# Appendix A: Tender Submission Form

**An electronic version of this form is available on GETS. You should expand the boxes as necessary.**

**<Tenderer to Insert Date>**

Director of Operations

PHARMAC

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

Dear Sir/Madam

**Tender bid for the supply of** **Losartan Potassium with Hydrochlorothiazide to DHB** **hospitals and/or community pharmacies - commercial in confidence**

In response to your request for tenders (**RFT**) dated 9 April 2018, we put forward the following tender bid in respect of Losartan Potassium with Hydrochlorothiazide.

Set out below is further information in support of our tender bid.

(a)

(b)

(c)

Our contact details

(i.e. who communications relating to the attached bid(s) should be made to):

|  |  |
| --- | --- |
| **Name of supplier** |  |
| **Contact person** |  |
| **Address** |  |
| **Phone** |  |
| **Facsimile** |  |
| **Email address** |  |

Information about our company structure:

Information about our management and technical skills:

(d) Information about our financial resources:

(e) (f) (g)

(h)

Information about our, or our supplier’s, existing supply commitments:

Information about our quality assurance processes (where applicable):

Information about our ability to ensure the continuity of supply of the Tender Item:

Please confirm completion of the following Bids on the appropriate worksheets: For more information on the Bid types - Refer to Schedule Three of this RFT

(i) (ii)

Individual Community or Hospital Bid - Compulsory

Combined Community & Hospital Bid

**Yes/No\* Yes/No\***

\* Delete as appropriate

(i)

Evidence for market approval and any other required consents:

For any products without market approval but where the dossier has been submitted to Medsafe, have you provided evidence of the submission?

**Yes/No\***

Insert the details of any other consents required for the pharmaceutical(s):

(j) The name and location of:

The manufacturer(s) of the finished product(s) (and name and location of the packaging site, if different):

The manufacturer(s) of the active ingredients:

Alternative manufacturers of the finished product(s) and active ingredients (if any):

(k) (l) (m)

(n)

Our proposed distribution and supply arrangements for the Tender Item(s):

Key features of our tender bid:

Information about our previous supply performance and relevant expertise:

Any additional information that PHARMAC should consider when evaluating your

Tender Bid:

Signed for and on behalf of **<insert name of tenderer>** by

 **<Insert name>**

 **<Insert designation>**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Chemical Name** | **Presentation** | **Pack****Size** | **Volume****(ml)** | **Currency** | **Community****Price/Pack** | **Hospital****Price/Pack** | **Combined****Price/Pack** | **Brand Name** | **Market Approval****(Yes/No)** | **If No Market Approval: Actual or Expected Date of Dossier Submission To Medsafe \*** | **Lead Time****(Months)** |
| Losartan Potassium With Hydrochlorothiazide | Tablet 50 mg with hydrochlorothiazide 12.5 mg |  | N/A | NZD | $ | $ | $ |  |  |  |  |

|  |  |
| --- | --- |
| **Key** |  |
|  | Supplier NameProduct InformationIndividual Bids for Community and/or Hospital Sole SupplyCombined Bid for Community AND Hospital Sole Supply |
|  |
|  |
|  |

\* Please attach confirmation that the dossier has been submitted to Medsafe