# APPENDIX 1

# Supplier Proposal Form – sterile surgical gloves RFP

***An electronic version of this form is available on GETS.***

***You should expand the boxes as necessary.***

***All information is mandatory unless stated otherwise.***

***You must also include information as outlined in Schedule 3 and Appendix 2 (Excel spreadsheet) as part of your proposal.***

**[Supplier to insert date]**

Rob Turner
Devices Category Manager
PHARMAC
By electronic transfer using GETS ([www.gets.govt.nz](http://www.gets.govt.nz) )

Dear Sir/Madam

Proposal for the supply of sterile surgical gloves

In response to your request for proposals (**RFP**) dated 30 June 2016, we put forward the following proposal in respect of sterile surgical gloves.

Set out below is further information in support of our proposal. Note that additional information is set out in the spreadsheet.

* 1. **Organisation details**

|  |  |
| --- | --- |
| * + 1. *full legal name of supplier;*
 |  |
| * + 1. *contact person;*
 |  |
| * + 1. *physical address*
 |  |
| *telephone* |  |
| *email addresses* |  |
| * + 1. *organisational infrastructure, including legal status;*
 |  |

* 1. **Product specifications and usage details**
		1. **Details**

Complete Appendix 2 (spreadsheet)

* + 1. **DHB Experience (if any)**

|  |  |
| --- | --- |
| *Volumes for period 1 July 2015 to 30 June 2016* | See Appendix 2 (spreadsheet) |
| *Details of any existing DHB contracts, including expiry dates* |  |

* + 1. **Current Pricing (GST exclusive)**

|  |
| --- |
| *Details of your current pricing model(s), and which DHBs have accessed the pricing model(s) in the period 1 July 2015 to 30 June 2016 (if any)* |
| See also Appendix 2 (spreadsheet) |

* + 1. **Proposed Pricing (GST exclusive)**

|  |
| --- |
| *Details of your proposed pricing model(s), include any related conditions or proposed terms;* |
| Include on Appendix 2(spreadsheet) where appropriate |
| *Alternative pricing models (if any)* |
| Include on Appendix 2 (spreadsheet) where appropriate |

* + 1. **Impact Analysis**

|  |
| --- |
| *Provide financial impact analysis of your proposal by DHBs based on current usage patterns.*  |
| Include in Appendix 2 (spreadsheet) where appropriate |

* + 1. **Quality/Standards Compliance**

|  |  |
| --- | --- |
| *A copy of documentation to confirm that the gloves meet or exceed the requirements of AS/NZS 4179:2014* |  |
| *A copy of registration in one of the following foreign jurisdictions: Europe, the United States, Canada, Australia.* *For example, if product is registered in Australia, a copy of the Australian Register of Therapeutic Goods (ARTG) certificate;* |  |
| *All products would require WAND notification before being considered. WAND registration number must be provided. Where it is not currently held suppliers must agree to register prior to any agreement being entered into.* | See Appendix 2 (spreadsheet) |

* 1. ***Operational Details***
		1. ***Supply arrangements***

|  |
| --- |
| *Information relating to continuity of supply of sterile surgical gloves in New Zealand. This should include information on*  |
| * *Stockholding in New Zealand, to support DHB hospital requirements*
 |  |
| * *Country of origin*
	+ - *Raw materials*
		- *Manufacture*
		- *Packaging*
 |  |
| * *Minimum order size for DHB hospitals*
 |  |
| * *delivery frequency and lead times:*
	+ - *for a stable demand situation,*
		- *in the event of supply disruptions, and*
		- *when there is an unexpected surge in demand for your product.*
 |  |
| * *Please include any specific measures you will take to secure stock for New Zealand from international production;*
 |  |
| * *Other*
 |  |
| *Describe your current supply arrangements, and supply volumes in other major markets including recent tenders awarded (in New Zealand and/or other countries);* |
|  |
| *Describe proposed distribution and supply arrangements for the sterile surgical gloves (this includes any information regarding freight or delivery costs to DHBs)* |
|  |

* + 1. ***Complaints and Recalls***

|  |
| --- |
| *Explain your current or proposed complaints management processes, including ability to recall stock, refund or credit for damaged or faulty goods* |
|  |

* + 1. ***Business Continuity Plan***

|  |
| --- |
| *Brief summary, including confirmation that any parties who will be supplying sterile surgical gloves have a business continuity plan(s)* with a brief summary of the plan(s) |
|  |

* + 1. ***Experience (if any)***

|  |
| --- |
| *Demonstration of experience and knowledge within the healthcare sector, and specifically with New Zealand District Health Board hospitals* |
| [OPTIONAL] |

|  |
| --- |
| *Details of any overseas market.* *Please indicate which sterile surgical gloves are supplied to these sites, if any**Site referees are required to support experience cited here.* |
| [OPTIONAL] |

* + 1. ***Sustainability***

|  |
| --- |
| *Details of relevant programmes for:** + - *Waste reduction*
		- *Recycling*
		- *Other sustainability programmes*
 |
| [OPTIONAL] |

* + 1. ***Associated Services***

|  |
| --- |
| *Availability of training, education and product support* |
|  |

* 1. ***evidence of how the supplier envisages working with PHARMAC and other key stakeholders;***

|  |
| --- |
|  |

* 1. ***the supplier’s own rationale for why it considers PHARMAC should accept its proposal;***

|  |
| --- |
|  |

* 1. ***any particular information that the supplier considers PHARMAC should take into account when assessing its proposal; and***

|  |
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|  |

* 1. ***a declaration of any conflicts of interest that the supplier or an associated person or organisation may have that could affect or compromise the supplier or PHARMAC in relation to this RFP process or performance under any listing agreement if successful.***

|  |
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|  |