**Attachment 4: Checklist of evidence and information required for RFP submission**

### Proposal for the supply of Patient Assessment, Monitoring and Treatment Devices to DHB Hospitals

**[Company name]**

**Refer to main RFP document for full details regarding required documents and information.**

| **Documents & Information Requested in RFP** | **Attached**  **(Yes/ No)** |
| --- | --- |
| Schedule 4: Proposal Form |  |
| Attachment 1: Product Spreadsheet |  |
| Attachment 3: Acceptance that PHARMAC Standard Terms and Conditions Parts 1-7 |  |
| Attachment 4: Checklist of Documentation and Information required for RFP Submission |  |
| Attachment 5: Financial impact analysis of proposal (Excel format) |  |
| Organisational chart |  |
| Transition plan example |  |
| Copies of international compliance certificates for all proposed products |  |
| Evidence of conformance to relevant standards (where applicable) |  |
| Equipment support, management and maintenance details (where applicable)  *[Include name of document(s)]* |  |
| Evidence of financial stability and ability to cover financial liabilities  *[Include name of document(s)]* |  |
| Other attachments:  *[Include name of attachment and which part of Schedule 4 it relates to]* |  |