Schedule 4: Tender Submission Form

***An electronic version of this form is available on GETS or on PHARMAC’s website at*** [**www.pharmac.health.nz**](http://www.pharmac.health.nz)***. You should expand the boxes as necessary.***

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

Chief Executive  
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 infliximab to DHB Hospitals - commercial in confidence**

In response to your request for tenders (**RFT**) dated 2 September 2014, we put forward the following tender bid in respect of infliximab.

Set out below is further information in support of our tender bid.

1. 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 |  |

1. Information about our company structure:

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1. Information about our management and technical skills:

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1. Information about our financial resources:

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1. Information about our, or our supplier’s, existing supply commitments:

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1. Information about our quality assurance processes (where applicable):

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1. Information about our ability to ensure the continuity of supply of the Tender Item:

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1. Details of pharmaceutical presentation:

|  |  |
| --- | --- |
| Chemical name |  |
| Strength (e.g. 100mg) |  |
| Form (e.g. powder for infusion) |  |
| Brand name |  |
| Pack size (e.g. 10 vials) |  |
| Packaging type (e.g. injection) |  |

1. Price per Unit (1 vial of infliximab 100 mg), including if applicable the Agreed Price ($NZ, GST exclusive):

|  |  |
| --- | --- |
| Price (mandatory) | $ |
| Agreed Price (applicable if your bid includes a rebate) | $ |

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

|  |  |
| --- | --- |
| Date of market approval (please attach copy of Medsafe Gazette notice) |  |
| **OR** Date of submission of dossier (please attach confirmation from Medsafe that dossier has been submitted) |  |
| **OR** Expected date of dossier submission to Medsafe |  |
| ***Insert any other consents required for pharmaceutical*** |  |

1. Lead Time for supply of Tender Item (in number of months):

|  |
| --- |
|  |

1. The name and location of:

|  |  |
| --- | --- |
| The manufacturer(s) of the finished product (and name and location of the packaging site, if different) |  |
| The manufacturer(s) of the active ingredients |  |
| Alternative manufacturers of the finished product and active ingredients (if any) |  |

1. Our proposed distribution and supply arrangements for the Tender Item

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1. Key features of our tender bid:

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1. Information about our previous supply performance and relevant expertise:

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1. Any additional information that PHARMAC should consider when evaluating our Tender Bid:

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|  |

Signed for and on behalf of **<insert name of tenderer>** by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**<Insert name>  
<Insert designation>**