# 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 Madam

**Tender bid for the supply of** **alendronate to DHB** **Hospitals and community pharmacies – commercial in confidence**

In response to your request for tenders (**RFT**) dated 8 August 2018, we put forward the following tender bid(s) in respect of alendronate products.

Set out below is further information in support of our Tender Bid.

(a) Our contact details

(ie who communications relating to the attached bid(s) should be made to):

|  |  |
| --- | --- |
| **Name of supplier** |  |
| **Contact person** |  |
| **Address** |  |
| **Phone** |  |
| **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, including other markets supplied:

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

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

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

 (i) Individual Community or Hospital Tender Bid - Compulsory **Yes/No\***

 (ii) Combined Community & Hospital Tender Bid - Compulsory **Yes/No\***

 \*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 our brand gaining all the necessary consents:

If not available in the Medsafe registration, please provide details of the packaging type (eg blister, bottle) and descriptions (artwork) a description of the tablet(s) (eg size, shape, colour, markings), and shelf life:

(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), including batch sizes, approximate manufacturing time, and approximate shipping time

(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 delegation>**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Chemical Name** | **Presentation** | **Pack****Size** | **Currency** | **Community****Price/Pack** | **Hospital****Price/Pack** | **Combined****Price/Pack** | **Brand Name** | **Market Approval****(Yes/No)** | **If No Market Approval: Actual or Expected Date of Dossier Submission To Medsafe \*** | **Lead Time****(Months)** |
| Alendronate sodium | Tab 70 mg |  | NZD | $ | $ | $ |  |  |  |  |
| Alendronate sodium (conditional on delisting of alendronate sodium with colecalciferol) | Tab 70 mg |  | NZD |  |  |  |  |  |  |  |
| Alendronate sodium with colecalciferol | Tab 70 mg with colecalciferol 5,600 iu |  | NZD |  |  |  |  |  |  |  |
| Alendronate sodium | Tab 40 mg |  | NZD |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Key** |  |
|  | Product InformationIndividual Bids for Community and/or Hospital Sole SupplyCombined Bid for Community AND Hospital Sole Supply |
|  |
|  |

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