**Schedule 4: Proposal form**

**You should expand the boxes as necessary.**

**[*Supplier to insert date*]**

Director of Operations
PHARMAC
C/- Maree Hodgson
Device Category Manager

By electronic transfer using GETS **(www.gets.govt.nz)**

Dear Sir/Madam

**Proposal for the supply of orthopaedic implants and associated products**

In response to your request for proposals (**RFP**) dated 29 April 2016 we put forward the following proposal in respect of orthopaedic implants and associated products.

***You must also include information as outlined in Schedule 3 and Attachment 1 (Excel document) as part of your proposal.***

Set out below is further information in support of our proposal.

1. Our contact details:

|  |  |
| --- | --- |
| Full legal trading name in NZ |  |
| Key Contact person |  |
| Address |  |
| Phone |  |
| Facsimile |  |
| Email address |  |

1. Key features of our proposal and associated services available:

|  |
| --- |
|  |

1. Information relating to pricing ($NZ, GST exclusive), including any related conditions or proposed terms affecting cost for DHBs (e.g. reference price protection, risk sharing mechanisms, etc.):

|  |
| --- |
|  |

1. Evidence of market approval and any other required consents:

|  |  |
| --- | --- |
| WAND registration details supplied against line items in Attachment 1 | [yes/no] |
| TGA/FDA/CE details supplied against line items in Attachment 1 | [yes/no] |

1. Information about our ability to ensure the continuity of supply of the medical devices:

|  |
| --- |
|  |

1. Information about our previous supply performance and relevant expertise including our overseas market (nb: site references show which products are supplied to these sites, and referees are available to contact):

|  |
| --- |
|  |

1. Proposals/suggestions (e.g. pricing, risk sharing arrangements, etc) regarding the medical device not expressly identified in this RFP that we would like PHARMAC to consider as part of our proposal:

|  |
| --- |
|  |

1. Reasons why PHARMAC should accept our proposal:

|  |
| --- |
|  |

1. Additional information that PHARMAC should consider when evaluating our proposal:

|  |
| --- |
|  |

1. Consignment stock information for current service provision, if applicable:

**Table 1**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DHB | DHB hospital/locations where stock is held | Description of each consignment set held  | Number of each set held | Current value of each set held | New value of each set held based on proposal | Annual spend on replenishment of each consignment set per DHB 1 April 2015 – 31 March 2016  | Storage provisions provided with sets (trolleys, shelving etc) | Weight of individual trays in Kilograms (Kg) | Stocktake process and timings(staff involved) | Requirements review process and staff positions involved – DHB signing authority | Date requirements were last reviewed |
| *[DHB name in full]* |  |  |  |  |  |  |  |  |  |  |  |