## **REQUEST FOR QUOTATION FOR GOODS AND SERVICES**



PM

#### ONDERSTEPOORT BIOLOGICAL PRODUCTS LTD PRIVATE BAG X7, ONDERSTEPOORT 0110

From: Date: 28<sup>th</sup> October 2021 Tel: 012 522 1500 Fax: Email: purchasing @obpvaccines.co.za

То:	
Supplier:	
Tel:	
Fax:	
Email:	

### Kindly provide the quotation for the following: OBP 784/2021

Quantity	Product/Item Code	Specification
500l	CCE0242	BOVINE ADULT DONOR SERUM
Specification: Item 1		
VIRUS FREE BOVINE DONOR SERUM (DS)		
Quantity: 500 Liters		
Scope of Terms.		

- The batch of 500L must be collected from cattle.
- The DS must support growth on BHK-21, Vero and MDBK cell-lines. Documented proof to be provided.
- Cold chain: The cold chain of the DS must be verified at all times of transit to the point of delivery at OBP (Cold chain monitoring and verification to be done by the supplier). The CDS must be kept at a minimum of -20°C at all times (frozen).
- A sample of 20L of the pooled batch to be supplied must be provided by the successful tenderer for pre-testing and evaluation.

1.	Biochemistry:		Comply
			Comply
			Yes / No
	A variation of 10% to either side	will be accepted.	
A	рН	7,2	
В	Osmolality	278 mOsm	
С	Total protein	70 gm/ℓ	
D	O.D. at 540 nm	0,370	
E	Hemoglobin	<16 mg/dł	
F	Gamma globulin	<23 gm/ł	
G	Endotoxin	< 1 ng/mł	
	D'share has		1
2.	Bioburden:		 
A	Bacteria and fungi	≤1 x 10 <sup>3</sup> organisms/mł	
В	Mycoplasma	Nil	
3.	Adventitious viral agents:		]
A	Virus BVD	Nil	
В	IBR	Nil	
С	PI3	Nil	
D	Akabane	Nil	
E	EBL (Enz. Bon. Leucosis)	Nil	
F	BT (Blue tongue)	Nil	
G	FMD (Foot & Mouth Dis.)	Nil	
н	Documented proof/Laboratory		
	results to be provided of items 3A to		
	3G above.		
1	Certification must also be provided		
	that the DS is free from		
	TSE(Transmissible Spongiform		
	Encephalopathies) and more		
	specific Bovine Spongiform		
	Encephalopathies(BSE)).		

4.	Pack size		
	1 000 mł - 5 000 mł frozen DS per Container (-20°C)		
	HDPE Plastic Container		
5.	Product Identification:		
Eac	n Container must be identified with a label stating:		
A)	Batch number		
B)	Pool collection date		
C)	Container number		
D)	Expiry date		
E)	Storage instruction		
6.	Certificate of Analysis (COA)		
	A COA must be supplied of the pooled 500L		
	L	I	<u> </u>
7.	Terms of payment		
	30 days after statement date		

## SBD 4

# **DECLARATION OF INTEREST**

- 1. Any legal person, including persons employed by the state<sup>1</sup>, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes a price quotation, advertised competitive bid, limited bid or proposal). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
  - the bidder is employed by the state; and/or
  - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2. To give effect to the above, the following questionnaire must be completed and submitted with the bid.

- 2.1 Full Name of bidder or his or her representative: ..... 2.2 Identity Number: ..... 2.3 Position occupied in the Company (director, trustee, shareholder<sup>2</sup>): 2.4 Company Registration Number: 2.5 Tax Reference Number: ..... 2.6 VAT Registration Number: 2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / perusal numbers must be indicated in paragraph 3 below. <sup>1</sup> "State" means (a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999); (b) any municipality or municipal entity. (c) provincial legislature. (d) national Assembly or the national Council of provinces; or (e) Parliament. <sup>2"</sup> Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise. 2.7 Are you or any person connected with the bidder YES / NO presently employed by the state? 2.7.1 If so, furnish the following particulars: Name of person / director / trustee / shareholder/ member: ..... Name of state institution at which you or the person: ..... connected to the bidder is employed ..... Position occupied in the state institution: ..... Any other particulars: .....
- 2.7.2 If you are presently employed by the state, did you obtain YES / NO

the appropriate authority to undertake remunerative. work outside employment in the public sector?

2.7.2.1 If yes, did you attach proof of such authority to the bid YES / NO document?

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.)

2.7.2.2 If no, furnish reasons for non-submission of such proof: 2.8 Did you or your spouse, or any of the company's directors / YES / NO trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? 2.8.1 If so, furnish particulars: ..... ..... ..... 2.9 Do you, or any person connected with the bidder, have YES / NO any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid? 2.9.1lf so, furnish particulars. 2.10 Are you, or any person connected with the bidder, YES/NO aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this bid? 2.10.1 If so, furnish particulars. ..... 2.11 Do you or any of the directors / trustees / shareholders / members YES/NO of the company have any interest in any other related companies whether they are bidding for this contract? 2.11.1 If so, furnish particulars:

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## 3 Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	Personal Tax Reference Number	State Employee Number / Perusal Number

### 4 DECLARATION

DECLARATION PROVE TO BE FALSE.

I, THE UNDERSIGNED (NAME).....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT. I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS

Signature	Date
Position	Name of bidder

## **Terms and Conditions:**

-Submission should be no later than (10

(10<sup>th</sup> November 2021, 15H00)

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Please indicate your offer validity and lead time: ....
All prices must be VAT exclusive, if no indication, prices will be evaluated as exclusive
Quotation must be on a company letter head and *strictly* on a PDF format *Quotations sent on Word or Excel format will not be accepted Quotations must be emailed back to: purchasing@obpvaccines.co.za*If no reply after 14 days of closing date your RFQ was unsuccessfully

-Orders above 30K will be BEE evaluated

-Please indicate if you are unable to quote and state the reason why

-Please note that fluctuations in the exchange rate (where applicable) will not be for the account of OBP.

-Payment terms: 30 days after statement

I agree that the offer herein shall remain binding upon me and open for acceptance by OBP during the validity period indicated.

Signature

Date