**Attachment 3: Acceptance of PHARMAC’s Standard Terms and Conditions for Medical Devices (Parts 1-7) for ROI Medical Devices**

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 ROI Medical Devices to DHB Hospitals**

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

I have read and understood the proposed PHARMAC Standard Terms and Conditions for Medical Devices Parts 1-7 (Attachment 2) 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 in Table 1 below; and
* any additional terms and conditions I would like PHARMAC to consider for in Table 2 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 with1, 2**

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

|  |  |
| --- | --- |
| **Clause Number** | **Comments/Justification** |
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|  |  |
| 1. Please include any suggested alternatives to the terms and conditions that you do not agree with  2. If your company has a current PHARMAC Medical Devices Agreement you may indicate in this table that you would like the same negotiated terms and conditions considered for your proposed Medical Devices | |

**Table 2: Request for additional terms and conditions3**

(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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|  |  |
|  |  |
| 3. If your company has a current PHARMAC Medical Devices Agreement please indicate additional terms and conditions agreed that you would also like considered for your proposed Medical Devices | |