**Attachment 05: Acceptance of PHARMAC’s Standard Terms and Conditions for Medical Devices (Parts 1-7) for Feeding Devices and/or Special Foods.**

An electronic version of this form is available on [GETS](http://www.gets.govt.nz) or on [PHARMAC’s website](https://www.pharmac.govt.nz/news).

**Notes**:

* Parts 1-7 are standard terms and conditions.
* Parts 8 and 9 may be used to include any negotiated special terms and conditions.

**Proposal for the supply of Feeding Devices and/or Special Foods to DHB Hospitals**

**[Company name]** declares the following:

I have read and understood the proposed PHARMAC Standard Terms and Conditions Parts 1-7 (Attachment 04) and **agree/disagree** with the terms and conditions of contract.

I have provided:

* detailed comment about all terms and conditions I do not agree with for our proposed Feeding Devices in **Table 1** below (including our rationale); and
* additional terms and conditions I would like PHARMAC to consider for our proposed Feeding Devices are provided in **Table 2** below.
* detailed comment about all terms and conditions I do not agree with for our proposed Special Foods in **Table 3** below (including our rationale); and
* additional terms and conditions I would like PHARMAC to consider for our proposed Special Foods are provided in **Table 4** below.

Signature(s):

Name:

Position:

Date:

Additional rows can be added to the tables as required.

**Table 1: PHARMAC terms and conditions that we do not agree with for Feeding Devices**

(include any suggested alternatives to the terms and conditions that you do not agree with)

|  |  |
| --- | --- |
| **Clause Number** | **Comments/Justification** |
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**Table 2: Request for additional terms and conditions for Feeding Devices**

(include any terms not included in PHARMAC’s standard terms and conditions or Table 1 above that you would like PHARMAC to consider)

|  |  |
| --- | --- |
| **Additional terms and conditions** | **Comments/Justification** |
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**Table 3: PHARMAC terms and conditions that we do not agree with for Special Foods**

(include any suggested alternatives to the terms and conditions that you do not agree with)

|  |  |
| --- | --- |
| **Clause Number** | **Comments/Justification** |
|  |  |
|  |  |
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**Table 4: Request for additional terms and conditions for Special Foods**

(include any terms not included in PHARMAC’s standard terms and conditions or Table 3 above that you would like PHARMAC to consider)

|  |  |
| --- | --- |
| **Additional terms and conditions** | **Comments/Justification** |
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