| | | |
|---|---|---|
| | Stop TB Global Drug Facility (GDF)<br>**Official Purchase Request (OPR)** | |
| | **Date:** 24. Mar. 2009 | Page 1 of 4 |
| | **Subject:** Request for placement of drug order as per attached GTZ Quotation. | |

| **GDF Serial Number** | |
|---|---|
| **Purchaser** | **Consignee** |
| WHO/GDF Stop TB<br>Avenue Appia, 20<br>Geneva 27, CH-1211<br>Switzerland<br>Attn: Mr. Robert Matiru, Stop TB Partnership Secretariat<br>Email: matirur@who.int<br>Tel: +41-22-791-3971<br>Fax: +41-22-791-4196 | |

## Products Requested

| Product | Supplier | Quantity (Blister) | Quantity (Bulk) | Unit Price (USD) | Amount (USD) |
|---|---|---|---|---|---|
| **Adult Products (non-India Programme)** | | | | | |
| RHZE150/75/400/275 (4-FDC) | --Select-- | | | 0.00 | 0.00 |
| | --Select-- | | | 0.00 | 0.00 |
| RHE150/75/275 (3-FDC) | --Select-- | | | 0.00 | 0.00 |
| | --Select-- | | | 0.00 | 0.00 |
| RH150/75 (2-FDC) | --Select-- | | | 0.00 | 0.00 |
| | --Select-- | | | 0.00 | 0.00 |
| RH150/150 (2-FDC) | --Select-- | | | 0.00 | 0.00 |
| | --Select-- | | | 0.00 | 0.00 |
| EH400/150 (2-FDC) | --Select-- | | | 0.00 | 0.00 |
| | --Select-- | | | 0.00 | 0.00 |
| E400 | --Select-- | | | 0.00 | 0.00 |
| | --Select-- | | | 0.00 | 0.00 |
| H300 | --Select-- | | | 0.00 | 0.00 |
| | --Select-- | | | 0.00 | 0.00 |
| Z400 | --Select-- | | | 0.00 | 0.00 |
| | --Select-- | | | 0.00 | 0.00 |
| S1 g | --Select-- | | | 0.00 | 0.00 |
| Water for Injection (Solvent) | --Select-- | | | 0.00 | 0.00 |
| Hypodermic syringe (Standard) | --Select-- | | | 0.00 | 0.00 |
| Hypodermic syringe (AD: Auto Disabling) | --Select-- | | | 0.00 | 0.00 |
| Cat I & III Kit **type A** (cont. phase RH150/75) | --Select-- | | | 0.00 | 0.00 |
| Cat I & III Kit **type B** (cont. phase EH400/150) | --Select-- | | | 0.00 | 0.00 |
| Cat I & III Kit **type C** (cont. phase RH150/150) | --Select-- | | | 0.00 | 0.00 |
| Cat II Kit **type A1** (cont. phase RHE150/75/275) and AD syringes | --Select-- | | | 0.00 | 0.00 |
| Cat II Kit **type A2** (cont. phase RHE150/75/275) and standard syringes | --Select-- | | | 0.00 | 0.00 |
| Cat II Kit **type B1** (cont. phase RH150/75 + E400) and AD syringes | --Select-- | | | 0.00 | 0.00 |
| Cat II Kit **type B2** (cont. phase RH150/75 + E400) and standard syringes | --Select-- | | | 0.00 | 0.00 |

DRAFT

| | | | | | |
|---|---|---|---|---|---|
| **Paediatric Products (non-India Programme)** | | | | | |
| RHZ 60/30/150 (Blister = 84 tablets / unit; Bulk = 1000 tablets / unit) | --Select-- | | | 0.00 | 0.00 |
| | --Select-- | | | 0.00 | 0.00 |
| RH 60/30 (Blister = 84 tablets / unit; Bulk = 1000 tablets / unit) | --Select-- | | | 0.00 | 0.00 |
| | --Select-- | | | 0.00 | 0.00 |
| RH 60/60 (Blister = 80 tablets / unit; Bulk = 1000 tablets / unit) | --Select-- | | | 0.00 | 0.00 |
| | --Select-- | | | 0.00 | 0.00 |
| H100 - 100 tablets | --Select-- | | | 0.00 | 0.00 |
| Z150 - 100 tablets | --Select-- | | | 0.00 | 0.00 |
| **India Programme** | | | | | |
| ADULT/PWB-1A (Treatment box for Cat. I Patient) | --Select-- | | | 0.00 | 0.00 |
| ADULT/PWB-2A (Treatment box for Cat. II Patient) | --Select-- | | | 0.00 | 0.00 |
| ADULT/PWB-3A (Treatment box for Cat. III Patient) | --Select-- | | | 0.00 | 0.00 |
| ADULT/PWB-4A-PP (Treatment box for Prolongation of Intensive Phase of Cat. I & Cat. II patient) | --Select-- | | | 0.00 | 0.00 |
| PAEDIATRIC/PWB-1B (Treatment box for paed. category (6-10 kg)) | --Select-- | | | 0.00 | 0.00 |
| PAEDIATRIC/PWB-2B (Treatment box for paed. category (11-17 kg)) | --Select-- | | | 0.00 | 0.00 |
| PAEDIATRIC/PWB-3B-PP (Treatment box for prolongation of intensive phase of paed. cases (18-25 kg)) | --Select-- | | | 0.00 | 0.00 |
| PAEDIATRIC/PWB-4B-PP (Treatment box for prolongation of intensive phase of paed. cases (18-25 kg and 26-30kg)) | --Select-- | | | 0.00 | 0.00 |
| **Diagnostics Equipment** | | | | | |
| Sputum containers | --Select-- | | | 0.00 | 0.00 |
| Equipment starter kit | --Select-- | | | 0.00 | 0.00 |
| Consumables kit | --Select-- | | | 0.00 | 0.00 |
| Microscope kit with accessories | --Select-- | | | 0.00 | 0.00 |

## Order Specifications

| | | | |
|---|---|---|---|
| Service type | ☐ Grant Procurement | ☐ Regular Direct Procurement | ☐ WHO Direct Procurement |
| Order type | ☐ Accelerated Order (must be delivered in less than 3 months)<br>☐ Regular Order (can be delivered in 3 months or longer) | | |
| Funder(s) | 1 | 2 | 3 |
| Number of patient treatments | | | |
| Transport type | ☐ Air | ☐ Sea | ☐ Overland |
| | ☐ Please provide estimated costs and delivery dates for all transport types | | |
| Delivery port | | | |
| Expected delivery date | Day / Month / Year | | |
| Notice required before delivery | days before delivery | | |
| Registration required? | ☐ yes | | |
| Can ship before registration? | ☐ yes | | |

DRAFT

## Costs Summary

| | |
|---|---|
| ***Direct costs*** | |
| Product costs | 0.00 USD |
| Insurance[1] | 0.00 USD |
| Quality control[1] | 0.00 USD |
| Pre-shipment inspection[1] | 0.00 USD |
| Freight cost[1] | 0.00 USD |
| ***Additional fees***[2] | |
| Procurement agent fees | 0.00 USD |
| **Total** | **0.00 USD** |

## Training Required

☐ AD syringe training

## Documentation Required

| | |
|---|---|
| ☐ Airway bill | ☐ Bill of lading |
| ☐ Certificate of analysis | ☐ Certificate of origin |
| ☐ Certificate of quality | ☐ Clean report of findings |
| ☐ Gift certificate | ☐ Invoice |
| ☐ Packing list | ☐ Other, please describe: |

## **Consignee Focal Point** (if different from consignee)

## **Registration Focal Point** (if registration is required)

DRAFT

[1] Is indicative of the final invoice value. Where the invoice value differs from the value indicated here, justification will be provided at the time of invoicing.

[2] Procurement agent and GDF fees reflect a percentage of the direct costs of this order. Changes in direct costs will affect the value of fees.

## Other contacts for communication

## Special Order Instructions

**Authorized by**: _____

**Signature/Date**: _____

DRAFT