria				
		ITEM ITEM CATEGORY Submit original/cerified copy of				
	Sirich	application of preferential points				
		NB: As per Special Contract Condition of				
		Quotation below				
		Please sign the Evaluation Criteria form attached.				1
		15% (Only if VAT Vendor)				†
OTAL QU	OTATION PR	CICE (VALIDITY PERIOD 60 Days)				Ť

Does This Offer Comply With The Specification?	Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?	28 9 2
ls The Price Firm? State Delivery Period, e.g., 1day, 1week		

Enquiries regarding the quote may be directed to:	Enquiries regarding technical information may be directed to:
Contact Person: NELLY Tel: 034 3287030 E-Mail Address: nelisiwe.msomi@kznhealth.gov.za	Contact Person: Nontando Shabalala Tel: 034 328 7026

BIDDER'S DISCLOSURE

1. PURPOSE OF THE FORM

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

	2.	BIDDER'S	DECL	ARATIC	N
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- 2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest¹ in the enterprise, employed by the state?

 YES/NO
- 2.1.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

Full Name	Identity Number	Name of State Institution

- 2.2. Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution?
 YES/NO
- 2.2.1. If so, furnish particulars:
- 2.3. Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? YES/NO
- 2.3.1. If so, furnish particulars:

3. DECLARATION

- 3.1. I have read and I understand the contents of this disclosure;
- 3.2. I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3. 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 consortium² will not be construed as collusive bidding.
- 3.4. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.5. 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.
- 3.6. There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 3.7. 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.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

Name of Bidder	Signature	Position	Date
	-		

¹ the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

² Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

GENERAL CONDITIONS OF CONTRACT

1. AMENDMENT OF CONTRACT

1.1. 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.

2. CHANGE OF ADDRESS

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

3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.1. The Department is under no obligation to accept the lowest or any quote.
- 3.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.
- 3.3. ALL DECÍSIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS QUOTATION.
- The price quoted must include VAT (if VAT vendor).
- 3.5. Should a bidder become a VAT vendor after award or during the implementation of a contract, they may not request the VAT percentage from the Department as the service provider made an offer during the period they were not registered as a VAT vendor. The Department is only liable for any VAT from registered VAT vendors as originally stated on the quotation document.
- 3.6. The bidder must ensure the correctness & validity of the quotation:
 - (i) 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
 - (ii) it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.
- 3.7. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
- 3.8. This quotation will be evaluated based on the 80/20 points system, specification, correctness of information and/or functionality criteria. All required documentation must be completed in full and submitted.
- 3.9. Offers must comply strictly with the specification.
- 3.10. Only offers that meet or are greater than the specification will be considered.
- 3.11. Late offers will not be considered.
- 3.12. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.13. Used/ second-hand products will not be accepted.
- 3.14. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
- 3.15. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
- 3.16. 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.
- 3.17. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.18. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- 3.19. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
- 3.20. In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud.

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

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 4.4. Quotations submitted must be complete in all respects. However, where it is identified that information in a bidder's response, which does not affect the preference points or price, is incomplete in any respect, the said supplier meets all specification requirements and scores the highest points in terms of preference points and price, the Department reserves the right to request the bidder to complete/submit such information.
- 4.5. Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.
- 4.6. Use of correcting fluid is prohibited and may render the response invalid.
- 4.7. Quotations will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. 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.

4.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer for fulfil their obligation.

5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. Quotation 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 quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate 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.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody 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.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.
- 5.5. No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
- 5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

6. SAMPLES

- 6.1. 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 institution). The bidders sample will be retained if such bidder wins the contract.
- (i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
- (ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
- 6.2. Samples must be made available when requested in writing or if stipulated on the document.
- (i) 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 rejected. All testing will be for the account of the bidder.

7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

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

8. STATEMENT OF SUPPLIES AND SERVICES

8.1. 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.

9. SUBMISSION AND COMPLETION OF SBD 6.1

9.1. 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 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.
- 10.2. 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 supplied;
- (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 (hereafter 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.
- 13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar 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.
- 13.3. 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.
- 13.4. 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

- 14.1. 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:
- (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
- (ii) if the supplier fails to perform any other obligation(s) under the contract; or
- (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 14.2. 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.
- 14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.
- 15. THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.

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.
- 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:
 - 1) B-BBEE Status level certificate issued by an authorized body or person;
 - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - 3) 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;

3. POINTS AWARDED FOR PRICE

3.1 THE 80/20 PREFERENCE POINT SYSTEMS

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

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

Ps = Points scored for price of bid under consideration

Pt = Price of bid under consideration
Pmin = price of lowest acceptable bid

4. POINTS AWARDED FOR B-BBEE 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 B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

	ARAT	

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

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

6.1 B-BBEE Status Level of Contributor: =(maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

7.	SUB-CONTRACTING	(Tick			
7.4	applicable box)		YES	NO	

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

7.1.1 If ves.	indicate:
---------------	-----------

- i) What percentage of the contract will be subcontracted.....%
- ii) The name of the sub-contractor.....
- iii) The B-BBEE status level of the sub-contractor.....

8. Whether the sub-contractor is an EME or QSE (Tick applicable box)

iv) 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 OSE

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	<u> </u>	
OR		***
Any EME		
Any QSE		

9.	DECLAR	RATION WITH REGARD TO COMPANY/FIRM					
9.1	Name	of company/firm:					
9.2	VAT re	egistration number:					
9.3	Compa	any registration number:					
9.4	TYPE	OF COMPANY/ FIRM [TICK APPLICABLE BOX]					
		Partnership/Joint Venture / Consortium One person business/sole propriety Close corporation Company (Pty) Limited					
9.5	DESC	RIBE PRINCIPAL BUSINESS ACTIVITIES					
9.6		ANY CLASSIFICATION [TICK APPLICABLE BO	X1				
		Manufacturer Supplier Professional service provider Other service providers, e.g. transporter, etc.	' '				
9.7	Total n	number of years the company/firm has been in bu	siness:				
9.8	I/we, the B-I	ne undersigned, who is / are duly authorised to de	o so on behalf of the company/firm, certify that the points claimed, based on raphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for				
	i) T	he information furnished is true and correct;					
	ii) T	ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;					
	iii) Ir b	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 B-BBEE status level of contributor has be ontract have not been fulfilled, the purchaser may	en claimed or obtained on a fraudulent basis or any of the conditions of , 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 incurre	ed or suffered as a result of that person's conduct;				
	(c)	cancel the contract and claim any damages w arrangements due to such cancellation;	hich it has suffered as a result of having to make less favourable				
	(d)	who acted on a fraudulent basis, be restricted	hareholders and directors, or only the shareholders and directors by the National Treasury from obtaining business from any organ after the audi alteram partem (hear the other side) rule has been				
	(e)	forward the matter for criminal prosecution.					
		ESSES	SIGNATURE(S) OF BIDDERS(S)				
	1		DATE:				
	2		ADDRESS				

ITEM A	ITEM CATEGORY	UNIT PRICE	VAT	TOTAL
3113 UNITS	MMC CLINICAL FILE/ INTAKE FORM			

		T		
ITEM B	ITEM	UNIT PRICE	VAT	TOTAL
	CATEGORY			
1. 1000	Drug registent			
	Drug resistant			
units	patient record-			
	yellow			
	book(Yellow			
	book cover)-			
	printed black			
	both side-160			
	GSM total			
	board yellow,			
	text-80 GSM			
	bond white-			
	printed black			
	throughout-			
	Saddle stitched			
3 750				
2. 750	ТВ			
units	Identification			
	Register			
3. 1000	D-ti			
	Patient			
units	Identification			
	cards			

1						
	TOTAL	VAT	UNIT PRICE	ITEM		ITEM (
	2			CATEGORY		
				O, TI EGOITT		
		-		HPV	10 000.00	1
				Vaccination	units	
				cards		
						ĺ
i						i
}						
i						
				cards	units	

ITEM D	ITEM CATEGORY	UNIT PRICE	VAT	TOTAL
1. 100 Booklets	Anti- Retroviral Therapy Guidness 2022			
2. 100 Posters	Viral Load Algorithm size A3 poster			
3. 100 Booklets	Tubercoilosis / Human Immunode feciency			
4. 100 Booklets	Viral Data Management Sop			

ITEM E		ITEM CATEGORY	UNIT PRICE	VAT	TOTAL
1.	5000	Adult Male			
	folders	Patient Folders			
2.	9000	Adults Female			
	Folders	Patient Folders			
3.	2700	Paediatric			
	folders	patient Folder			

PRINTING

ITEM F

ITEM CATEGORY	QUANTITY	UNIT PRICE	VAT	TOTAL
Ward based Primary Health Care outreach Team-Daily Activity Tracker	940 Booklets			
Ward Based Primary Health Care OUTREACH Team-Individual Client	450 Booklets			
Community Health Worker Tracing register	315 Booklets			
Community outreach Servicers referral form	450 Booklets			

SPECIFICATIONS FOR THE REGISTERS

- Ward Based Primary Health Care Outreach Team Daily Activity Tracker, A4 landscape, front cover in colour, back cover in colour, covers in thick glossy cardboard, inside black and white double sided, 50 pages ring binded and plastic finish for protection.
- 2. Ward Based Primary Health Care Outreach Team Individual Client Health Record, A4 landscape, front cover in colour, back cover in colour, covers in thick glossy cardboard, inside black and white double sided, 20 pages ring binded and plastic finish for protection.
- 3. Community Health Worker Tracing Register A4 landscape, front cover in colour, back cover in colour, covers in thick glossy cardboard, inside black and white double sided, 30 pages ring binded and plastic finish for protection.
- 4. Community Outreach Services Referral Form A4 Portrait, front cover in colour, back cover in colour, covers in thick glossy cardboard, inside black and white double sided, each page with 3 referral tear slips 50pages

Department: Health PROVINCE OF KWAZULU-NATAL Quote Number: Item Description: Department/Section: urpose of Item: Pre-qualification criteria if any: 1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No: Regulatory Body / certification required if Yes: 1.2. Is a compulsory site inspection / briefing session required? Yes / No if Yes, specify: Date ___/____ Time___; 1.3. Is local production and content part of the quote? Yes No if Yes, specify: 1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes \ No if Yes, specify: 1.5. Liability Cover insurance? Yes / No if Yes, specify: ___ 2. What is the specification of the required item? List specifications to be advertised Comment TRAYGOR LEGISTER DALLE 2. CHOW REGISTON INDIVIDUAL 3. TRACING ACGIST ON REFIEDAM Rosem3 4. 5. 3. Does a sample need to be submitted? Yes / No(select option 3.1 or 3.2) 3.1. Deadline for submission if Yes: Date _____/ ___ Time____:__ or 3.2. Specify that samples must be made available when requested in writing. Yes [Penalties to be noted by the suppliers: 4.1. 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.

What is the evaluation criteria / special terms and conditions to be advertised?

List	t evaluation criteria / specia	al terms and conditions to be advertised (if applicable)			
1.	Pre-qualification criteria	Does the offer meet the pre-qualification criteria?			
2.	Administrative	Does the offer comply to stipulated administrative requirements?			
3.	Conformance:	Was the product made or service performed to specifications?			
4.	Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?			
5.	Features:	What characteristics does the product or service have?			
6.	Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)			
7.	Durability:	What is the useful life for the product? How will the product hold up under extended use?			
8.	Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)			
9.	Ability & Capacity				
10.	Preference points	Preferential Procurement System (80/20) if applicable			

	l .		4 .
Name of End-user (in full)		Name of SCM Rep (in full)	V.2 Hard
Designation / Rank (in full)	CAW COODMAN	Designation/ Rank (in full)	500
Signature	to am old	Signature	D1 1
Date		Date	00 108/2012
Standard End Hear Specificat	tion Form		9 - 1 -

Page 1 of 1



END-USER SPECIFICATION FORM

Quote Number:	
Item Description:	SOP - Adherence Guidelines for HIV, TB & NCDS
Department/Section: _	Purpose of Item:
Pre-qualification crite	ria if any:
	ed to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No:
	site inspection / briefing session required? Yes / NoTimePlace
	n and content part of the quote? Yes / No
	tion 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / No
1.5. Liability Cover ins	surance? Yes / No
	ion of the required item?
List specifications to be adve	
1. AL Size after a	
2. front & back	
3. Front. 80 page	ges inclusive of front t back
4. hard pages.	White pages written in black ink
5. & colour images	
9	
	o be submitted? Yes / No(select option 3.1 or 3.2)
3.1. Deadline for submit	ssion if Yes: DateTimePlace
or	
3.2. Specify that sample	es must be made available when requested in writing. Yes or No
4. Penalties to be noted b	ov the suppliers:
	s to deliver any or all of the goods or to perform the services within the period(s) specified in the
contract, the purcha	aser shall, without prejudice to its other remedies under the contract, deduct from the contract price
as a penalty, a sur	m 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.
	criteria / special terms and conditions to be advertised?
	al terms and conditions to be advertised (if applicable)
Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2. Administrative	Does the offer comply to stipulated administrative requirements?
Conformance:	Was the product made or service performed to specifications?
Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier
5. Features:	from all liabilities under the contract? What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable
Name of End-user (in full)	Nortando Shabalala Name of SCM Rep (in full) No 2 (454)
` '	INCHIGIND SIMUMIMINI

	Nontando Shabalala	Name of SCM Rep (in full)	I V (VC)W1
Designation / Rank (in full)	HAST Coordinator	Designation/ Rank (in full)	SCC
Signature	Mabalab	Signature	Ø C I
Date	87 09 2022	Date	CO869222

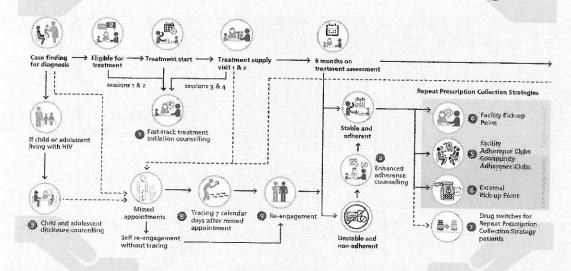
Standard End-User Specification Form

Page 1 of 1

STANDARD OPERATING PROCEDURES

MINIMUM PACKAGE OF INTERVENTIONS TO SUPPORT LINKAGE TO CARE, ADHERENCE AND RETENTION IN CARE

INTEGRATED CARE OF PATIENTS WITH CHRONIC CONDITIONS



Adherence Guidelines for HIV, TB and NCDs

Updated March 2020







Date

Date 07/09/2022
Standard End-User Specification Form

Qı	uote Number:					
lte	m Description:	Adult	Female	Health	Re cords	
De	partment/Section: _			Pur	oose of Item:	
1.	Pre-qualification crite	eria if any:				
	1.1. Is the item requir Regulatory Body / certif					IAS, ISO, CIDB, etc.)? Yes / No:
	1.2. Is a compulsory s if Yes, specify: Date					
	1.3. Is local production if Yes, specify:					
	1.4. Provisions of sec if Yes, specify:				applicable? Yes / N	o
	1.5. Liability Cover ins	surance? Yes	s / No	and the state of t		
2.	What is the specificat		quired item?			
	t specifications to be adve				Comme	ent
1.	Adult femate: 211 Inside 32 doubte	6×300mm	after cutting	300gr glos	s cover	
2.	Inside 32 double	sided pr	int 84 pages	numbered	(6)	
3.	Paper: 809 bond i	white print	ed black pure	calue bindi	ng	
4.	Pasted pocket on	inside bo	ack comer f	the page to	4	
5.	with ease in pr	ocket.		13		
3.	Does a sample need t	o be submitte	ed? Yes / No(selec	t option 3.1 or 3.	2)	
	3.1. Deadline for submi	ssion if Yes: [Date / /	Time	Place	
or			**************************************		, luco	2000
	3.2. Specify that sample	es must be ma	ade available when	requested in wri	ting. Yes or N	No C
4.	Penalties to be noted b	ov the supplie	ers:			
				ade or to parfor	m the contines with	in the period(s) specified in the
	contract the purch	aser shall wit	hout prejudice to its	ods or to perior	In the services with	deduct from the contract price,
	ae a nonalty a eu	m calculated	on the delivered of	outer temedies	under the contract,	price, ormed services using the current
	prime interest rate	calculated for	each day of the del	lay until actual de	elivery or performand	ormed services using the current ce.
5.	What is the evaluation	criteria / spe	cial terms and con	ditions to be a	lvertised?	
List	evaluation criteria / speci					
1.	Pre-qualification criteria		fer meet the pre-qua			
2.	Administrative		fer comply to stipula			
3.	Conformance:		duct made or servi			
4.	Performance:	Will/does th		Ifil its performan		anner that releases the supplier
5.	Features:		cteristics does the p		have?	
6.	Reliability:					enance? (guarantee)
7.	Durability:	What is the	useful life for the ar	oduct? However	the product to 1	under extended use?
8.	Serviceability:	How eacy is	it to ropoir maintai	ocuce: now will	rie product noid up	under extended use?
9.	Ability & Capacity	The obility -	nd consolity of the	onder to	product or service?	(customer support)
			nd capacity of the v			
10.	Preference points	Preferential	Procurement Syste	m (80/20) if appl	icable	
Nar	ne of End-user (in full)	Nontando	Shabalala	Name of So	CM Rep (in full)	150 (110)
	ignation / Rank (in full)		oordinator		/ Rank (in full)	NZ WOU
	nature	Madba		Signature	- Torris (III Torri)	200
٠.		1111 Marian	A . 2000	Oignature		/ N/ / V

Signature

Page 1 of 1

Date

MANAGEMENT OF VIRAL LOAD RESULTS IN INFANTS, CHILDREN, ADOLESCENTS, AND ADULTS

Routine 4. monitoring at 6 months on ART, 12 months on ART, and 12-monthly thereafter

VL ≤ 50 c/mL

VL 50 - 999 c/mL

VL ≥ 1000 c/mL

Continue routine VL monitoring



Do a thorough assessment of the cause of an elevated VL Consider the possibility of:

- Adherence problems
- Bugs (intercurrent infections)
 In-Correct ART dosage
- C.
- **Drug** Interactions
- E. REsistance

Implement interventions to re-suppress the VL, including enhanced adherence support as outlined in the Adherence Guideline for HIV, TB and NCDs

Repeat VL after 3 months

VL ≈ 50 c/mL

VL 50 - 999 c/mL

VL≊ 1000 c/mL

Continue routine **VL** monitoring

Continue enhanced adherence support Repeat VL in 6 months#

* Due to their high genetic barrier, resistance to DTG and Pls develops very slowly. An elevated VL on DTG or LPV/r is therefore more likely to be related to suboptimal adherence. For this reason, a client should be on DTG or LPV/r for at least 2 years before considering a switch to second-line.

*Clients who have persistent low grade viraemia of between 50 - 999 c/ml. should be discussed with one of the helplines listed below on a case-by-case basis. If the client is still on an NNRTI based regimen, a single drug switch to DTG can be considered as outlined in the switching algorithm on page 40

NNRTI-based regimen

(EFV/NVP)
Consider switching to second-line (Evirological) failure confirmed, i.e. VL≥ 1000 c/mL on two consecutive occasions and adherence issues addressed

InSTI (DTG) or PI-based regimen* Consider switching to

second-line if virological failure confirmed, i.e. VL ≥ 1000 c/mL on at least three occasions over the course of two years, or VL≥ 1800 c/mt. with signs of immunological or clinical failure (i.e. declining CD4 and/ or opportunistic infections)

For second and third-line regimens, go to page 44



If in doubt about any aspect of viral load management or switching to second-line, contact one of the following resources:

National HIV & TB Health Care Worker Hotline: 0800 212 506

Right to Care Adult HIV Helpline: 082 957 6698

Right to Care Paediatric and Adolescent HIV Helpline: 082 352 6642 KZN Paediatric Hotline: 0800 006 603



For the management of an elevated VL in a pregnant woman, see page 79



Date

END-USER SPECIFICATION FORM

Quote Number:						
Item Description:	Viral Load	Algorithm				
Department/Section:		Purpose of Item:	Served as			
1. Pre-qualification crite	eria if anv:					
1.1. Is the item requir	red to have a regulatory body	certification (e.g. SABS, SANS	s, SANAS, ISO, CIDB, etc.)? Yes / No:			
	site inspection / briefing sess	sion required? (Tes / No Place	Commence of the commence of th			
	on and content part of the que					
	ction 4(1)(a) of the PPPFA Re	gulations,2017 if applicable?	es No			
1.5. Liability Cover in if Yes, specify:	surance? Yes / No					
2. What is the specificat	tion of the required item?					
List specifications to be adve			omment			
1. A3 SIZE White	hard glossy lan	ninated paper				
3. baxes & arm	ows for viral					
4.	5WS 101 VITAL	load monitoring				
5.						
3.1. Deadline for submor3.2. Specify that sample4. Penalties to be noted to the sample	es must be made available whe	Time Place	or No or No swithin the period(s) specified in the			
contract, the purch as a penalty, a su	aser shall, without prejudice to m calculated on the delivered	its other remedies under the con-	tract, deduct from the contract price,			
	criteria / special terms and co					
List evaluation criteria / speci	ial terms and conditions to be a	dvertised (if applicable)				
Pre-qualification criteria						
2. Administrative	Does the offer comply to stip	ulated administrative requirement				
Conformance: Desference:	Was the product made or ser	vice performed to specifications?				
4. Performance:	Will/does the product/service from all liabilities under the co	tultil its performance obligation, i	n a manner that releases the supplier			
5. Features:	What characteristics does the product or service have?					
6. Reliability:	How long can a product go be	etween failures and the need for i	maintenance? (guarantee)			
7. Durability:	What is the useful life for the	product? How will the product ho	ld up under extended use?			
8. Serviceability:	How easy is it to repair, main	tain or support the product or ser	vice? (customer support)			
Ability & Capacity Preference points	The ability and capacity of the	e vendor to execute the contract				
10. Frederiche points	10. Preference points Preferential Procurement System (80/20) if applicable					
Name of End-user (in full)	Nontando Shabalo	Name of SCM Rep (in full)	NZ way			
Designation / Rank (in full)	HAST Coordinator	Designation/ Rank (in full)	800-			
Signature	Mabalak	Signature	JA 1			

Date

Page 1 of 1

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Standard End-User Specification Form

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W (Department:
	Health PROVINCE OF KWAZULU-NATAL

Quote Number:		D	
Item Description:	DEW TR CASE IDENTIFE	CUTION REGISTE	
Department/Section:	TR frouramne	Purpose of Item:	To RECORD PATICOT
1. Pre-qualification crit	teria if any:		
1.1. Is the item requi Regulatory Body / cert	ired to have a regulatory body certification required if Yes:	cation (e.g. SABS, SANS, SA	NAS, ISO, CIDB, etc.)? Yes / No:
if Yes, specify: Date	r site inspection / briefing session re	es (No	
if Yes, specify:			
1.4. Provisions of s	ection 4(1)(a) of the PPPFA Regulation	ons,2017 if applicable? (es/	No
1.5. Liability Cover if Yes, specify:	insurance? Yes I No		
	ation of the required item?	Com	ment
List specifications to be ac			Inent
	RC OF COURS TO BE SUPPL	ICS CIECUSONALLY	
2. Camer IN Ex	CEI SPOCADSHECTI	H laminated	
4. ONE SIDE ON	7		A
5. Thuch heaves	80 Cish bad what	<u>e</u>	
2 Desa e comple pao	d to be exhaitted? Ves / No(select or	ntion 3.1 or 3.2)	m y to
Deadline for sul	omission if Yes: Date	_ Time Place	·k
or 3.2. Specify that san	nples must be made available when rec	quested in writing. Yes	or No L
contract, the pu as a penalty, a	ed by the suppliers: fails to deliver any or all of the good rchaser shall, without prejudice to its of sum calculated on the delivered price ate calculated for each day of the delay	ther remedies under the contra e of the delayed goods or unp	erformed services using the current
5. What is the evaluati	ion criteria / special terms and condi	tions to be advertised?	
List evaluation criteria / s	pecial terms and conditions to be adver	tised (if applicable)	/
Pre-qualification crite	Does the offer meet the pre-quality Does the offer comply to stipulate		2
Administrative Conformance:	Was the product made or service	nerformed to specifications?	-
Conformance: Performance:	Will/does the product/service fulfi	l its performance obligation, in	a manner that releases the supplier
	from all liabilities under the contra	act?	
5. Features:	What characteristics does the pro	ouct or service have?	aintenance? (quarantee)
6. Reliability: 7. Durability:	What is the useful life for the proc	juct? How will the product hold	up under extended use?
8. Serviceability:	How easy is it to repair, maintain	or support the product or servi	ice? (customer support)
9. Ability & Capacity	The ability and capacity of the ve	ndor to execute the contract	
10. Preference points	Preferential Procurement System	(80/20) if applicable	
8.			
Name of End-user (in ful	SSECTIME	Name of SCM Rep (in full)	NZ CHERU
Designation / Rank (in fu		Designation/ Rank (in full)	SCC
Signature '	thend	Signature	Di la
Date	18:06:2021	Date	48 06 1221
Standard End-User Spec			Page 1 of 1

	health Department: Health PROVINCE OF KWAZULU-NATA		SPECIFICATI	ON FORM	
Q	uote Number:	Security of the property of the control of the cont			
lt	em Description:	Deac SENSITIVE	PATIENTRECORG	TRANSFER R	EC08 Q
D	epartment/Section:	And the second s	Purpose of Ite		
1.	Pre-qualification cr	iteria if any:		8	
	1.2. Is a compulsor	y site inspection / briefing se		CONTROL OF THE PARTY OF THE PAR	∍tc.}? Yes /(No)
ă	28 T	tion and content part of the q			
	if Yes, specify:	The quality of the q	uote : (Tes)/ NO		
	ā	ection 4(1)(a) of the PPPFA R	egulations,2017 if applicable	? Yes / No	J.
	1.5. Liability Cover i	nsurance? Yes No			
2.	What is the specifica	ation of the required item?			
Lis	t specifications to be adv	vertised	William Control of the Control of th	Comment	
1.	Size A4 29-	1 x 210 mm Dauces	Solques Teiphonic	Comment	
2.	SUPACIES YO	4 BOOK Parent I Ca	Maria Course		-
3.	7,96 W OR COK	our and fine Dans To	Va Neilliana		
4.	Penson one Since	12000 COLOUR YOU	a > loca		
5.	LEXT TOLDER ASE	GASE LINE IN LOCK C-			
3,	Does a sample need	to be submitted? Yes No(se	NE COLOUR AND BACK (B)	or bunch Garbas Pa	par
or	3.1. Deadline for subn	nission if Yes: Date /	/TimePlace	9	ŗ
Ui	3.2. Specify that samp		nen requested in writing. Yes		孝.
4.	Penalties to be noted	by the suppliers:			26.

4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

1.	Pre-qualification criteria	al terms and conditions to be advertised (if applicable) Does the offer meet the pre-qualification criteria?
2.	Administrative	Does the offer comply to stipulated administrative requirements?
3.	Conformance:	Was the product made or service performed to specifications?
4.	Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5.	Features:	What characteristics does the product or service have?
3.	Reliabįlity:	How long can a product go between failures and the need for maintenance? (guarantee)
7.	Durability:	What is the useful life for the product? How will the product hold up under extended use?
3.	Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
).	Ability & Capacity	The ability and capacity of the vendor to execute the contract
10.	Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	Til C	Name of SCM Rep (in full)	2.10
Designation / Rank (in full)	16 COOBWATUR	Designation/ Rank (in full)	D.KS NTAGANA
Signature	the had	Signature	S.M.O.
Date	15 ' 66 ' 2-2 1	Date	1
Standard End-User Specifi	cation Form	- Translation	2#/06/122] Page 1 of 1

Health PROVINCE OF KWAZULU-NA	
Quote Number:	ARAL
Item Description:	Plank F Arauk Rand cord
Department/Section:	Purpose of Item:
1. Pre-qualification	
1.1. Is the item rea	quired to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No:
1.2. Is a compulso if Yes, specify: Date	ory site inspection / briefing session required? Yes / No
1.3. Is local productif Yes, specify:	ction and content part of the quote? Yes / No
1.4. Provisions of a if Yes, specify:	section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / No
1.5. Liability Cover if Yes, specify:	insurance? Yes / No
2. What is the specific	ation of the required item?
List specifications to be ac	vertised
1. HOWY FEMALE: 21	6 x 300 mm After Wether: 200 m Flore Cause
Three 47 DOWN	e side of Print 84 boths new heard
DOC DONN White	Perser enned black with Plat Give Ball
- Instan Pocket	or inside back cover Ale place to tit
5. with ease in	
 Does a sample need 3.1. Deadline for subror 	to be submitted? Yes / No(select option 3.1 or 3.2) nission if Yes: Date Place
3.2. Specify that samp	ples must be made available when requested in writing. Yes or No
4. Penalties to be noted	by the suppliers:
4.1. If the supplier fai	s to deliver any or all of the goods and any
contract, the purci	haser shall, without prejudice to its other remedies under the contract, deduct from the contract price,
as a penalty, a su	Im calculated on the delivered price of the delayed goods or unperformed services using the current calculated for each day of the delay uptil actual delivers as a rest.
binne unerest tate	calculated for each day of the delay until actual delivery or performance.
List evaluation criteria / spec	criteria / special terms and conditions to be advertised? ial terms and conditions to be advertised (if applicable)
- 10 deminorious cutella	Does the offer meet the pre-qualification criteria?
Administrative	Does the offer comply to stipulated administrative requirements?
Conformance:	Was the product made or service performed to specifications?
4. Performance:	vvii/does the product/service fulfil its performance philippiles in
5. Features	
5. Features: 6. Reliability:	What characteristics does the product or service have?
7. Durability:	How long can a product go between failures and the pood for mainting
8. Serviceability:	That is the discitline for the product? How will the product hold up well-
9. Ability & Capacity	is a to repair, finding all of support the product or consider of
10. Preference points	The definity and capacity of the vendor to execute the contract
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, v	
Name of End-user (in full)	No. 1000
Designation / Rank (in 6./)	Name of SCM Rep (in full) NZ MALY

Designation/ Rank (in full)

Signature

Date

/ween

SCC

Designation / Rank (in full)

Standard End-User Specification Form

Signature

Date



END-USER SPECIFICATION FORM

Q	uote Number:				
lte	em Description:	Adult Male	Health Rea	orde	
110	em bescription.	TOIGIO II TOITO	TICOTAL ICC	0.010	
De	epartment/Section: _		Purpos	se of Iter	n:
1.	Pre-qualification crite	ria if any:			
	1.1. Is the item requir Regulatory Body / certifi	ed to have a regulatory ication required if Yes:	body certification (e.g. S	ABS, SA	NS, SANAS, ISO, CIDB, etc.)? Yes / No:
			session required? Yes /		the state of the same specified as
		on and content part of th			
		tion 4(1)(a) of the PPPF	A Regulations,2017 if app	olicable?	Yes / No
	1.5. Liability Cover ins	surance? Yes / No	The state of the s		
2.	What is the specificat	ion of the required item	7		
	t specifications to be adve				Comment
1.			nd 300 or gloss cov	ter	Common
2.	Inside 32 double	t sided print 84	pages numbered		
3.	Paper: 80a bond	white orinted h	lack pure alue him	ding	
4	Pasted pocket or	n inside back	corner A4 page t	to fit	
5.	with tase in	pocket			
3.	Dogs a sample need to	o ho outmitted? Vec / N	o(select option 3.1 or 3.2)		
J.	3.1 Deadline for submi	ssion if Yes: Date	o(select option 3.1 or 3.2)	Diago	
or	o Doddine for Submi	SSIOTTI TCS. Date	I IIIIG.,,,,	FIAU	
	3.2. Specify that sample	es must be made availabl	e when requested in writing	g. Yes 🗌	or No
4.	Penalties to be noted b	ov the suppliers:			
-			the goods or to perform	the serv	ices within the period(s) specified in the
	contract, the purcha	aser shall, without prejudi	ce to its other remedies un	ider the o	contract, deduct from the contract price
	as a penalty, a sui	m calculated on the deliv	ered price of the delayed	goods o	r unperformed services using the curren
	prime interest rate	calculated for each day of	the delay until actual deliv	ery or pe	erformance.
_	380				
5.	what is the evaluation	criteria / special terms a	and conditions to be adve	ertised?	
1.	Pre-qualification criteria		be advertised (if applicable pre-qualification criteria?	le)	
2.	Administrative		pre-qualification criteria? o stipulated administrative i	roquirer	onto?
3.	Conformance:		or service performed to spe		
4	Performance:	Will/does the product/se	ervice fulfil its performance	obligatio	n, in a manner that releases the supplier
5.	Features:	from all liabilities under	the contract?		
6.	Reliability:		es the product or service ha		ior maintanana a c
7	Durability:	What is the useful life for	go between railures and the	re need t	or maintenance? (guarantee) hold up under extended use?
8.	Serviceability:	How easy is if to repair	maintain or support the per	oduct or	nold up under extended use? service? (customer support)
9.	Ability & Capacity	The ability and capacity	of the vendor to execute the	ne contro	service: (customer support)
10.	Preference points		nt System (80/20) if applica		SCI
	ponito		it cystem (oorzo) ii applica	INIE	
Nar	ne of End-user (in full)	Next de Shahal	Name of SCM	Don (in	6.11)

Harrie of End door (in fall)	IVontando Jhabalala	Name of Scivi Rep (in full)	N. 2 Mour
Designation / Rank (in full)	HAST Coordinator	Designation/ Rank (in full)	SCC
Signature	Mydbala b	Signature	A .
Date	07/09/2027	Date	68152
Standard End-User Specifics	ation Form		1 -0 10 10 0



END-USER SPECIFICATION FORM

Qu	ote Number:	
	_	Child Darill Darads
Ite	m Description: _	Child Health Records
De	partment/Section:	Purpose of Item:
1.	Pre-qualification crite	ria if any:
		ed to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No: cation required if Yes:
		site inspection / briefing session required? Yes / No / / / Time Place
		n and content part of the quote? Yes / No
	1.4. Provisions of sec	tion 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / No
		aon 4(1)(a) of the 11117 Negalations,2017 if applicable: 1657 No
	1.5. Liability Cover ins	surance? Yes / No
		1 1 V 1101 1 WALL TO WALL THE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2.	What is the specificati	ion of the required item?
_	specifications to be adve	
1.	Child: 216 x 300 mx	n after cutting; 30 agr gloss cover
2.	Inside 32 day	able sided print 84 pages numbered
3.	Paper 80 a band	white printed black, pure glue bringing
4.	Pasted pocket	on inside back corner 44 page
5.	to fit with	ease in pockert
	*	
3.		be submitted? Yes / No(select option 3.1 or 3.2)
	3.1. Deadline for submit	ssion if Yes: DateTimePlace
or		
	3.2. Specify that sample	es must be made available when requested in writing. Yes or No
	5 10 7 1 4 11	o e
4.	Penalties to be noted b	
	4.1. If the supplier falls	s to deliver any or all of the goods or to perform the services within the period(s) specified in the
	contract, the purch	aser shall, without prejudice to its other remedies under the contract, deduct from the contract price,
		m calculated on the delivered price of the delayed goods or unperformed services using the current calculated for each day of the delay until actual delivery or performance.
	printe interest rate v	salculated for each day of the delay until actual delivery of performance.
5.	What is the evaluation	criteria / special terms and conditions to be advertised?
		al terms and conditions to be advertised (if applicable)
1.	Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2.	Administrative	Does the offer comply to stipulated administrative requirements?
3.	Conformance:	Was the product made or service performed to specifications?
4.	Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier
		from all liabilities under the contract?
5.	Features:	What characteristics does the product or service have?
6.	Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7.	Durability:	What is the useful life for the product? How will the product hold up under extended use?
8.	Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9.	Ability & Capacity	The ability and capacity of the vendor to execute the contract
10.	Preference points	Preferential Procurement System (80/20) if applicable
100		
van	ne of End-user (in full)	Nontardo Shabalala Name of SCM Rep (in full) NZ MSW

Designation / Rank (in full)

Signature

Date

Designation / Rank (in full)

Signature

Date

Date

Standard End-User Specification Form

NATIONAL CONSOLIDATED GUIDELINES

FOR THE PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV (PMTCT) AND THE MANAGEMENT OF HIV IN CHILDREN, ADOLESCENTS AND ADULTS



NATIONAL DEPARTMENT OF HEALTH SOUTH AFRICA, APRIL 2015



Date

Standard End-User Specification Form

Q	uote Number:					
Ite	em Description:	National (onsolidate	d Guideli	nes 2020	
D	epartment/Section:			Purpose of Ite	m:	
1.	Pre-qualification crite	eria if any:				
	1.1. Is the item requir	-	body certification	on (e.g. SABS, SA	ANS, SANAS, ISC	O, CIDB, etc.)? Yes / No:
		site inspection / briefing			iloskingo sierkiria, ratai, utosmogene.	**************************************
		on and content part of the				
		tion 4(1)(a) of the PPPF			? Yes No	
	1.5. Liability Cover in			and the second s		
	if Yes, specify:			3% ;		
2.		ion of the required item	?			
-	st specifications to be adve				Comment	
1. 2.	ALL SIZE glue	borroled pages wi	th glossy f	iont & back		
3.	hard cover/pages.	White pages w	utten in pi	ack ink		
4.	with coloured d	idaumiz ou bad	<u>~7.</u>			
5.						
3.		o be submitted? Yes / N				
0.5	3.1. Deadline for submi	ssion if Yes: Date/_	fTime	Plac	e	**** ** - The State of the Stat
or	3.2. Specify that sample	es must be made availab	le when requeste	d in writing. Yes	or No	
4.	Penalties to be noted b	y the suppliers:				
	4.1. If the supplier fails	to deliver any or all of	f the goods or to	perform the sen	vices within the p	period(s) specified in the
	contract, the purch	aser shall, without prejud	ice to its other rei	nedies under the	contract, deduct t	from the contract price
	as a penalty, a sui	ກ calculated on the deli	vered price of the	delayed goods	or unperformed se	ervices using the current
	prime interest rate	calculated for each day o	t the delay until a	ctual delivery or p	erformance.	
5.	What is the evaluation	criteria / special terms :	and conditions to	he advertised?		
Lis	t evaluation criteria / speci	al terms and conditions to	be advertised (if	applicable)		
1.	Pre-qualification criteria	Does the offer meet the	pre-qualification	criteria?		
2.	Administrative	Does the offer comply t	o stipulated admi	nistrative requiren	nents?	
3.	Conformance:	Was the product made	or service perform	ned to specificatio	ns?	
4.	Performance:	Will/does the product/se from all liabilities under	ervice fulfil its per	ormance obligation	on, in a manner tha	at releases the supplier
5.	Features:	What characteristics do	es the product or	service have?		
6.	Reliability:	How long can a produc	t go between failu	res and the need	for maintenance?	(quarantee)
7.	Durability:	What is the useful life for	or the product? He	w will the produc	hold up under ex	tended use?
8.	Serviceability:	How easy is it to repair,	maintain or supp	ort the product or	service? (custome	er support)
9.	Ability & Capacity	The ability and capacity	of the vendor to	execute the contra	act	
10.	Preference points	Preferential Procureme	nt System (80/20)	if applicable		
No						
ival	ne of End-user (in full)	Montaint Sha	halala Nam	e of SCM Ren (in	full) A 1) 1/2 1
	me of End-user (in full) signation / Rank (in full)	Nontando Sha HAST Gordin	0 011 011 0	e of SCM Rep (in gnation/ Rank (in	. 100	2 MSCM.

Signature

Date

Page 1 of 1



END-USER SPECIFICATION FORM

Qu	ote Number:	
Ite	m Description:	HPV Vaccination Cards (Sample attached) Purpose of Item: HPV Campaign
De	partment/Section: _	Purpose of Item: HPV Campaign
1.	Pre-qualification crite	ria if any:
	1.1. Is the item require Regulatory Body / certifications	ed to have a regulatory body certification (e.g SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No: ication required if Yes:
	· ·	Time : Place
		on and content part of the quote Yes No
		tion 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes No
	1.5. Liability Cover ins	surance? Yes (No.)
	if Yes, specify:	
		AND THE PROPERTY OF THE PROPER
2.	What is the specificat	ion of the required item?
List	specifications to be adve	ertised Comment
1.	Size 145mm	(top to bottom) x 312mm (left to right) folded twice.
2.	First at 104	mm Cleft to right) and 208 mm as per attached sample
3.	Positioning of	
4.	Printed double	
5.	All best must	be in English and
3.		o be submitted? Yes No select option 3.1 or 3.2)
	3.1. Deadline for submi	ssion if Yes: DateTime;Place
or	3.2. Specify that sample	es must be made available when requested in writing. Yes or No
4.	Penalties to be noted b	by the suppliers:
		s to deliver any or all of the goods or to perform the services within the period(s) specified in the
		aser shall, without prejudice to its other remedies under the contract, deduct from the contract price,
		m 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.
F	Miles Alexander Com	
5.		criteria / special terms and conditions to be advertised?
1.	Pre-qualification criteria	al terms and conditions to be advertised (if applicable) Does the offer meet the pre-qualification criteria?
2.	Administrative	Does the offer comply to stipulated administrative requirements?
3.	Conformance:	Was the product made or service performed to specifications?
4.	Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier
		from all liabilities under the contract?
5.	Features:	What characteristics does the product or service have?
6.	Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7.	Durability:	What is the useful life for the product? How will the product hold up under extended use?
8.	Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9.	Ability & Capacity	The ability and capacity of the vendor to execute the contract
10.	Preference points	Preferential Procurement System (80/20) if applicable
Nar	ne of End-user (in full)	Thuliste Shange Name of SCM Rep (in full) N.Z MENT
	 	IV-C - UVV

Name of End-user (in full)	Inulisite Shange	Name of SCM Rep (in full)	N.Z ascori
Designation / Rank (in full)	School Health Coordination	Designation/ Rank (in full)	80
Signature	M6 haye	Signature	(B)
Date	29.6.2022	Date	
Oten dead End Harry Constitution	- P E		

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JANA CE

Department: Health REPUBLIC OF SOUTH AFRICA health Department Feath REPUBLIC OF SO

MMC CLIENT INTAKE FORM

Client File Number:

health
Department:
Health
REPUBLIC OF S.

MMC CLIENT INTAKE FORM

Page 4 F1. INFORMED CONSENT FOR HIV TESTING SERVICES (HTS) Client Flui Name(s)

If the above-monitorably leading that least informool and healy offinool HVT-Testing Services. I and enabled that HV that health are leapt conferential and rootly feathbear propieties and the individual seated have excess to the feat multit. (per consent that my information will be shared with supposited breakdoure propletion. The service individual or high peats and with the Department of Feath for monitaring and evaluation purposes.
 Be contacted halpstonically on my matter trappind for tident-up.

□ I consent to be tasked for FW, to have my HM status shared with me and my healthcare providency, and to be contacted for follow up.
□ I choose to dealine HM stating. Please theck the relevant box below:

Signature of Citem		Date of comeny	AAAABWEE
F2, PARENTILEGAL	F2. PARENTILEGAL GUARDIAN CONSENT FOR HIV TESTING (CLIENT YOUNGER THAN 12 YEARS)	NG (CLIENT YOUNG	er than 12 years)
News & Surmand Pare-Moundlin		Specific of Parameters	
Date of spinsert	No. Anthony and	Identity Number of Parent/Gueritan	
G1, INFORMED CON	G1.INFORMED CONSENT FOR MEDICAL MALE CIRCUMCISION (NIMC) - OR ASSENT FOR CLIENT 10-17 YEARS	SION (MMC) - OR AS	SENT FOR CLIENT 10-17 YEARS
Skut same(a)		Sumarrie	

I, the above-monitored, benthy declare that I was informed and voluntarly accepts to undergo medical mide intermanism. Londerstand their VMMIC is a surgical productive that define the profit profit of the procedure as the greatest that the contraction represents and its pressible advances including complications beneate the replanes and increased with me.

I was informed that I might be contacted behaviorizedly on my makin anders anapplied for follow-up. Please check the melevant but below.

□ I consent for medical male circumcision
 □ I choose to decline medical male circumcision

Signature of Shart	Date of coment	いいのは続きからず
2. PARENTILEGAL GUARDIAN CO	G2. PARENTILEGAL GUARDIAN CONSENT FOR MEDICAL MALE CIRCUMCISION (CLIENT 10-17 YEARS)	DN (CLIENT 10-17 YEARS)
Harve & Harrente of Pagental and an	Suprement Present Color	
The of Company DDARWYYN	Raminoral in the College	
3. COUNSELLOR (& surgeon/clink	GS, COUNSELLOR (& surgeonclinical associate & nurse) PROVIDING CLIENT WITH HTS AND VARIC INFORNATION	WITH HTS AND VAMC INFORMATION
Part Namels of Counselor	Sattleng of *	

DUABANTYY

Department: Health REPUBLIC OF SOUTH AFRICA A. FACILITY AND CLIENT INFOR

Chent File Number:

Special Spec		
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Special Additions Spec	Datis Cherk signisture	
Sponse Optional Agency Optional Chapters		
Spones National Chapmone Signore Spones National Chapmone Signore Signore	Disk deline DOASAYYYY	
Spowes	Employment Shalar Peulline Pe	☐ Pert-fime ☐ Student
Harring of the completed by nurse construction Harring of the second of the completed by nurse construction Harring of the comple	☐ Single, No Regular Partner ☐ Single, Regular Partner	5
Aut DN — To be completed by mendiounnessing Authorities the terrority capetit Street Feet and was the profit capetit Feet and was the profit capetit	Tel additions of their of	
The safe than the many report		
Franchische (1967) Franch	S) months	10 M
Programme Prog	☐ Positive (R) ☐ Never collected result	acrift acrift
8 (HTS) — To the composite of ty mure Accessmenting member	RT.	No □
Result New Secret New Secre		
First Parsift Negalive (Negal Fizik Radiation Cloudon unage Destruct modes Cloudon unage Destruct modes Cloudon unage Cloudon unage Destruct modes Cloudon unage Cloudon	□ Positive (R) □ Discordant □ ELISA Inst	Yes No
AS SENVALY PRANSENTED INSECTION ISTH SCREENING — To be compressed being with the properties of t	ction Follow-up counselling (negative and high-risk featurs)	sk feet
Company Comp	f by mrseicounsellor	
Here particular descriptions and the particular particular descriptions and the particular descriptions are particular descriptions.	□ Yes Do rest three burning where presting united □ No	% ≥ S ≥
SOCIETATIO — To be compared by managementariant management of the compared of	□ Ves. Post mery secting participation you had in □ No. the leg 6 profiles?	
Chee President Apparent Apparent America month Chee President America month Chee Personal Will appropriate Will appropriate Management and Management America month of Management America month of Management America month of Management Manage		
☐ Yes Fiere you ever had contact with a person in the field of the fi	○ Yes Hint you has upagalishes weight kest. ○ No *151g pet mants?	Ne C
A Year to apply of threes graves for a grave possible author 78. If collective the possible for		0 \ 0
possible To relation, that their is To take to their eventuable. Fatight may conduce to mea-	Fyot late been dispressed with TB, there is processing being source to the second source of t	, 2 0 0
A7 REFERRALS - To be completed by norse/counsellor		



MMC CLIENT INTAKE FORM

Clent File Number.

B1. REFERRAL MECHANISMS - To be completed by nurse/counsellor	ECHANISMS -	To be co	ripleted by	nurse/com	rseilor					
How did you learn of Vicinities	C Friends/Family Perty Church Event Branc C Postes/Newspeper/Lenflet	8	☐ Perther/Spouse ☐ Branded Taxis rl.esifet	☐ Other Client☐ Bilboard☐ ☐ Phare/SMS		Health Worker TV/Redio CUhor, specify:	☐ Corrununity Mobilizer ☐ Social Media (e.g. Facebook)	fobilizer (e.g. Facabook	Comma	☐ Community Event
B2. REASONS FOR CIRCUMCISION - To be completed by nurse/counsellor	R CIRCUMCES	ON - Yo	эн сотріні	of by nurse	/connection					
What are your printing to legit, for WAMC?	☐ Partial HIV Protection ☐ Sexual Pleasure	rotaction	STI Protection	STI Protection	☐ Hygiene ☐ Medi	☐ Medical	☐ Social/Religious ☐ Other, specify:		П Арражелсе	ance
PAST MEDIC	B3. PAST MEDICAL HISTORY - Fo be completed by nurse	Fo be con	plated by	9525						
	Acaemia	I	□ Yes	º □	fiyes, are yo	Freque you curently receiving treatment?	Treatment?		□ Yes	oN 🗆
Do you have son	decident yoursel orbing	ading self or tem	. Yee	2	Fyds, artico	First, sets four number modeling the sound	Company Billinger Alie		□ Yes	O Ne
conditions?	New Heads the	Elastions	D Yes	2	Prec and	type, any purchased, receiving their nest?	g Predmen?		SB.	%
	Diabetes		□ Yes	20	Fyes, are yo	If yes, are you currently receiving treatment?	Greatment g		SBY []	8 0
COMPLAINTS	B4. COMPLAINTS - To be completed by nurs.	ered by n	924							
	Urethral discharge	8	D Yes	2 0	Difficulty retra	Difficulty retracting foreskin			□ Yes	% □
	Goriffor contribution/wests	ar/warts	Suy 🗆 🛴	2	Satelling/retr	Saeling/restracs of London Portion			□ Yas	8
Do for town mry	Samilies of the accolum	colon	1 Yes	-	Discharge or	Discharge or Stick Equit under Errorede	2		O Yes	20
Completely 7	Frequent (ethicida)	*	≥ YB¢	2	Pain on erection	5	All and your	200	, es	2
	Difficulty passelling Little	P TOPE	SeX □	20	Concerns ab	Concerns about about tonk excust function	function		□ Yes	250
	Pain on unnation		Sey □	8 E	Other, specify					
PREVIOUS SE	BS. PREVIOUS SURGERY - To be comply	е сотріе	efect by nurse							
e you ever han a	Have you ever fait a thicking gurgest operation?	oberedo?	Yes	8	Marse	Name:				
Ryes, specify neture, date and any complications	diffe.					Signeture:				
CURRENT ME	Bs. CURRENT MEDICATIONS AND ALLERGIES To be completed by nurse	ID ALLER	GIES - To	se complet	ed by nurse					
Taking Any Medications?	Sun S		□ Yes	º N □	Allergies to Medications?	edicalisms?		□ Yes	2	
Specific					Provide detail	Rodia detais (e.g. todine 44 meh	No.		25 1	
PHYSICAL EX	C. PHYSICAL EXAMINATION AND TRIAGE	AND TRIV	4GE							
PHYSICAL EX	C1. PHYSICAL, EXAMINATION – To be completed by nurse	To be con	spleted by r	lirse						
Phintel Over	Pocaphinosia		26 - O	The Control	O Yes	Shproped in	N C	Cherilist U. sna Weste	9 S	98,
Salentis Ci Yes	Torriba		No O	Adherions	- Yes	Special Specia	□ N	a de de		
WELLNESS A	CZ WELLNESS ASSESSMENT – To be completed by nurse	To be car	mplecad by	rillerse						
Weight kg	Blond		Pales		Temperature	Ģ				
Part II Yes	*	N D	Vineting	□ Yes	Hemo Chapter test (FICT)	¥.₩	Semplingan Rate Haemoglobin (HB)	Rate in (HB)		
VNMC ELIGIB	C4, VNMC ELIGIBILITY To be completed by nime	ompietad	by minse							
Is client eligible for VMMC?		□ Yes	8 0	If no, specify						

MMC CLIENT INTAKE FORM

Client File Number....

Disclaration 6.5% mile Schild Disclaration 6.5% Discla	Date of			The same of the same of the same of	The state of the s	The second secon					
Unkneamen 6.5% Unkn	A SALINA		Start Time	HHSad	End	900		Consentior Mily Verified?		Yes	N [
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Clear Joseph Park	E-9, 1000				77	er, specify.		-toluder	Designation:		
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CONTROL OF SEALON OF SEALO		☐ Sizeve Resect	flon	•	, Chrit	nmic		世界を表える	Name:		
1	William Co.	☐ Device/Surgice	al aid, specify (type/siz	e);	7				Designation:		
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Participate	D3. POS	T-SURGERY, OBS	SERVATION (5 Lin	UTES AFTE	R PROCED	URE) - To	be comple	ed by surger	anichmical as	sociate 6 n	JF56
Company Comp	BP.	1	Temp.	ڼ	Pulse			Restirations	報		
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