**Attachment 07: Checklist of evidence and information required for RFP submission, and additional documents you have provided.**

### Proposal for the supply of Infusion Devices to DHB Hospitals

**[Company name]**

Please fill out the table below with details of all documents submitted as part of your proposal-add additional rows as required. Refer to main RFP document for full details regarding required documents and information.

| **Documents & Information Requested in RFP** | **Attached****(Yes/ No)** | **Document name** |
| --- | --- | --- |
| **2018-06-21 Schedule 4: Proposal Form** |  |  |
| **Attachment 01** (excel) Non-Dedicated & Consumable Infusion Devices List |  |  |
| **Attachment 02** (excel) Infusion pumps + other Infusion Equipment, spare parts, dedicated consumables and accessories |  |  |
| **Attachment 03** (excel) Financial Analysis for Non-Dedicated & Consumable Infusion Devices |  |  |
| **Attachment 04** (excel) Financial analysis for Equipment |  |  |
| **Attachment 06** (word) Acceptance of PHARMAC's standard terms and conditions |  |  |
| **Attachment 07** (word): Document and information checklist |  |  |
| Organisational chart |  |  |
| Evidence of financial stability and ability to cover financial liabilities |  |  |
| Evidence of your company’s Quality Management System(s) certification |  |  |
| Evidence of your manufacturer’s Quality Management System(s) certification |  |  |
| Evidence of compliance to other relevant stands for the proposed products |  |  |
| Transition plan |  |  |
| Copies of international compliance certificates for all proposed products |  |  |
| Evidence of financial stability and ability to cover financial liabilities |  |  |
| Equipment specifications (where applicable) |  |  |
| Detailed information on training and support for Infusion Pump |  |  |
| Transition plan for Infusion Pump |  |  |
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