**Attachment 4: Checklist of evidence and information required for RFP submission**

### Proposal for the Provision of Negative Pressure Wound Therapy Products

**[Company name]**

**Refer to main RFP document for full details regarding required documents and information.**

| **Documents & Information Requested in RFP** | **Mandatory / Desirable / Other** | **Attached** **(Yes/ No)** |
| --- | --- | --- |
| Schedule Four Proposal Form(all mandatory response fields completed) | Mandatory |  |
| Attachment 1: Product Spreadsheet(all mandatory response fields completed) | Mandatory |  |
| Attachment 3: Acceptance that PHARMAC Standard Terms and Conditions Parts 1-7 subject to change | Mandatory |  |
| Attachment 4: Checklist of Documentation and Information required for RFP Submission | Mandatory |  |
| Copies of international compliance certificates for all submitted products | Mandatory |  |
| Detailed financial impact analysis of proposal for each DHB based on current usage patterns (Excel format) | Mandatory |  |
| Copies of current insurance certificates | Mandatory |  |
| Detailed transition plan example | Mandatory |  |
| Evidence of conformance to relevant standards | Desirable |  |
| Other attachments: *[****Note:*** *Only brief examples as indicated in Schedule 4 will be accepted]**[Include name of attachment and which part of Schedule 4 it relates to]* | Optional |  |