





**health**  
 Department:  
 Health  
 PROVINCE OF KWAZULU-NATAL

ES921009

**Specifications Template**

Prepared by:

Initial and Surname	Designation	Signature	Date
O.E. LEKAOTA	AD:RADIOGRAPHY		22/06/2021

Reviewed by Supervisor/Operational Manager:

Initial and Surname	Designation	Signature	Date
G.BYDAWELL	INTERVENTIONAL RADIOLOGIST		22/06/2021

Item details	Specification
Item description	PERCUTANEOUS ACCESS SET
Size	22GX15CM
Colour	N/A
Material	Radiopaque, single use, hydrophilic.
Packaging (unit/box)	Sterile, single use discard.
Functionality/performance	Set has a radiopaque band that identifies the sheaths distal tip for accurate positioning. Hydrophilic coating reduces friction during insertion. The outer sheath permits advancement of a 0.38inch diameter guidewire while the 0.018 inch diameter guidewire remains in place as a safety wire. The echolip needle enhances visibility under ultrasound.
Purpose	Used for single puncture percutaneous access to facilitate placement of a 0.38 inch diameter working guidewire for interventional radiology procedures
Other:	Set includes 22 gage,15cm chiba needle,0.018, 60cm nitinol cope mandril guidewire with platinum tip, hydrophilic 18cm sheath with a radiopaque band including a stiffening cannula and introducer.

Approved by specifications committee chairperson:

Initial and Surname	Portfolio	Signature	Date

DECLARATION OF INTEREST

- 1. Any legal person, including persons employed by the state...
2. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

2.1. Full name of bidder/representative
2.2. Identity Number
2.3. Position occupied in the Company
2.4. Company Registration Number
2.5. Tax Reference Number
2.6. VAT Registration Number

2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below. [TICK APPLICABLE]

2.8. Are you or any person connected with the bidder presently employed by the state? YES NO

2.8.1. 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:

2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES NO

2.8.2.1. If yes, did you attach proof of such authority to the quote document?

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

2.8.2.2. If no, furnish reasons for non-submission of such proof:

2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? YES NO

2.9.1. If so, furnish particulars:

2.10. Do you, or any person connected with the bidder, have 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 quote? YES NO

2.10.1. If so, furnish particulars:

2.11. Are you, or any person connected with the bidder, 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 quote? YES NO

2.11.1. If so, furnish particulars:

2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? YES NO

2.12.1. If so, furnish particulars:

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

NB: The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

4 DECLARATION

I, THE UNDERSIGNED (NAME)... CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

Name of bidder Signature Position Date

- \*\*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.

\* 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.