# 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** **flecainide acetate to DHB** **hospitals and/or community pharmacies - commercial in confidence**

In response to your request for tenders (**RFT**) dated 6 August 2018, we put forward the following tender bid in respect of flecainide acetate.

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 Tender Bids on the appropriate worksheets (for more information on the Tender Bid types - refer to Schedule Three of this RFT):

(i) (ii)

Combined Community & Hospital Tender Bid – compulsory

Aggregated Combined Community & Hospital Tender Bids

 **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 consents required for the pharmaceutical(s) and any further details that are relevant to assessing the likelihood and timing of our brand gaining all the necessary consents:

(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, including markets (international or otherwise) where your product is currently supplied (including estimate of uptake):

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** | **Supplier** | **Brand** | **Pack size** | **Strength**  | **Type** | **Supply Market** | **Subsidy/Price per Pack ($ NZD)** | **Lead time (months)** |
| Flecainide Acetate |  |  |   | Tab 50 mg | Combined | C & H |   |  |
|   | Cap long-acting 100 mg | Combined | C & H |   |  |
|   | Cap long-acting 200 mg | Combined | C & H |   |  |
|   | Inj 10 mg per ml, 15 ml ampoule | Combined | C & H |   |  |
|   | Tab 50 mg | Aggregated Combined | C & H |   |  |
|   | Cap long-acting 100 mg | Aggregated Combined | C & H |  |  |
|  | Cap long-acting 200 mg | Aggregated Combined | C & H |  |  |
|  | Inj 10 mg per ml, 15 ml ampoule | Aggregated Combined | C & H |   |  |

Note – Please duplicate table for alternative brand(s)