 

Private Bag X828, PRETORIA, 0001 Dr AB Xuma Building, 1112 Voortrekker Road, Pretoria Townlands 351-JR, PRETORIA, 0187 Tel (012) 395 8000, Fax (012) 395 8918

**PID 1**

**PHARMACEUTICAL INFORMATION DOCUMENT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REQUEST FOR INFORMATION FORM** | | | | | | | | | |
| **INSTRUCTION TO COMPLETE THIS REQUEST FOR INFORMATION (RFI)**   * **COMPLETE IN THE HIGHLIGHTED SECTION.** * **PROVIDE A PRICE FOR THE THREE QUANTITIES INDICATED TO BE SUPPLIED OVER A PERIOD OF THREE YEARS.** * **THE COMPLETED FORM AND ANY ADDITIONAL DOCUMENTS MUST BE IN A SEALED PACKAGE AND SUBMITTED TO THE ADDRESS OF THE REQUESTING INSTITUTION.** * **NO ELECTRONIC SUBMISSIONS WILL BE ACCEPTED.**   **DISCLAIMER: THE INFORMATION REQUESTED IS FOR THE PURPOSE AS ARTICULATED IN THE COVER LETTER. THIS INFORMATION WILL ONLY BE SHARED WITH THE RELEVANT COMMITTEE. THE INFORMATION PROVIDED WILL NOT BE USED FOR PROCUREMENT PURPOSES. SHOULD THE DEPARTMENT WISH TO PROCURE THE MEDICINE RELAVANT TO THIS RFI, NORMAL PROCUREMENT PROCESSES WILL BE FOLLOWED.** | | | | | | | | | |
| **TO BE FILLED BY AUTHORISED PERSONNEL ONLY** | | | | | | | | | |
| **REFERENCE NUMBER:** | | HP07-RFI 1 0f 2025 | | | **DATE OF REQUEST** | | | 26 September 2025 | |
| **RFI CLOSING DATE** | | 24 November 2025 | | | **RFI CLOSING TIME** | | | 11:00 | |
| **REQUESTING INSTITUTION CONTACT DETAILS** | | | | | | | | | |
| **REQUESTOR** | Ms K Jamaloodien: Sector-Wide Procurement | | | | | | | | |
| **EMAIL ADDRESS** | tenders@health.gov.za | | | | | | | | |
| **PHONE No.** | 012 395 8419 | | | FAX No. | | | **N/A** | | |
| **PRODUCT INFORMATION** | | | | | | | | | |
| **PRODUCT NAME** | Glycopyrronium inhaler device, or inhaler device and capsules, 50mcg per actuation, 30 doses | | | | | | | | |
| **INDICATION** | Chronic obstructive pulmonary disease (COPD) /Asthma | | | | | | | | |
| **UNIT OF MEASURE** | Dose per actuation | | | **PACK SIZE** | | | 30 doses. | | |
| **TO BE COMPLETED BY THE SUPPLIER** | | | | | | | | | |
| **SUPPLIER CONTACT DETAILS (as per CSD)** | | | | | | | | | |
| SUPPLIER NAME |  | | | | | | | | |
| SUPPLIER COE |  | | | | | | | | |
| SUPPLIER ADDRESS |  | | | | | | | | |
| CONTACT PERSON 1 | NAME | |  | | | | | | |
| PHONE | |  | | | FAX | | |  |
| MOBILE | |  | | | | | | |
| E-MAIL | |  | | | | | | |
| CONTACT PERSON 2 | NAME | |  | | | | | | |
| PHONE | |  | | | | | | |
| MOBILE | |  | | | | | | |
| E-MAIL | |  | | | | | | |
| **QUOTE DETAILS** | | | | | | | | | |
| **SPECIFICATION** | Glycopyrronium inhaler device or inhaler device and capsules, 50mcg per actuation, 30 doses | | | | | | | | |
| **Your product description (Please provide a detailed description of your registered product, including whether it comes with a device. Specify if the device is supplied once, after which only product refills are purchased, or if a device is included with every package)** |  | | | | | | | | |
| **ESTIMATED QUANTITIES (to be supplied over a period of three years)** | 39 400 | | | 42 980 | | | 53 730 | | |
| **PRICE PER UNIT (INCL. VAT)** |  | | |  | | |  | | |
| **PRODUCT TRADE NAME** |  | | |  | | |  | | |
| **MEDICINE REGISTRATION NUMBER**  **(issued in terms of section 15(3)(a) of the Medicines and Related Substances Act, 1965 (Act 101 of 1965) or APPLICATION NUMBER** |  | | |  | | |  | | |
| **LEAD TIME (product available in-country)** |  | | |  | | |  | | |
| **MINIMUM ORDER QUANTITY** |  | | |  | | |  | | |
| **COMMENTS** |  | | |  | | |  | | |
| **DECLARATION BY SUPPLIER** | | | | | | | | | |
| **I hereby declare that in submitting this information, there has been no consultation, communication, agreement or arrangement with any competitor/supplier regarding the quoted price and that the information furnished above is correct.** | | | | | | | | | |
| **NAME** | |  | | | | | | | |
| **CAPACITY** | |  | | | | | | | |
| **SIGNATURE** *(OF A DULY AUTHORISED REPRESENTATIVE OF THE SUPPLIER)* | |  | | | | | | | |
| **DATE** | |  | | | | | | | |
| ***Please submit this Request for Information into the pharmaceutical tender box situated at:***  **DR AB Xuma Building,**  **1112 Voortrekker Road**  **Pretoria Townlands 351-JR,**  **PRETORIA 0187** | | | | | | | | | |

**Please attach certified copies of the following documents if available:**

* License to Manufacture for the company
* Medicine Registration Certificate for the product
* Package Insert of the product
* Any additional information relevant to the product
* \*Artwork/Labelling and draft Package Insert of the product

\*Attach artwork if the product is not yet registered in South Africa.