# Schedule 4: Proposal form

An electronic version of this form is available on PHARMAC’s website at [www.pharmac.govt.nz](http://www.pharmac.govt.nz) and on GETS ([www.gets.govt.nz](http://www.gets.govt.nz)). You should expand the boxes as necessary.

**[*Supplier to insert date***]

Director of Operations  
PHARMAC

c/-Sarah Penno

Device Category Manager

By electronic transfer using GETS **(**[**www.gets.govt.nz**](http://www.gets.govt.nz)**)**

Dear Sir/Madam

**Proposal for the supply of Interventional Radiology Products**

In response to your request for proposals (**RFP**) dated 22 September 2017 we put forward the following proposal in respect of Interventional Radiology Products.

***[Please refer to Schedule 3 for information and evidence to be included in your proposal. You must also include information as outlined in Attachments 1, 3 and 4 as part of your proposal.]***

Set out below is further information in support of our proposal.

1. Our contact details:

|  |  |
| --- | --- |
| Full legal trading name in NZ |  |
| Key Contact person |  |
| Address |  |
| Phone |  |
| Mobile phone |  |
| Facsimile |  |
| Email address |  |

1. Key features of our proposal and associated services available:

|  |
| --- |
|  |

1. Information relating to pricing ($NZ, GST exclusive) inserted in Attachment 1, including any related conditions or proposed terms:

|  |
| --- |
|  |

1. Information about current contracts we have in place with DHB Hospitals, in addition to the information included in Attachment 1:

|  |
| --- |
| *[Expiry dates]*  *[Additional cost and volume data/information]*  *[Other relevant information about current contracts in place with DHB Hospitals]*  *[IR Products currently provided to DHB Hospitals that are* ***not*** *included in proposal, and reason for this]* |

1. Financial analysis of our proposal:

|  |
| --- |
| *[Overview of how pricing compares to that currently offered to DHB Hospitals]*  *[****Attach*** *detail in Excel format]* |

1. Information about our proposed distribution and supply arrangements including our ability to ensure continuity of supply to DHB Hospitals:

|  |
| --- |
| *[Whether you are a manufacturer or distributor of the proposed IR Products]*  *[Terms of any distribution agreements, if you are not the manufacturer, for example the duration and exclusivity of the distribution agreement]*  *[Details of distribution and stock-holding in New Zealand]*  *[Delivery frequency and lead in times, including under stable demand situations, in the event of supply disruptions, and when there is an unexpected surge in demand]*  *[Specific measures to secure stock for New Zealand from international production, including information about agreements in place with other parties in supply chain and notice periods required for any changes]*  *[Any freight and delivery costs to DHB Hospitals]*  *[Minimum shelf life of products]*  *[Other relevant supply chain arrangements]* |

1. Information about our other major markets and previous supply performance (applicable only for products **not** currently supplied to DHBs):

|  |
| --- |
| *[Private New Zealand market(s)]*  *[International markets]*  *[Recent tenders awarded]*  *[please give* ***three reference sites*** *where proposed products are used in similar ways and settings to DHBs, and sales volumes for 1 July 2016 to 30 June 2017]* |

1. Information about our organisation:

|  |
| --- |
| *[Organisational structure]*  *[Information on ability to manage liability in event of a major product recall or failure to supply]*  *[Current Insurance levels with certificates* ***attached****]*  *[Management, technical skills, experience and qualifications of staff in relation to the proposed IR Products]*  *[Customer support hours for troubleshooting and advice]*  *[Other relevant information about your organisation].* |

1. Information about our Quality Management Systems including our current complaints management process and our ability to recall stock, refund or credit for damaged or faulty goods.

|  |
| --- |
| *[Information about conformance to ISO 9000 Quality management or ISO 1345:2016 Medical devices quality management systems.* ***Attach*** *evidence where available]* |

1. Our understanding of DHB educational requirements and our experience in providing training and product support for the devices submitted:

|  |
| --- |
| [*Include information on instructions and guides for IR products (as applicable) proposed for clinical personnel. Please* ***do not*** *include copies of full manuals]* |

1. Information about our ability to support DHB transition to our products:

|  |
| --- |
| *[Overview of transition support with detailed transition plan* ***attached****]* |

1. Information about our instructions and/or educational resources for patients

|  |
| --- |
| *[Overview of patient information resources for IR products - where appropriate]* |

1. Information about our current (and/or proposed) consignment stock management system:

|  |
| --- |
| *[Risk and liability arrangements]*  *[Responsibility for stock management]*  *[Auditing arrangements]*  *[Other relevant consignment stock management information]* |

1. Information about how you envisage working with PHARMAC and other key stakeholders:

|  |
| --- |
|  |

1. Proposal/suggestions (e.g. pricing, risk sharing arrangements) regarding the medical device(s) not expressly identified in this RFP that we would like PHARMAC to consider as part of our proposal:

|  |
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|  |

1. Reasons why PHARMAC should accept our proposal:

|  |
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|  |

1. Additional information that PHARMAC should consider when evaluating our proposal:

|  |
| --- |
| *[consider any relevant information under PHARMAC’s* [*Factors for Consideration*](http://www.pharmac.govt.nz/medicines/how-medicines-are-funded/factors-for-consideration/) *decision making framework]* |