

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 propofol to DHB hospitals - commercial in confidence

In response to your request for tenders (RFT) dated 14 October 2015, we put forward the following tender bid in respect of propofol.

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

- (a) 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	

- (b) Information about our company structure:

- (c) Information about our management and technical skills:

(d) Information about our financial resources:

(e) Information about our, or our supplier's, existing supply commitments:

(f) Information about our quality assurance processes (where applicable):

(g) Information about our ability to ensure the continuity of supply of the Tender Item:

(h) Please confirm completion of the following Bids on the appropriate worksheets:
(for more information on the Tender Bid types - refer to Schedule Three of this

- | | | |
|------|---|-----------------|
| (i) | individual Hospital Tender Bid - Compulsory | Yes/No* |
| (ii) | number of Aggregated Tender Bids | 0/1/2/3* |

* 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 other consents required for the pharmaceutical(s) and any further details that are relevant to assessing the likelihood and timing of your 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) Our proposed distribution and supply arrangements for the Tender Item(s):

(l) Key features of our tender bid:

(m) Information about our previous supply performance and relevant expertise:

(n) 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>

Tender Submission Form

Individual Hospital Tender Bids

Supplier Name:

Chemical Name	Presentation	Pack Size	Volume (ml)	Currency	Hospital Price/Pack	Brand Name	Market Approval (Yes/No)	If No Market Approval: Actual or Expected Date of Dossier Submission To Medsafe *	Lead Time (Months)
Propofol	Inj 10 mg per ml, 20 ml		N/A	NZD					
Propofol	Inj 10 mg per ml, 50 ml		N/A	NZD					
Propofol	Inj 10 mg per ml, 100 ml		N/A	NZD					

Key	
	Supplier Name
	Product Information
	Bids for Hospital Supply Status

* Please attach confirmation that the dossier has been submitted to Medsafe

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Aggregated Tender Bids

Supplier Name:

Chemical Name	Presentation	Pack Size	Volume (ml)	Currency	Hospital Price/Pack	Brand Name	Market Approval (Yes/No)	If No Market Approval: Actual or Expected Date of Dossier Submission To Medsafe *	Lead Time (Months)
Propofol	Inj 10 mg per ml, 20 ml		N/A	NZD	\$				
Propofol	Inj 10 mg per ml, 50 ml		N/A	NZD	\$				
Propofol	Inj 10 mg per ml, 100 ml		N/A	NZD	\$				

Additional rows may be added as necessary

Key	
	Supplier Name
	Product Information
	Bids for Hospital Supply Status

* Please attach confirmation that the dossier has been submitted to Medsafe