

OMS Step-by-step guide for clients

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OMS Step-by-step guide for clients

This guide provides instructions for clients to submit an online procurement request to the Global Drug Facility via the Order Management System (OMS). Please scroll for step-by-step instructions or click the following links to navigate the document.

[Step 1: Create a new Client Account \(Skip to Step 3 if you have submitted PRFs previously\)](#)

[Step 2: Complete your Client Profile \(Skip to Step 3 if you have submitted PRFs previously\)](#)

[Step 3.1: Generate a Procurement Request Form \(PRF\) for medicines](#)

[Step 3.2: Generate a Procurement Request Form \(PRF\) for diagnostics or medical devices](#)

[Step 4 \(Optional\): Print and sign your PRF](#)

[How to recall your PRF to make changes after submission](#)

[How to cancel a draft PRF](#)

[How to retrieve your password](#)

OMS Step-by-step guide for clients

Step 1: Create a new Client Account

1. Go to the [OMS homepage](#)
2. Click 'Request a Client Account' (shown below)

GDF Order Management System [Home](#) [GDF](#) [IDA](#) [Contact us](#) [Survey](#) [Send feedback or complaint](#) [Help](#)

Stop TB Partnership
GLOBAL DRUG FACILITY

Login to the system

Username

Password

Login

[Request a client account](#)

[Forgot your password](#)

3. Fill in the information requested (Fields marked with an * are required.)
4. Click 'Submit your request'
5. Your dedicated Country Supply Officers (CSO) will then send you an email with your new ID and password. For a list of CSOs, please contact gdf@stoptb.org or visit our [secretariat webpage](#).

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Step 2: Complete your Client Profile

1. Once you have registered and logged into your account, this will lead you to the summary information page.
2. Fill or update the required information on the first four tabs (Summary Information, Contact Details, Delivery and Importation, and Registration Details) by clicking 'Edit this client information' on the bottom of each tab and then submit your changes. Please ensure all information is up-to-date and relevant.

The screenshot shows a navigation bar with the following tabs: Summary Information, Contact Details, Delivery and Importation, Registration Details, Procurement Request Forms, Orders, Accounts, and Documents. Below the tabs is a form containing the following information:

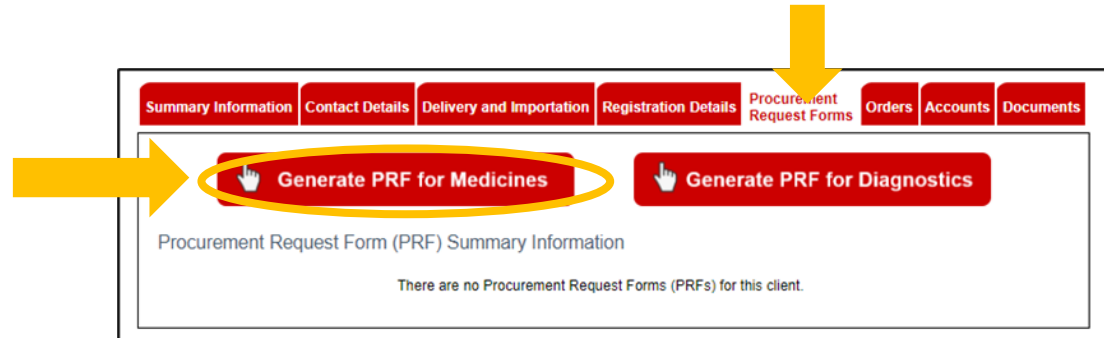
Client Organization Name:	final test org name
Client Type:	UN
Global Fund PR:	No
Procurement Agent Client Number :	
Street Address:	final test address
City:	final test city
Post Code:	ft pc
Region/Province/State:	ft region
Country:	China
Primary Contact Name:	my full name
Primary Contact Title:	my job title
Primary Contact Email:	richard@stoptb.org
Primary Contact Phone:	my phone

At the bottom of the form, there are three buttons: [Edit this client information](#), [Cancel this client](#), and [Back](#). The [Edit this client information](#) button is circled in yellow, and a large yellow arrow points to it from the left.

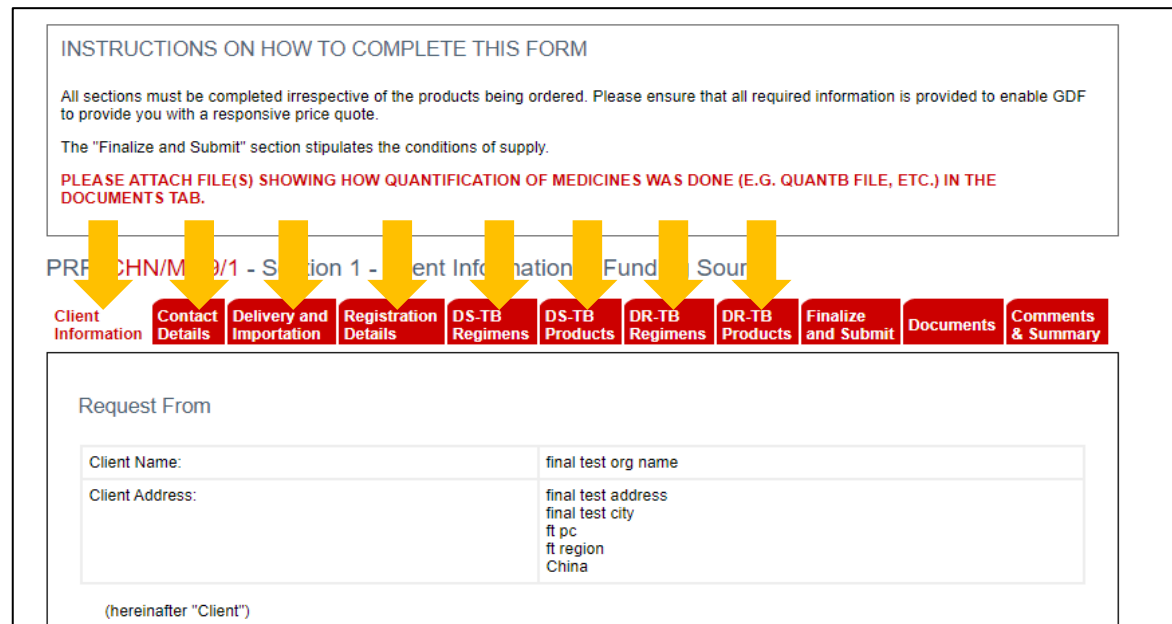
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Step 3.1: Generate a Procurement Request Form for medicines

1. To create a Procurement Request Form (PRF) for medicines, go to the Procurement Request Forms tab and click 'Generate PRF for Medicines'.



2. Fill or update the required information on each tab up to DR-TB Products by clicking 'Edit this PRF information' on the bottom of each tab and then submit your changes. Please note that some information has been automatically pre-filled from your client profile.



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3. To schedule two or more deliveries, please click 'Add another delivery' in the DS-TB Products or DR-TB Products tab.

Client Information | Contact Details | Delivery and Importation | Registration Details | DS-TB Regimens | **DS-TB Products** | DR-TB Regimens | **DR-TB Products** | Finalize and Submit | Documents | Comments & Summary

Preferred Delivery Date: 20 February 2020

[Edit this delivery](#) [Cancel this delivery](#)

Line	Product Code	INN Code	Concentration	Type	Target	Quantity of units (tablets/vials)
FLD	2-FDC/RH-150/150-(B)	Rifampicin/Isoniazid	150 mg/150 mg	Film coated tablet(s)	Adult	1

[Add another delivery](#)

4. The Documents tab is for uploading supporting documents (quantification files, etc.). Upload your documents by clicking 'Edit this PRF information' at the bottom.

PRF: CHE/M/20/45 - Section 10 - Documents

Client Information | Contact Details | Delivery and Importation | Registration Details | DS-TB Regimens | DS-TB Products | DR-TB Regimens | DR-TB Products | Finalize and Submit | **Documents** | Comments & Summary

Documents

Please upload supporting documents here (e.g. QuanTB files, etc.)

No documents have been uploaded for this PRF.

[Edit this PRF information](#) [Back](#)

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5. Click on the 'Finalize and Submit' tab to see the Conditions of Supply and to submit the PRF. To do so, click 'Edit this PRF information' at the bottom of the page

PRF: CHE/M/20/45 - Section 9 - Finalize and Submit

You must accept the terms and conditions below to submit this PRF to GDF.
To print the PRF, click on "View this PRF in printable format" at the bottom of the page and press Ctrl+P.

[Client Information](#)
[Contact Details](#)
[Delivery and Importation](#)
[Registration Details](#)
[DS-TB Regimens](#)
[DS-TB Products](#)
[DR-TB Regimens](#)
[DR-TB Products](#)
[Finalize and Submit](#)
[Documents](#)
[Comments & Summary](#)

I acknowledge and accept the above Terms and Conditions.

Name: _____
Title: _____
Date: _____

You must accept the terms and conditions above to submit this PRF to GDF.

[Edit this PRF information](#)
[View this PRF in printable format](#)
[Back](#)

6. Check 'I acknowledge and accept the above Terms and Conditions', fill in your Name, Title, and the Date, and click Submit Changes.

a letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.

Name:
Title:
Date: 19 ▾ March ▾ 2020 ▾

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7. Scroll to the bottom of the page again to find the 'Submit to GDF' button. Click the button to submit the PRF.

a letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.

Name: test
Title: \test
Date: 16 March 2020

[Edit this PRF information](#) [View this PRF in printable format](#) [Back](#)


8. If necessary, you can print the PRF by clicking 'View this PRF in printable format' at the bottom of the page. For more detailed instructions on how you can print the PRF, go to [Step 4: Print your PRF](#).


a letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.

Name: test
Title: \test
Date: 16 March 2020



 [View this PRF in printable format](#) [Back](#)

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9. Once the PRF is submitted, the CSO will be notified and s/he will process your PRF into an order. They will contact you once the review is completed. To view the status of your order, please click the summary information under the 'Orders' tab in your Client Profile.

Client ID: 117 - Section 6 - Orders

Summary Information
Contact Details
Delivery and Importation
Registration Details
Procurement Request Forms
Orders
Accounts
Documents

Orders

Serial Number	Country	Status
SEN/DP/20/10509/ TEST	Senegal	Order in Process
SEN/DP/20/10599	Senegal	Order in Process
SEN/DP/20/10600	Senegal	Order in Process
SEN/DP/20/10601	Senegal	Order in Process

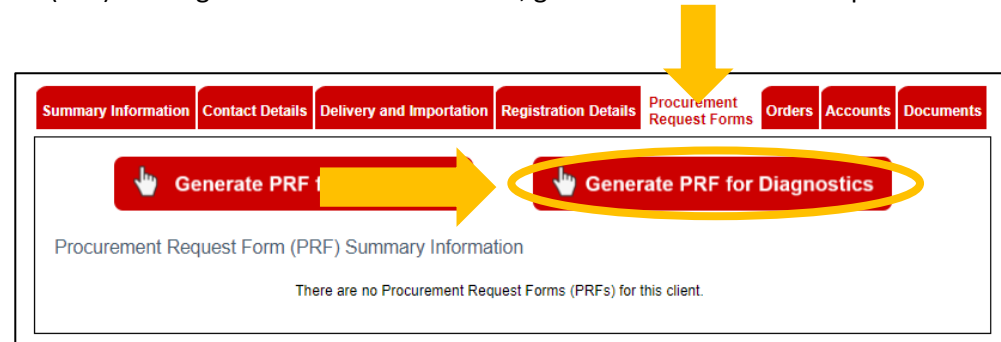
Shipments Scheduled to Arrive

There are no shipments scheduled to arrive for this client.

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Step 3.2: Generate a Procurement Request Form for diagnostics or medical devices

1. To create a Procurement Request Form (PRF) for diagnostics or medical devices, go to the Procurement Request Forms tab and click 'Generate PRF for Diagnostics'.



2. Please note that to help you in your planning and budgeting or to have more information on the technical specifications of our products, you can use the Ordering List (link below). Once completed, please upload the Ordering List in the "Documents" tab.

http://www.stoptb.org/assets/documents/gdf/drugsupply/GDF_TB_Diagnostics_Ordering_List.xls

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- Fill or update the required information on each tab up to Products by clicking 'Edit this PRF information' on the bottom of each tab and then submit your changes. Please note that some information has been automatically pre-filled from your client profile.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

All sections must be completed irrespective of the products being ordered. Please ensure that all required information is provided to enable GDF to provide you with a responsive price quote.

The "Finalize and Submit" section stipulates the conditions of supply.

To help you in your planning and budgeting, please use the [Ordering List](#). Once completed, please upload the Ordering List in the "Documents" tab.

PRF: SEN/D/21/2 - Section 1 - Contact Information & Funding Source

Client Information
Contact Details
Delivery and Importation
Registration Details
Products
Finalize & Submit
Documents
Comments & Summary

Request From

Client Name:	WHO Example (153)
Client Address:	City Center Kuala Lumpur 1218 Malaysia

- To schedule two or more deliveries, please click 'Add another delivery' in the Products tab.

Client Information
Contact Details
Delivery and Importation
Registration Details
Products
Finalize & Submit
Documents
Comments & Summary

Preferred Delivery Date: 11 May 2021

[Edit this delivery](#) [Cancel this delivery](#)

Product Code	INN Code	Supplier	Qty as per the Ordering List
106531	LED Microscope	Svizera	500
106533	Battery pack for microscopes	Svizera	500

[Add another delivery](#)

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- The Documents tab is for uploading the Ordering List and other documents. Upload the Ordering List and other documents by clicking 'Edit this PRF information' at the bottom.

Client Information Contact Details Delivery and Importation Registration Details Products Finalize & Submit Documents Comments & Summary

Documents

Please upload supporting documents here (e.g. Diagnostics Ordering List, etc.)

No documents have been uploaded for this PRF.

[Edit this PRF information](#) [Back](#)

- Click on the 'Finalize and Submit' tab to see the Conditions of Supply and to submit the PRF. To do so, click 'Edit this PRF information' at the bottom of the page

PRF: SEN/D/21/542 - Section 9 - Finalize and Submit

You must accept the terms and conditions below to submit this PRF to GDF.

To print the PRF, click on "View this PRF in printable format" at the bottom of the page and press Ctrl+P.

Client Information Contact Details Delivery and Importation Registration Details Products Finalize & Submit Documents Comments & Summary

I acknowledge and accept the above Terms and Conditions.

Name:
Title:
Date:

You must accept the terms and conditions above to submit this PRF to GDF.

[Edit this PRF information](#) [View this PRF in printable format](#) [Back](#)

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7. Check 'I acknowledge and accept the above Terms and Conditions', fill in your Name, Title, and the Date, and click Submit Changes.

a letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.

Name:

Title:

Date:

8. Scroll to the bottom of the page again to find the 'Submit to GDF' button. Click the button to submit the PRF.

a letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.

Name: test

Title: test

Date: 16 March 2020

[Edit this PRF information](#) [View this PRF in printable format](#) [Back](#)

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9. If necessary, you can print the PRF by clicking 'View this PRF in printable format' at the bottom of the page. For more detailed instructions on how you can print the PRF, go to [Step 4: Print your PRF](#).

A letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.

Name: test
Title: \test
Date: 16 March 2020

[Edit this PRF information](#) [View this PRF in printable format](#) [Back](#)

Submit to GDF

10. Once the PRF is submitted, the CSO will be notified and s/he will process your PRF into an order. They will contact you once the review is completed. To view the status of your order, please click the summary information under the 'Orders' tab in your Client Profile.

Client ID: 117 - Section 6 - Orders

Summary Information Contact Details Delivery and Importation Registration Details Procurement Request Forms **Orders** Accounts Documents

Orders

Serial Number	Country	Status
SEN/DP/20/10509/ TEST	Senegal	Order in Process
SEN/DP/20/10599	Senegal	Order in Process
SEN/DP/20/10600	Senegal	Order in Process
SEN/DP/20/10601	Senegal	Order in Process

Shipments Scheduled to Arrive

There are no shipments scheduled to arrive for this client.

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STEP 4: Print and sign your PRF


1. If necessary, you can print and sign your PRF. Click 'View this PRF in printable format' at the bottom of the page under the 'Finalize and Submit' tab. This will open a new browser tab with your PRF in a printable format.

Partner of organization to enter for GDF selection on this procurement. In examining the letter, the client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

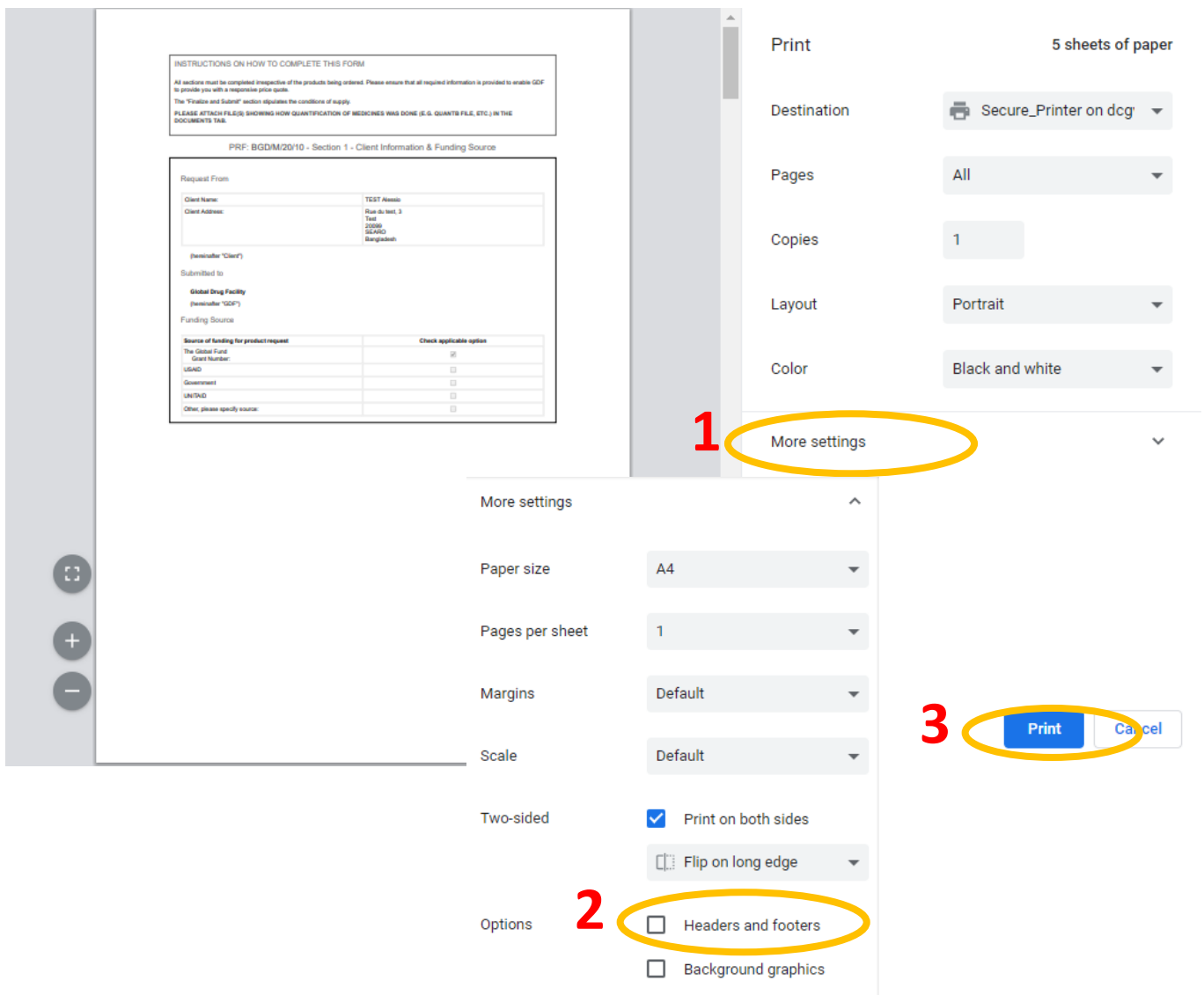
I acknowledge and accept the above Terms and Conditions.

Name: test
Title: /test
Date: 16 March 2020



[Edit this information](#) [View this PRF in printable format](#) [Back](#)

2. If using Google Chrome: Press Ctrl+P to open print preview. To remove the Headers and footers (links and time stamps appearing at the top and bottom of each page), click 'More settings' and uncheck the 'Headers and Footers' checkbox. Finally, click Print.



The screenshot shows a print preview window. On the left is a preview of the PRF form, and on the right is a print settings sidebar. A yellow circle highlights the 'More settings' link in the sidebar, labeled with a red '1'. Below the sidebar, the 'More settings' panel is expanded, showing various options. A yellow circle highlights the 'Headers and footers' checkbox, which is unchecked, labeled with a red '2'. At the bottom right of the print settings, a yellow circle highlights the 'Print' button, labeled with a red '3'.

Print 5 sheets of paper

Destination: Secure_Printer on dcg

Pages: All

Copies: 1

Layout: Portrait

Color: Black and white

1 More settings

2 Headers and footers

3 Print Cancel

More settings

Paper size: A4

Pages per sheet: 1

Margins: Default

Scale: Default

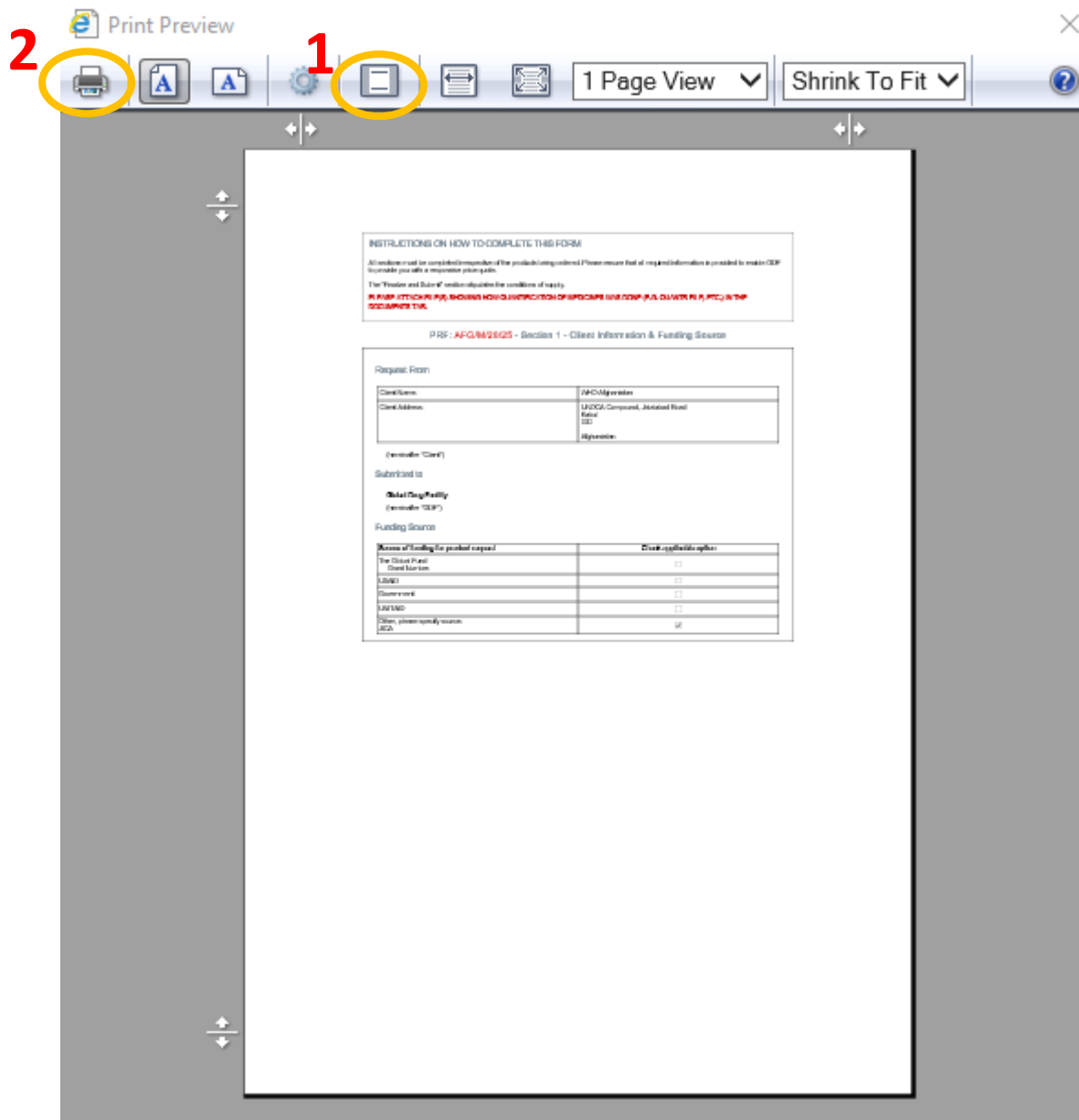
Two-sided: Print on both sides

Flip on long edge: [Dropdown]

Options: Headers and footers, Background graphics

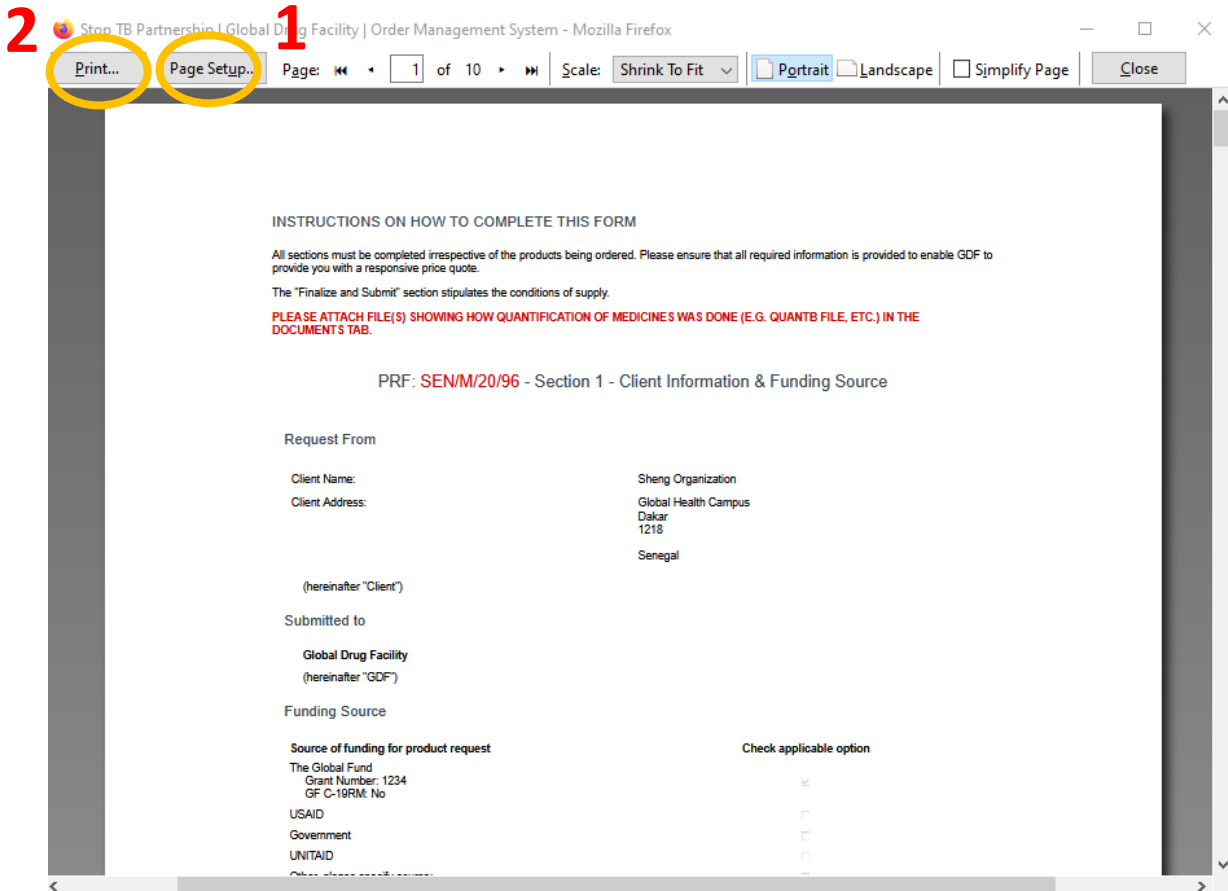
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If using Internet Explorer, click the Gear icon on the top right of the browser to open the Settings menu. Go to Print > Print Preview. Click the Headers and Footers icon to remove the headers and footers (links and time stamps appearing at the top and bottom of each page). Finally, click the Print icon on the top left.



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If using Mozilla Firefox, click the Menu button on the top right of the browser and go to Print. Click 'Page Setup' to remove the headers and footers (links and time stamps appearing at the top and bottom of each page). Finally, click the Print button on the top left.



3. The printed PRF will have a place for signature in the last section (Section 9 – Finalize and Submit).

Special provisions

- Any serious adverse effects that come to the Client's attention and that may be related to the use of GDF medicines are to be reported to the national pharmacovigilance centre or, in the absence of a national pharmacovigilance centre, to the national medicines regulatory authority in a timely manner in accordance with local legislation or other applicable requirements (e.g. WHO aDSM).
- If the Client does not represent an established international NGO, publicly known to be active in TB patient treatment (e.g. PIH, MSF, International HIV/AIDS Alliance or similar), a UN organization or the government entity engaged in tuberculosis control, the Client must provide a letter of endorsement from the National TB Program or similar entity. In case this cannot be provided, the Client needs to submit a letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.
- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.



Signature: _____
Name: Cedric
Title: CSO
Date: 12 August 2020

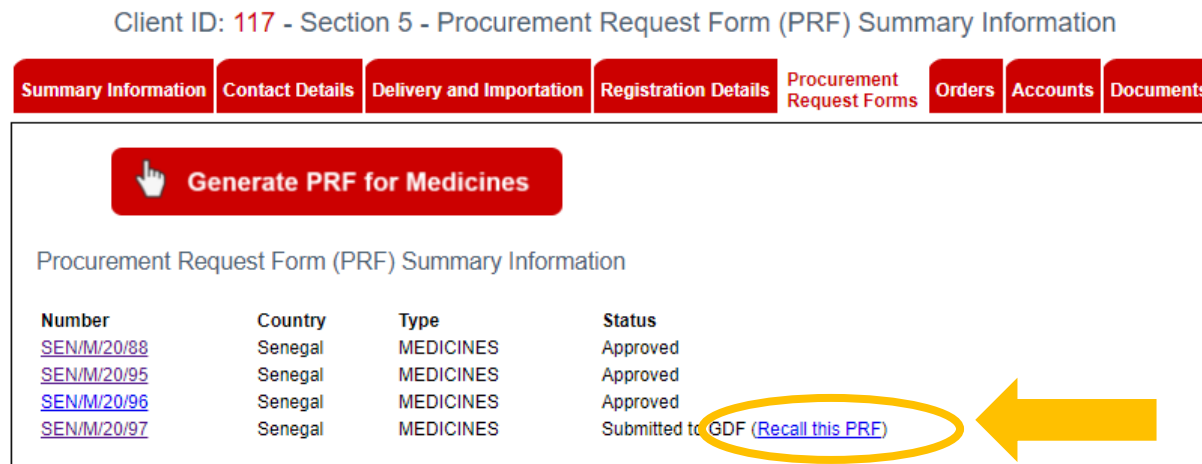
OMS Step-by-step guide for clients

How to recall your PRF to make changes after submission

1. PRFs that have been submitted (in 'Submitted to GDF' status) can be recalled in case any changes need to be made.
2. To do so, go to 'My Procurement Request Forms'



3. Select the PRF you would like to recall and click 'Recall this PRF'



4. Your PRF will now be returned to Draft status and you will be able to make changes and re-submit the PRF again.

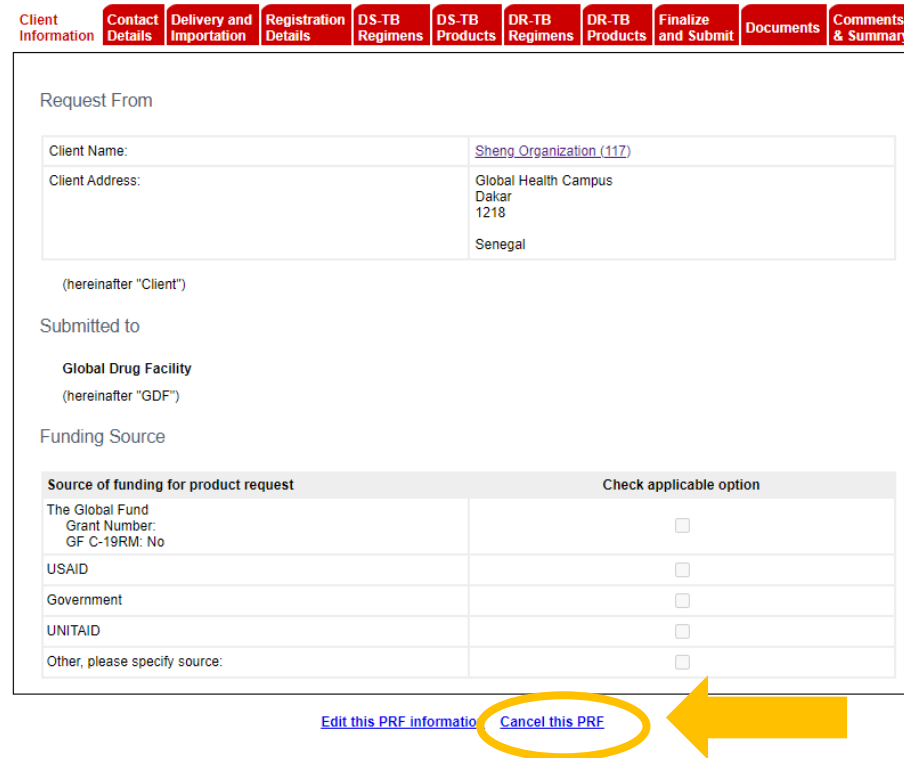
OMS Step-by-step guide for clients

How to cancel a draft PRF

1. Only PRFs in 'Draft' status can be cancelled.
2. To do so, go to 'My Procurement Request Forms'



3. Select the PRF you would like to cancel, go to the 'Client Information' tab and click 'Cancel this PRF' at the bottom of the page.



4. Your PRF is now cancelled.

How to retrieve your password

1. Go to the [OMS homepage](#)
2. Click 'Forgot your password'



Login to the system

Username
Password

[Request a client account](#)



[Forgot your password](#)

3. Select your country and add a comment.
4. Click 'Continue'
5. Verify your message and click 'Submit Your Request'
6. Your details will be sent to you via email.

OMS Step-by-step guide for clients

Ce guide donne des instructions pour envoyer une demande d'achat en ligne au GDF via le Order Management System (OMS).

Veillez faire défiler les instructions étape par étape ou cliquez sur les liens pour chaque rubrique.

[Etape 1: Créez un Compte Client *\(Passez à l'étape 3 si vous avez déjà envoyé des demandes\)*](#)

[Etape 2: Complétez votre Profil Client *\(Passez à l'étape 3 si vous avez déjà envoyé des demandes\)*](#)

[Etape 3.1: Créez une Demande d'Approvisionnement \(PRF\) en Médicaments](#)

[Etape 3.2: Créez une Demande d'Approvisionnement \(PRF\) en Diagnostics ou Equipements Médicaux](#)

[Etape 4 \(Facultatif\): Imprimez et signez votre PRF](#)

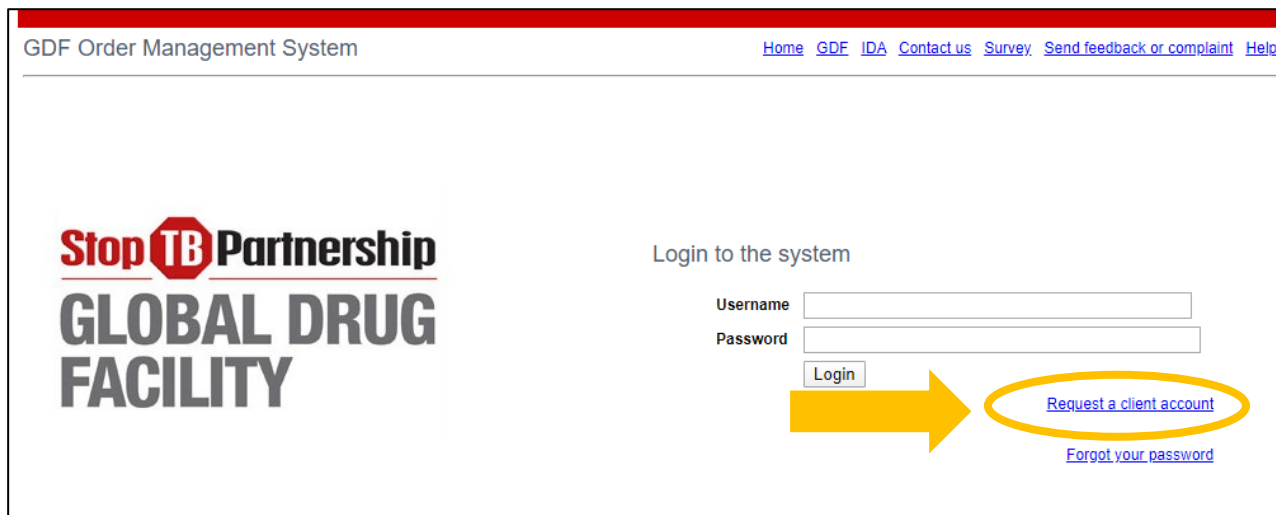
[Comment rappeler votre PRF afin de faire des modifications après l'avoir envoyé](#)

[Comment annuler un PRF](#)

[Comment récupérer votre mot de passe](#)

Etape 1: Créez un Compte Client

1. Allez sur la page d'accueil de l'[OMS](#).
2. Cliquez sur « Request a Client Account » (comme indiqué ci-dessous)



3. Remplissez les informations demandées (Les champs marqués d'un * sont obligatoires.)
4. Cliquez sur « Submit your request ».
5. Le Country Supply Officer (CSO) responsable de votre pays vous enverra un courriel avec votre nouvel identifiant et votre nouveau mot de passe. Pour une liste des CSOs, veuillez contacter gdf@stoptb.org ou visiter [la page de notre secrétariat](#).

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Etape 2: Complétez votre Profil Client

1. Une fois que vous vous êtes connecté à votre compte, cela vous mènera à la page « Summary Information » (Résumé).
2. Remplissez ou mettez à jour les informations sur les quatre premiers onglets (Summary Information, Contact Details, Delivery and Importation, and Registration Details) en cliquant sur « Edit this client information » en bas de chaque onglet, puis « Submit changes ». Veuillez assurer que toutes les informations sont à jour et pertinentes.

Summary Information

Summary Information | Contact Details | Delivery and Importation | Registration Details | Procurement Request Forms | Orders | Accounts | Documents

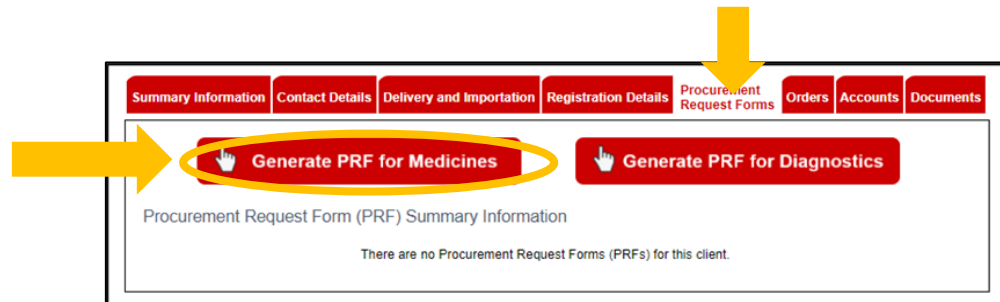
Client Organization Name:	final test org name
Client Type:	UN
Global Fund PR:	No
Procurement Agent Client Number :	
Street Address:	final test address
City:	final test city
Post Code:	ft pc
Region/Province/State:	ft region
Country:	China
Primary Contact Name:	my full name
Primary Contact Title:	my job title
Primary Contact Email:	richard@stoptb.org
Primary Contact Phone:	my phone

[Edit this client information](#) [Cancel this client](#) [Back](#)

OMS Step-by-step guide for clients

Etape 3.1: Créez une Demande d'Approvisionnement (PRF) en Médicaments

1. Afin de créer un formulaire de demande d'approvisionnement (PRF) en médicaments, accédez à l'onglet « Procurement Request Forms » et cliquez sur « Generate PRF for Medicines ».



2. Remplissez ou mettez à jour les informations sur chaque onglet jusqu'à l'onglet de « DR-TB Products » en cliquant sur « Edit this PRF information » en bas de chaque onglet, puis « Submit changes ». Veuillez noter que certaines informations ont été automatiquement préremplies à partir de votre profil client.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

All sections must be completed irrespective of the products being ordered. Please ensure that all required information is provided to enable GDF to provide you with a responsive price quote.

The "Finalize and Submit" section stipulates the conditions of supply.

PLEASE ATTACH FILE(S) SHOWING HOW QUANTIFICATION OF MEDICINES WAS DONE (E.G. QUANTB FILE, ETC.) IN THE DOCUMENTS TAB.

PRF CHN/M.../1 - Section 1 - Client Information Fund Sour

Client Information Contact Details Delivery and Importation Registration Details DS-TB Regimens DS-TB Products DR-TB Regimens DR-TB Products Finalize and Submit Documents Comments & Summary

Request From

Client Name:	final test org name
Client Address:	final test address final test city ft pc ft region China

(hereinafter "Client")

OMS Step-by-step guide for clients

3. Pour planifier deux ou plusieurs livraisons, cliquez sur « Add another delivery » dans l'onglet « DS-TB Products » ou « DR-TB Products ».

Client Information | Contact Details | Delivery and Importation | Registration Details | DS-TB Regimens | **DS-TB Products** | DR-TB Regimens | DR-TB Products | Finalize and Submit | Documents | Comments & Summary

Preferred Delivery Date: 20 February 2020

[Edit this delivery](#) [Cancel this delivery](#)

Line	Product Code	INN Code	Concentration	Type	Target	Quantity of units (tablets/vials)
FLD	2-FDC/RH-150/150-(B)	Rifampicin/Isoniazid	150 mg/150 mg	Film coated tablet(s)	Adult	1

[Add another delivery](#)

4. L'onglet « Documents » permet de télécharger des pièces justificatives (fichiers de quantification, etc.). Téléchargez vos documents en cliquant sur « Edit this PRF information ».

PRF: CHE/M/20/45 - Section 10 - Documents

Client Information | Contact Details | Delivery and Importation | Registration Details | DS-TB Regimens | DS-TB Products | DR-TB Regimens | DR-TB Products | Finalize and Submit | **Documents** | Comments & Summary

Documents

Please upload supporting documents here (e.g. QuanTB files, etc.)

No documents have been uploaded for this PRF.

[Edit this PRF information](#) [Back](#)

OMS Step-by-step guide for clients

5. Cliquez sur l'onglet « Finalize and Submit » pour voir les conditions de livraison. Afin d'envoyer le PRF au GDF, cliquez sur "Edit this PRF information".

PRF: CHE/M/20/45 - Section 9 - Finalize and Submit

You must accept the terms and conditions below to submit this PRF to GDF.
To print the PRF, click on "View this PRF in printable format" at the bottom of the page and press Ctrl+P.

Client Information **Contact Details** **Delivery and Importation** **Registration Details** **DS-TB Regimens** **DS-TB Products** **DR-TB Regimens** **DR-TB Products** **Finalize and Submit** **Documents** **Comments & Summary**

I acknowledge and accept the above Terms and Conditions.

Name: _____
Title: _____
Date: _____

You must accept the terms and conditions above to submit this PRF to GDF.

[Edit this PRF information](#) [View this PRF in printable format](#) [Back](#)

6. Cochez « I acknowledge and accept the above Terms and Conditions » pour accepter les conditions générales, indiquez votre nom, votre titre et la date, puis cliquez sur « Submit Changes ».

a letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.

Name: _____
Title: _____
Date: 19 ▾ March ▾ 2020 ▾

[Submit changes](#) [Back](#)

OMS Step-by-step guide for clients

7. Allez vers le bas de la page de nouveau pour trouver le bouton « Submit to GDF ». Cliquez sur ce bouton pour envoyer le PRF.

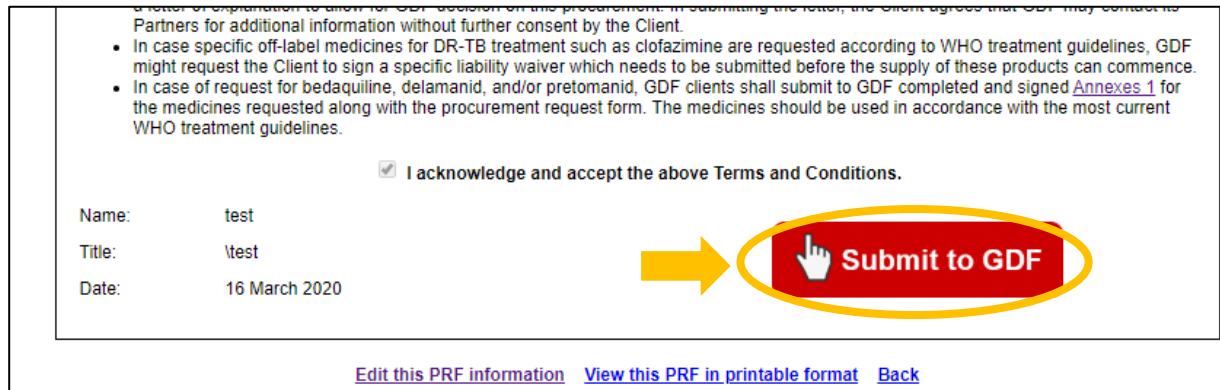
A letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.

Name: test
Title: \test
Date: 16 March 2020

[Edit this PRF information](#) [View this PRF in printable format](#) [Back](#)



8. Si nécessaire, vous pouvez imprimer le PRF en cliquant sur « View this PRF in printable format » en bas de la page. Pour des instructions plus détaillées sur la façon dont vous pouvez imprimer le PRF, allez à [Etape 4 : Imprimez votre PRF](#).

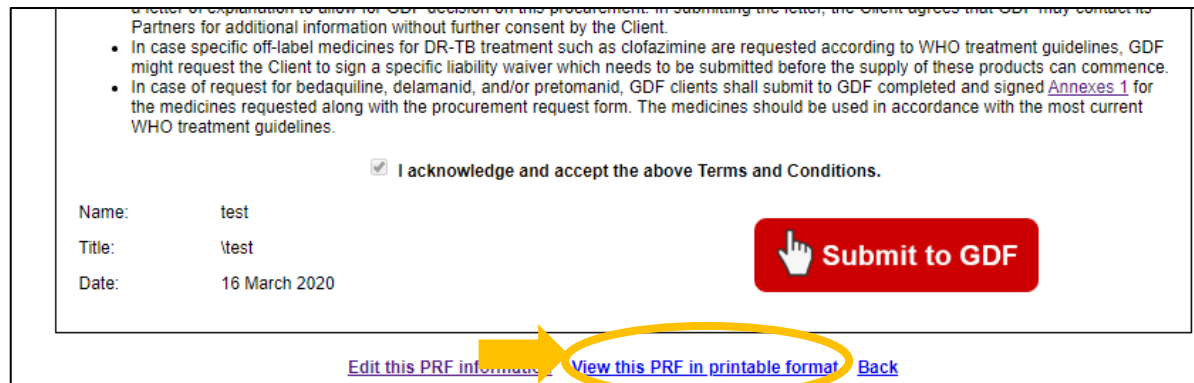
A letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.

Name: test
Title: \test
Date: 16 March 2020

[Edit this PRF information](#) [View this PRF in printable format](#) [Back](#)



OMS Step-by-step guide for clients

9. Une fois le PRF envoyé, le CSO en sera informé et il/elle traitera votre PRF. Il/Elle vous contactera une fois la vérification terminée. Pour voir le statut de la commande, allez sur « Orders » dans votre profil client.

Client ID: 117 - Section 6 - Orders

Summary Information
Contact Details
Delivery and Importation
Registration Details
Procurement Request Forms
↓
Orders
Accounts
Documents

Orders

Serial Number	Country	Status
SEN/DP/20/10509/ TEST	Senegal	Order in Process
SEN/DP/20/10599	Senegal	Order in Process
SEN/DP/20/10600	Senegal	Order in Process
SEN/DP/20/10601	Senegal	Order in Process

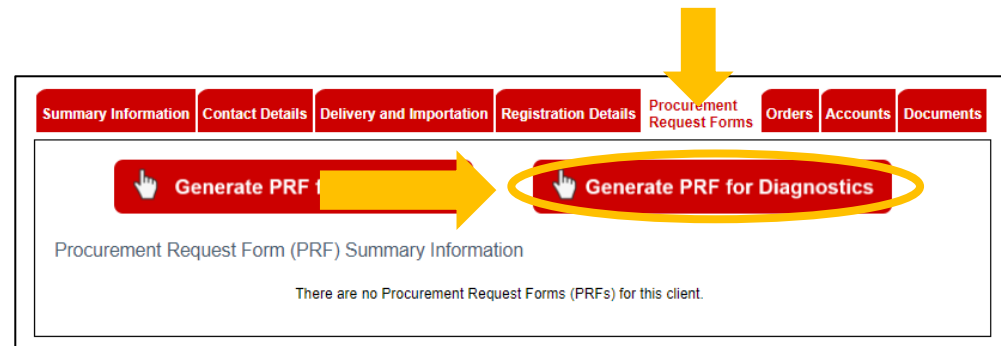
Shipments Scheduled to Arrive

There are no shipments scheduled to arrive for this client.

OMS Step-by-step guide for clients

Etape 3.2: Créez une Demande d'Approvisionnement (PRF) en Diagnostics ou Équipements médicaux

1. Afin de créer un formulaire de demande d'approvisionnement (PRF) en diagnostics ou équipements médicaux, accédez à l'onglet « Procurement Request Forms » et cliquez sur « Generate PRF for Diagnostics ».



2. Veuillez noter que pour vous aider dans votre planification et votre budgétisation ou pour avoir plus d'informations sur les spécifications techniques de nos produits, vous pouvez utiliser la liste suivante (lien ci-dessous). Une fois terminé, veuillez télécharger la liste des produits dans l'onglet « Documents ».

http://www.stoptb.org/assets/documents/gdf/drugsupply/GDF_TB_Diagnostics_Ordering_List.xls

OMS Step-by-step guide for clients

3. Remplissez ou mettez à jour les informations sur chaque onglet jusqu'à l'onglet de « Products » en cliquant sur « Edit this PRF information » en bas de chaque onglet, puis « Submit changes ». Veuillez noter que certaines informations ont été automatiquement préremplies à partir de votre profil client.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

All sections must be completed irrespective of the products being ordered. Please ensure that all required information is provided to enable GDF to provide you with a responsive price quote.

The "Finalize and Submit" section stipulates the conditions of supply.

To help you in your planning and budgeting, please use the [Ordering List](#). Once completed, please upload the Ordering List in the "Documents" tab.

Section 1 - Client Information & Funding Source

Client Information | Contact Details | Delivery and Importation | Registration Details | Products | Finalize & Submit | Documents | Comments & Summary

Request From

Client Name:	WHO Example (153)
Client Address:	City Center Kuala Lumpur 1218 Malaysia

4. Pour planifier deux ou plusieurs livraisons, cliquez sur « Add another delivery » dans l'onglet « Products ».

Client Information | Contact Details | Delivery and Importation | Registration Details | Products | Finalize & Submit | Documents | Comments & Summary

Preferred Delivery Date: 11 May 2021

[Edit this delivery](#) [Cancel this delivery](#)

Product Code	INN Code	Supplier	Qty as per the Ordering List
106531	LED Microscope	Svizera	500
106533	Battery pack for microscopes	Svizera	500

[Add another delivery](#)

OMS Step-by-step guide for clients

5. L'onglet « Documents » permet de télécharger des pièces justificatives (Ordering List, etc.). Téléchargez vos documents en cliquant sur « Edit this PRF information ».

Client Information Contact Details Delivery and Importation Registration Details Products Finalize & Submit Documents Comments & Summary

Documents

Please upload supporting documents here (e.g. Diagnostics Ordering List, etc.)

No documents have been uploaded for this PRF.

[Edit this PRF information](#) [Back](#)

6. Cliquez sur l'onglet « Finalize and Submit » pour voir les conditions de livraison. Afin d'envoyer le PRF au GDF, cliquez sur "Edit this PRF information".

PRF: SEN/D/21/542 - Section 9 - Finalize and Submit

You must accept the terms and conditions below to submit this PRF to GDF.

To print the PRF, click on "View this PRF in printable format" at the bottom of the page and press Ctrl+P.

Client Information Contact Details Delivery and Importation Registration Details Products Finalize & Submit Documents Comments & Summary

I acknowledge and accept the above Terms and Conditions.

Name:
Title:
Date:

You must accept the terms and conditions above to submit this PRF to GDF.

[Edit this PRF information](#) [View this PRF in printable format](#) [Back](#)

OMS Step-by-step guide for clients

7. Cochez « I acknowledge and accept the above Terms and Conditions » pour accepter les conditions générales, indiquez votre nom, votre titre et la date, puis cliquez sur « Submit Changes ».

a letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.

Name:

Title:

Date: 19 ▼ March ▼ 2020 ▼

8. Allez vers le bas de la page de nouveau pour trouver le bouton « Submit to GDF ». Cliquez sur ce bouton pour envoyer le PRF.

a letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.

Name: test

Title: \test

Date: 16 March 2020

[Edit this PRF information](#) [View this PRF in printable format](#) [Back](#)

OMS Step-by-step guide for clients

9. Si nécessaire, vous pouvez imprimer le PRF en cliquant sur « View this PRF in printable format » en bas de la page. Pour des instructions plus détaillées sur la façon dont vous pouvez imprimer le PRF, allez à [Etape 4 : Imprimez votre PRF.](#)

A letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.

Name: test
Title: \test
Date: 16 March 2020

[Submit to GDF](#)

[Edit this PRF information](#) [View this PRF in printable format](#) [Back](#)

10. Une fois le PRF envoyé, le CSO en sera informé et il/elle traitera votre PRF. Il/Elle vous contactera une fois la vérification terminée. Pour voir le statut de la commande, allez sur « Orders » dans votre profil client.

Client ID: 117 - Section 6 - Orders

[Summary Information](#) [Contact Details](#) [Delivery and Importation](#) [Registration Details](#) [Procurement Request Forms](#) [Orders](#) [Accounts](#) [Documents](#)

Orders

Serial Number	Country	Status
SEN/DP/20/10509/ TEST	Senegal	Order in Process
SEN/DP/20/10599	Senegal	Order in Process
SEN/DP/20/10600	Senegal	Order in Process
SEN/DP/20/10601	Senegal	Order in Process

Shipments Scheduled to Arrive

There are no shipments scheduled to arrive for this client.

OMS Step-by-step guide for clients

Etape 4: Imprimez et signez votre PRF


1. Si nécessaire, vous pouvez imprimer et signer votre PRF. Cliquez sur « View this PRF in printable format » en bas de la page de l'onglet « Finalize and Submit ». Cela ouvrira votre PRF dans un format imprimable.

a letter of authorization to allow for GDF decision on the procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

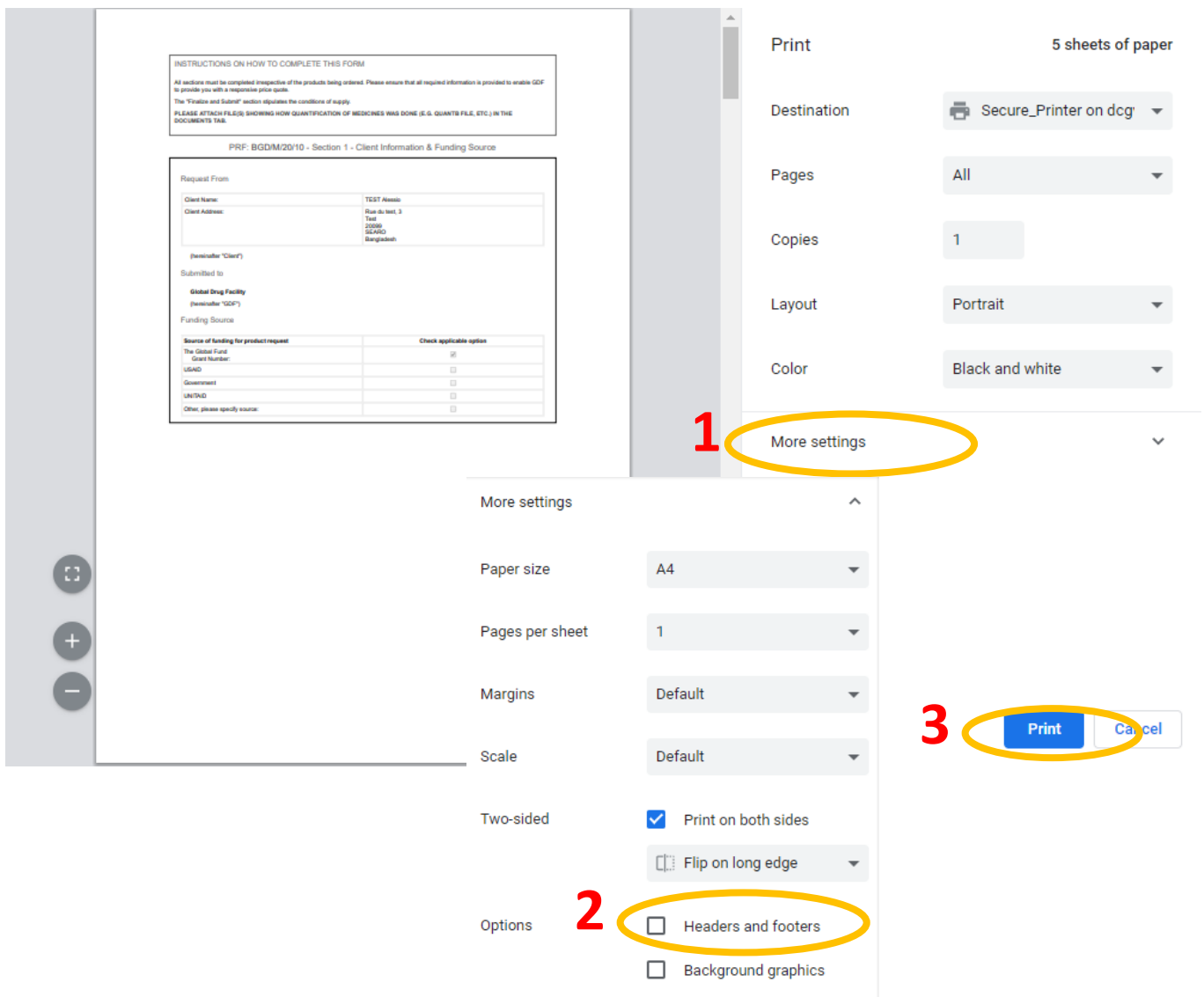
I acknowledge and accept the above Terms and Conditions.

Name: test
Title: \test
Date: 16 March 2020



[Edit this information](#) [View this PRF in printable format](#) [Back](#)

2. Si vous utilisez Google Chrome : appuyez sur Ctrl + P pour ouvrir l'aperçu du PRF avant impression. Pour supprimer les en-têtes et pieds de page (liens apparaissant en haut et en bas de chaque page), cliquez sur « More Settings » et décochez la case « Headers and Footers ». Cliquez sur Imprimer.



INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

All sections must be completed irrespective of the products being ordered. Please ensure that all required information is provided to enable GDF to provide you with a responsive price quote.

The "Finalize and Submit" section stipulates the conditions of supply.

PLEASE ATTACH FILES SHOWING HOW QUANTIFICATION OF MEDICINES WAS DONE (E.G. QUANTS FILE, ETC.) IN THE DOCUMENTS TAB.

PRF: BGDIM/ZD/10 - Section 1 - Client Information & Funding Source

Request From

Client Name:	TEST Asses
Client Address:	Box 05, test, 3 1st PO BOX SEKARD Bangladesh

(hereinafter "Client")

Submitted to

Global Drug Facility
(hereinafter "GDF")

Funding Source

Source of funding for product request	Check applicable option
The Global Fund	<input checked="" type="checkbox"/>
Grant Number:	
USGAD	<input type="checkbox"/>
Government	<input type="checkbox"/>
UN/WHO	<input type="checkbox"/>
Other, please specify source:	<input type="checkbox"/>

Print 5 sheets of paper

Destination Secure_Printer on dcg

Pages All

Copies 1

Layout Portrait

Color Black and white

1 More settings

More settings

Paper size A4

Pages per sheet 1

Margins Default

Scale Default

Two-sided Print on both sides

Flip on long edge

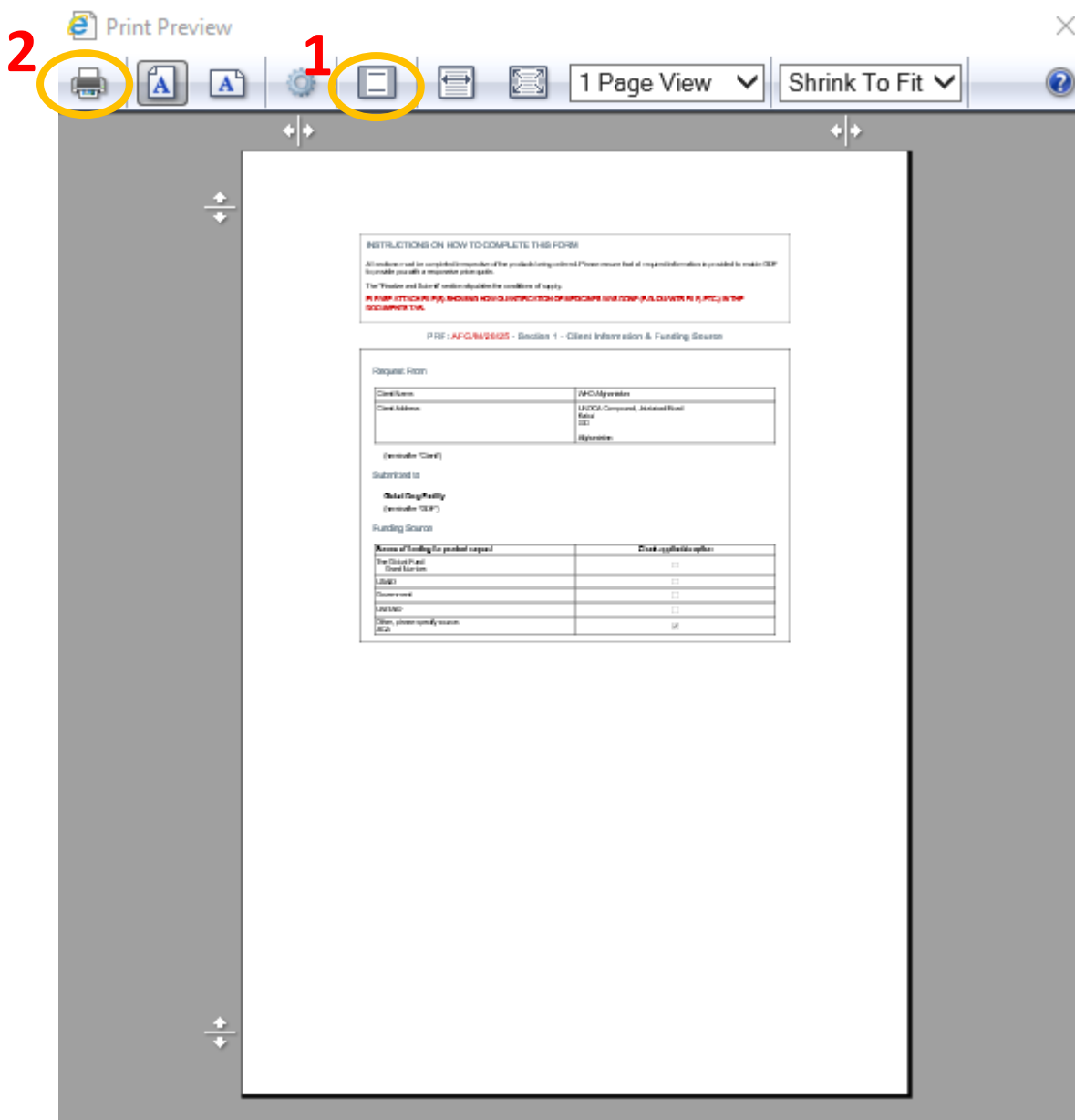
Options **2** Headers and footers

Background graphics

3

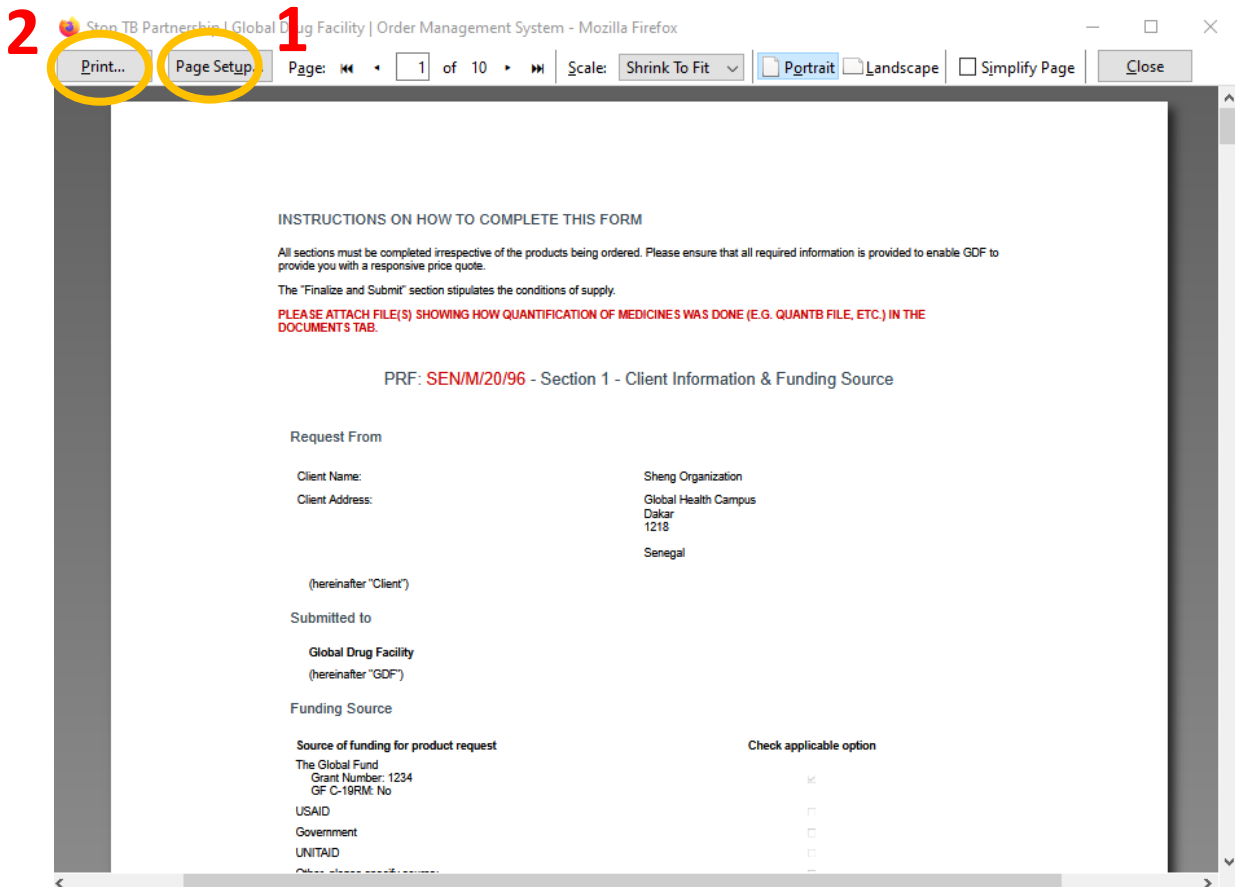
OMS Step-by-step guide for clients

Si vous utilisez Internet Explorer : cliquez sur l'icône d'engrenage en haut à droite du navigateur pour ouvrir les Paramètres. Allez sur Print > Print Preview. Cliquez sur l'icône d'en-têtes et pieds de page pour supprimer les en-têtes et les pieds de page (liens apparaissant en haut et en bas de chaque page). Cliquez sur l'icône d'imprimeur en haut à gauche.



OMS Step-by-step guide for clients

Si vous utilisez Mozilla Firefox, cliquez sur le bouton Menu en haut à droite du navigateur et accédez à Imprimer. Cliquez sur « Configuration de la page » pour supprimer les en-têtes et les pieds de page (liens et horodatages apparaissant en haut et en bas de chaque page). Enfin, cliquez sur le bouton Imprimer en haut à gauche.



3. Le PRF imprimé aura une place pour signature dans la dernière section (Section 9 – Finalize and Submit).

Special provisions

- Any serious adverse effects that come to the Client's attention and that may be related to the use of GDF medicines are to be reported to the national pharmacovigilance centre or, in the absence of a national pharmacovigilance centre, to the national medicines regulatory authority in a timely manner in accordance with local legislation or other applicable requirements (e.g. WHO aDSM).
- If the Client does not represent an established international NGO, publicly known to be active in TB patient treatment (e.g. PIH, MSF, International HIV/AIDS Alliance or similar), a UN organization or the government entity engaged in tuberculosis control, the Client must provide a letter of endorsement from the National TB Program or similar entity. In case this cannot be provided, the Client needs to submit a letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.
- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.

 Signature: _____

Name: Cedric

Title: CSO

Date: 12 August 2020

OMS Step-by-step guide for clients

Comment rappeler votre PRF afin de faire des modifications après l'avoir envoyé

1. Des PRFs qui ont été envoyés (en statut « Submitted to GDF ») peuvent être rappelés pour les modifier.
2. Pour ce faire, allez sur « My Procurement Request Forms ».



3. Sélectionnez le PRF que vous souhaitez retirer et cliquez sur « Recall this PRF ».

Client ID: 117 - Section 5 - Procurement Request Form (PRF) Summary Information

Summary Information Contact Details Delivery and Importation Registration Details Procurement Request Forms Orders Accounts Documents

 **Generate PRF for Medicines**

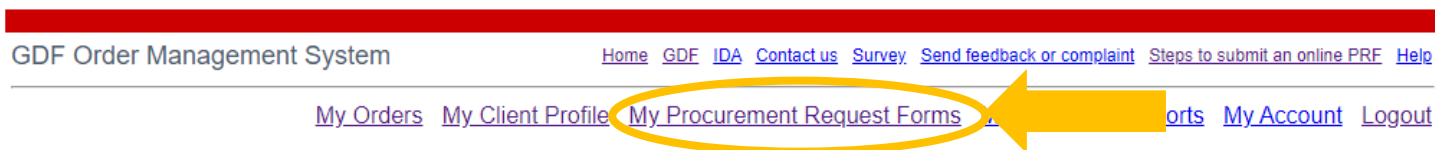
Procurement Request Form (PRF) Summary Information

Number	Country	Type	Status
SEN/M/20/88	Senegal	MEDICINES	Approved
SEN/M/20/95	Senegal	MEDICINES	Approved
SEN/M/20/96	Senegal	MEDICINES	Approved
SEN/M/20/97	Senegal	MEDICINES	Submitted to GDF (Recall this PRF)

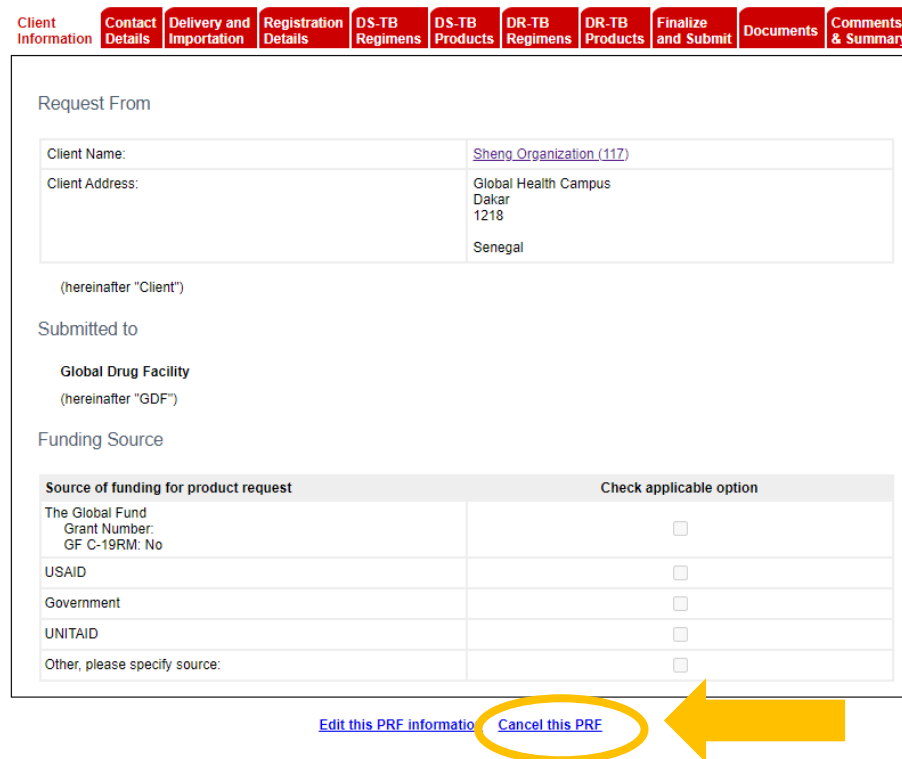
4. Votre PRF reviendra au statut « Draft » et vous pourrez le modifier et l'envoyer à nouveau.

Comment annuler un PRF

1. Seuls les PRF en statut « Draft » peuvent être annulés.
2. Pour ce faire, allez sur « My Procurement Request Forms ».



3. Sélectionnez le PRF que vous souhaitez annuler, allez sur « Client Information » et cliquez sur « Cancel this PRF » en bas de la page.



4. Votre PRF est maintenant annulé.

Comment récupérer votre mot de passe

1. Allez sur la page d'accueil de l'OMS.
2. Cliquez sur 'Forgot your password'

GDF Order Management System

[Home](#) [GDF](#) [IDA](#) [Contact us](#) [Survey](#) [Send feedback or complaint](#) [Help](#)



Login to the system

Username
Password

[Request a client account](#)

[Forgot your password](#)



3. Sélectionnez votre pays et ajouter un commentaire.
4. Cliquez sur 'Continue'.
5. Vérifiez votre message et cliquez sur 'Submit Your Request'
6. Vos informations vous seront envoyées par courriel.

OMS Step-by-step guide for clients

Esta guía proporciona instrucciones para que los clientes envíen un formulario de adquisición en línea a Global Drug Facility a través del Sistema de gestión de pedidos (OMS). Vea las instrucciones paso a paso o haga clic en los siguientes enlaces para navegar por el documento.

[Paso 1: cree una nueva cuenta de cliente *\(vaya al paso 3 si ha enviado PRF anteriormente\)*](#)

[Paso 2: complete su perfil de cliente *\(vaya al paso 3 si ha enviado PRF anteriormente\)*](#)

[Paso 3.1: generar un Formulario de Solicitud de Adquisición \(PRF\) para medicamentos](#)

[Paso 3.2: generar un Formulario de Solicitud de Adquisición \(PRF\) para diagnósticos ou equipos medicos](#)

[Paso 4 \(Opcional\): Imprima y firme su PRF](#)

[Cómo recuperar su PRF para realizar cambios después del envío](#)

[Cómo cancelar un borrador de PRF](#)

[Cómo recuperar su contraseña](#)

OMS Step-by-step guide for clients

Paso 1: Crear una nueva cuenta de Cliente

1. Vaya a la página de inicio de OMS
2. Haga clic en "Request a client account" (que se muestra a continuación).

GDF Order Management System [Home](#) [GDF](#) [IDA](#) [Contact us](#) [Survey](#) [Send feedback or complaint](#) [Help](#)

Stop TB Partnership
GLOBAL DRUG FACILITY

Login to the system

Username

Password

Login

[Request a client account](#)

[Forgot your password](#)

3. Complete la información solicitada (los campos marcados con un * son obligatorios).
4. Haga clic en "Submit your request".
5. Su oficial de suministro de país (CSO) le enviarán un correo electrónico con su nueva identificación y contraseña. Para obtener una lista de CSOs, comuníquese con gdf@stoptb.org o visite la página web de [nuestra secretaría](#).

OMS Step-by-step guide for clients

Paso 2: Completar tu cuenta de Cliente

1. Una vez que se haya registrado e iniciado sesión en su cuenta, esto lo llevará a la página de información resumida.
2. Complete o actualice la información requerida en las primeras cuatro pestañas (Summary information, Contact Details, Delivery and Importation, and Registration Details) haciendo clic en "Edit this client information" en la parte inferior de cada pestaña y luego envíe sus cambios. Asegúrese de que toda la información esté actualizada y sea relevante.

The screenshot shows a web interface for client information. At the top, there are eight red navigation tabs: Summary Information, Contact Details, Delivery and Importation, Registration Details, Procurement Request Forms, Orders, Accounts, and Documents. Four yellow arrows point down to the first four tabs. Below the tabs is a white box containing the following client information:

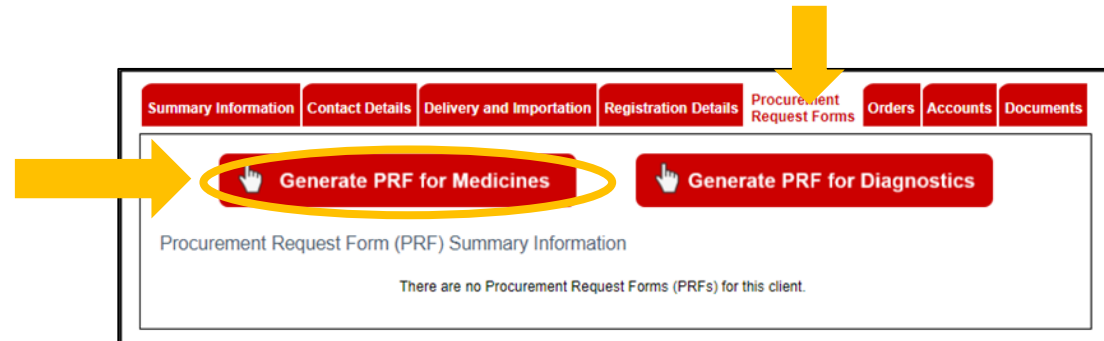
Client Organization Name:	final test org name
Client Type:	UN
Global Fund PR:	No
Procurement Agent Client Number :	
Street Address:	final test address
City:	final test city
Post Code:	ft pc
Region/Province/State:	ft region
Country:	China
Primary Contact Name:	my full name
Primary Contact Title:	my job title
Primary Contact Email:	richard@stoptb.org
Primary Contact Phone:	my phone

At the bottom of the page, there are three links: [Edit this client information](#), [Cancel this client](#), and [Back](#). A large yellow arrow points to the [Edit this client information](#) link, which is also circled in yellow.

OMS Step-by-step guide for clients

Paso 3.1: Generar el Formulario de Adquisiciones (PRF) para medicinas

1. Para crear un formulario de solicitud de adquisición (PRF) para medicamentos, vaya a la pestaña Procurement Request Forms y haga clic en "Generate PRF for Medicines".



2. Complete o actualice la información requerida en cada pestaña hasta DR-TB Productos haciendo clic en "Edit this PRF information" en la parte inferior de cada pestaña y luego envíe sus cambios. Tenga en cuenta que cierta información se ha completado automáticamente desde su perfil de cliente.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

All sections must be completed irrespective of the products being ordered. Please ensure that all required information is provided to enable GDF to provide you with a responsive price quote.

The "Finalize and Submit" section stipulates the conditions of supply.

PLEASE ATTACH FILE(S) SHOWING HOW QUANTIFICATION OF MEDICINES WAS DONE (E.G. QUANTTB FILE, ETC.) IN THE DOCUMENTS TAB.

PRF CHN/M.../1 - Section 1 - Client Information Fund Sour

Client Information Contact Details Delivery and Importation Registration Details DS-TB Regimens DS-TB Products DR-TB Regimens DR-TB Products Finalize and Submit Documents Comments & Summary

Request From

Client Name:	final test org name
Client Address:	final test address final test city ft pc ft region China

(hereinafter "Client")

OMS Step-by-step guide for clients

3. Para programar dos o más entregas, haga clic en "Add another delivery" en la pestaña Productos DS-TB o Productos DR-TB.

The screenshot shows the OMS interface with a navigation bar at the top containing the following tabs: Client Information, Contact Details, Delivery and Importation, Registration Details, DS-TB Regimens, DS-TB Products, DR-TB Regimens, DR-TB Products, Finalize and Submit, Documents, and Comments & Summary. Two yellow arrows point to the 'DS-TB Products' and 'DR-TB Products' tabs. Below the navigation bar, the text 'Preferred Delivery Date: 20 February 2020' is displayed, along with links for 'Edit this delivery' and 'Cancel this delivery'. A table with the following data is shown:

Line	Product Code	INN Code	Concentration	Type	Target	Quantity of units (tablets/vials)
FLD	2-FDC/RH-150/150-(B)	Rifampicin/Isoniazid	150 mg/150 mg	Film coated tablet(s)	Adult	1

At the bottom right of the table area, a yellow arrow points to a blue button labeled 'Add another delivery', which is circled in yellow.

4. La pestaña Documentos sirve para cargar documentos de respaldo (archivos de cuantificación, etc.). Suba sus documentos haciendo clic en "Edit this PRF information" en la parte inferior.

The screenshot shows the OMS interface with a navigation bar at the top containing the following tabs: Client Information, Contact Details, Delivery and Importation, Registration Details, DS-TB Regimens, DS-TB Products, DR-TB Regimens, DR-TB Products, Finalize and Submit, Documents, and Comments & Summary. A yellow arrow points to the 'Documents' tab. Below the navigation bar, the text 'PRF: CHE/M/20/45 - Section 10 - Documents' is displayed. The main content area contains the following text: 'Documents', 'Please upload supporting documents here (e.g. QuanTB files, etc.)', and 'No documents have been uploaded for this PRF.'. At the bottom of the content area, a yellow arrow points to a blue button labeled 'Edit this PRF information', which is circled in yellow, followed by a 'Back' link.

OMS Step-by-step guide for clients

5. Haga clic en la pestaña "Finalize and Submit" para ver las Condiciones de suministro y enviar el PRF. Para hacerlo, haga clic en "Edit this PRF information" en la parte inferior de la página.

PRF: CHE/M/20/45 - Section 9 - Finalize and Submit

You must accept the terms and conditions below to submit this PRF to GDF.
To print the PRF, click on "View this PRF in printable format" at the bottom of the page and press Ctrl+P.

[Client Information](#)
[Contact Details](#)
[Delivery and Importation](#)
[Registration Details](#)
[DS-TB Regimens](#)
[DS-TB Products](#)
[DR-TB Regimens](#)
[DR-TB Products](#)
[Finalize and Submit](#)
[Documents](#)
[Comments & Summary](#)

I acknowledge and accept the above Terms and Conditions.

Name: _____
Title: _____
Date: _____

You must accept the terms and conditions above to submit this PRF to GDF.

[Edit this PRF information](#)
[View this PRF in printable format](#)
[Back](#)

6. Marque " I acknowledge and accept the above Terms and Conditions ", ingrese su nombre, cargo y fecha, y haga clic en Submit Changes.

a letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.

Name: _____
Title: _____
Date: 19 ▾ March ▾ 2020 ▾

[Submit changes](#)
[Back](#)

OMS Step-by-step guide for clients



7. Desplácese hasta la parte inferior de la página nuevamente para encontrar el botón "Submit to GDF". Haga clic en el botón para enviar el PRF.

a letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.

Name: test
Title: \test
Date: 16 March 2020

[Edit this PRF information](#) [View this PRF in printable format](#) [Back](#)


8. Si es necesario, puede imprimir el PRF haciendo clic en "View this PRF in printable format" en la parte inferior de la página. Para obtener instrucciones más detalladas sobre cómo imprimir el PRF, vaya al [Paso 4: Imprima su PRF.](#)


a letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.

Name: test
Title: \test
Date: 16 March 2020



[Edit this PRF information](#)  [View this PRF in printable format](#) [Back](#)

OMS Step-by-step guide for clients

9. Una vez que se envía el PRF, se notificará al CSO y él / ella procesará su PRF. Ellos se comunicarán con usted una vez que se complete la revisión. Para ver el estado de su pedido, haga clic en la información resumida en la pestaña "Orders" en su perfil de cliente.

Client ID: 117 - Section 6 - Orders

Summary Information
Contact Details
Delivery and Importation
Registration Details
Procurement Request Forms
Orders
Accounts
Documents

Orders

Serial Number	Country	Status
SEN/DP/20/10509/ TEST	Senegal	Order in Process
SEN/DP/20/10599	Senegal	Order in Process
SEN/DP/20/10600	Senegal	Order in Process
SEN/DP/20/10601	Senegal	Order in Process

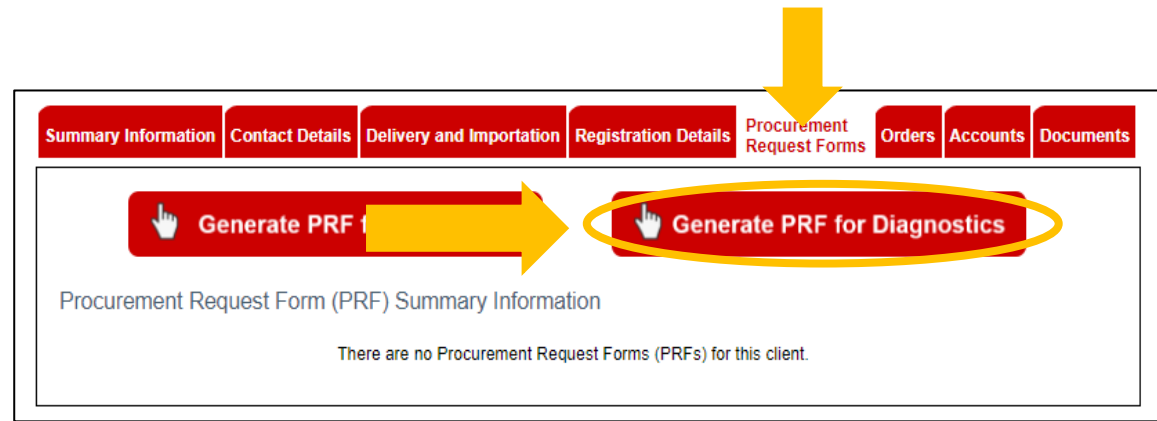
Shipments Scheduled to Arrive

There are no shipments scheduled to arrive for this client.

OMS Step-by-step guide for clients

Paso 3.2: Generar un Formulario de Adquisiciones (PRF) para diagnósticos ou equipos medicos

1. Para crear un formulario de solicitud de adquisición (PRF) para diagnósticos ou equipos medicos, vaya a la pestaña Procurement Request Forms y haga clic en "Generate PRF for Diagnostics".



2. Tenga en cuenta que para ayudarlo en su planificación y presupuesto o para tener más información sobre las especificaciones técnicas de nuestros productos, puede utilizar la Lista de pedidos (enlace a continuación). Una vez completado, cargue la lista de pedidos en la pestaña "Documents".

http://www.stoptb.org/assets/documents/gdf/drugsupply/GDF_TB_Diagnostics_Ordering_List.xls

OMS Step-by-step guide for clients

- Complete o actualice la información requerida en cada pestaña hasta Productos haciendo clic en "Edit this PRF information" en la parte inferior de cada pestaña y luego envíe sus cambios. Tenga en cuenta que cierta información se ha completado automáticamente desde su perfil de cliente.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

All sections must be completed irrespective of the products being ordered. Please ensure that all required information is provided to enable GDF to provide you with a responsive price quote.

The "Finalize and Submit" section stipulates the conditions of supply.

To help you in your planning and budgeting, please use the [Ordering List](#). Once completed, please upload the Ordering List in the "Documents" tab.

Request From

Client Name: [WHO Example \(153\)](#)

Client Address: City Center
Kuala Lumpur
1218
Malaysia

Section 1 - Client Information & Funding Source

Client Information | Contact Details | Delivery and Importation | Registration Details | Products | Finalize & Submit | Documents | Comments & Summary

- Para programar dos o más entregas, haga clic en "Add another delivery".

Preferred Delivery Date: 11 May 2021

[Edit this delivery](#) [Cancel this delivery](#)

Product Code	INN Code	Supplier	Qty as per the Ordering List
106531	LED Microscope	Svizera	500
106533	Battery pack for microscopes	Svizera	500

[Add another delivery](#)

Client Information | Contact Details | Delivery and Importation | Registration Details | Products | Finalize & Submit | Documents | Comments & Summary

OMS Step-by-step guide for clients

5. La pestaña Documents sirve para cargar la Lista de Pedidos (Ordering List). Suba la Lista de Pedidos haciendo clic en "Edit this PRF information" en la parte inferior.

Client Information Contact Details Delivery and Importation Registration Details Products Finalize & Submit Documents Comments & Summary

Documents

Please upload supporting documents here (e.g. Diagnostics Ordering List, etc.)

No documents have been uploaded for this PRF.

[Edit this PRF information](#) [Back](#)

6. Haga clic en la pestaña "Finalize and Submit" para ver las Condiciones de suministro y enviar el PRF. Para hacerlo, haga clic en "Edit this PRF information" en la parte inferior de la página.

PRF: SEN/D/21/542 - Section 9 - Finalize and Submit

You must accept the terms and conditions below to submit this PRF to GDF.

To print the PRF, click on "View this PRF in printable format" at the bottom of the page and press Ctrl+P.

Client Information Contact Details Delivery and Importation Registration Details Products Finalize & Submit Documents Comments & Summary

I acknowledge and accept the above Terms and Conditions.

Name:
Title:
Date:

You must accept the terms and conditions above to submit this PRF to GDF.

[Edit this PRF information](#) [View this PRF in printable format](#) [Back](#)

OMS Step-by-step guide for clients

7. Marque " I acknowledge and accept the above Terms and Conditions ", ingrese su nombre, cargo y fecha, y haga clic en Submit changes.

a letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.

Name:

Title:

Date:

8. Desplácese hasta la parte inferior de la página nuevamente para encontrar el botón "Submit to GDF". Haga clic en el botón para enviar el PRF.

a letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.

Name: test

Title: \test

Date: 16 March 2020

[Edit this PRF information](#) [View this PRF in printable format](#) [Back](#)

OMS Step-by-step guide for clients

9. Si es necesario, puede imprimir el PRF haciendo clic en "View this PRF in printable format" en la parte inferior de la página. Para obtener instrucciones más detalladas sobre cómo imprimir el PRF, vaya al [Paso 4: Imprima su PRF.](#)

a letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.

Name: test
Title: \test
Date: 16 March 2020

[Edit this PRF information](#) [View this PRF in printable format](#) [Back](#)

Submit to GDF

10. Una vez que se envía el PRF, se notificará al CSO y él / ella procesará su PRF. Ellos se comunicarán con usted una vez que se complete la revisión. Para ver el estado de su pedido, haga clic en la información resumida en la pestaña "Orders" en su perfil de cliente.

Client ID: 117 - Section 6 - Orders

Summary Information Contact Details Delivery and Importation Registration Details Procurement Request Forms **Orders** Accounts Documents

Orders

Serial Number	Country	Status
SEN/DP/20/10509/ TEST	Senegal	Order in Process
SEN/DP/20/10599	Senegal	Order in Process
SEN/DP/20/10600	Senegal	Order in Process
SEN/DP/20/10601	Senegal	Order in Process

Shipments Scheduled to Arrive

There are no shipments scheduled to arrive for this client.

OMS Step-by-step guide for clients

Paso 4: Imprimir y formar su Formulario de Adquisiciones (PRF)


1. Si es necesario, puede imprimir y firmar su PRF. Haga clic en "View this PRF in printable format" en la parte inferior de la página en la pestaña "Finalize and Submit". Esto abrirá una nueva pestaña del navegador con su PRF en un formato imprimible.

Partner or organization to enter for GDF section on this procurement. In examining the letter, the client agrees that GDF may contact its Partners for additional information without further consent by the Client.

- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

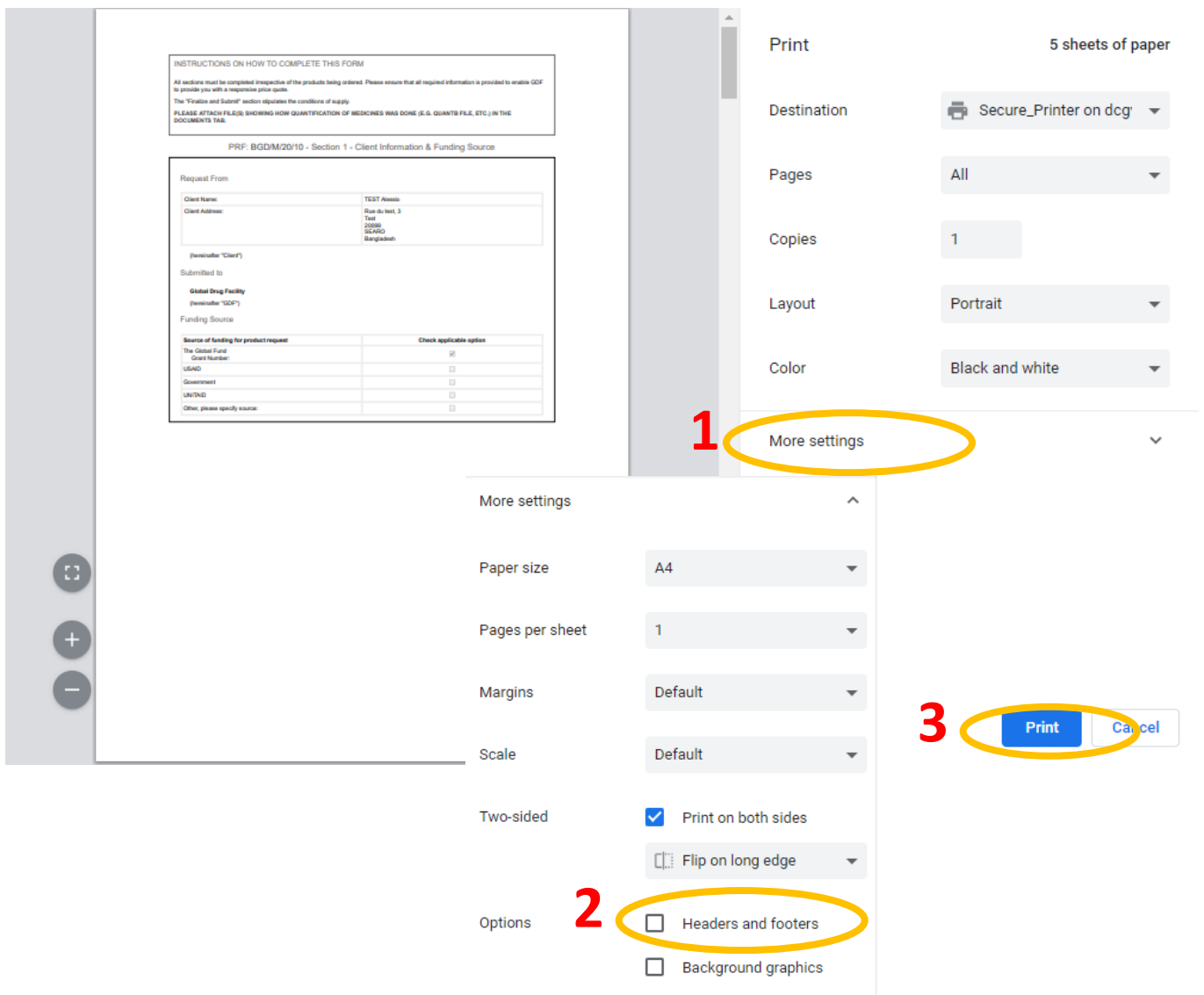
I acknowledge and accept the above Terms and Conditions.

Name: test
Title: /test
Date: 16 March 2020



[Edit this information](#) [View this PRF in printable format](#) [Back](#)

2. Si usa Google Chrome: presione Ctrl + P para abrir la vista previa de impresión. Para eliminar los encabezados y pies de página (enlaces y marcas de tiempo que aparecen en la parte superior e inferior de cada página), haga clic en "Más configuraciones" y desmarque la casilla de verificación "Encabezados y pies de página". Finalmente, haga clic en Imprimir.



Print 5 sheets of paper

Destination Secure_Printer on dcg

Pages All

Copies 1

Layout Portrait

Color Black and white

1 More settings

More settings

Paper size A4

Pages per sheet 1

Margins Default

Scale Default

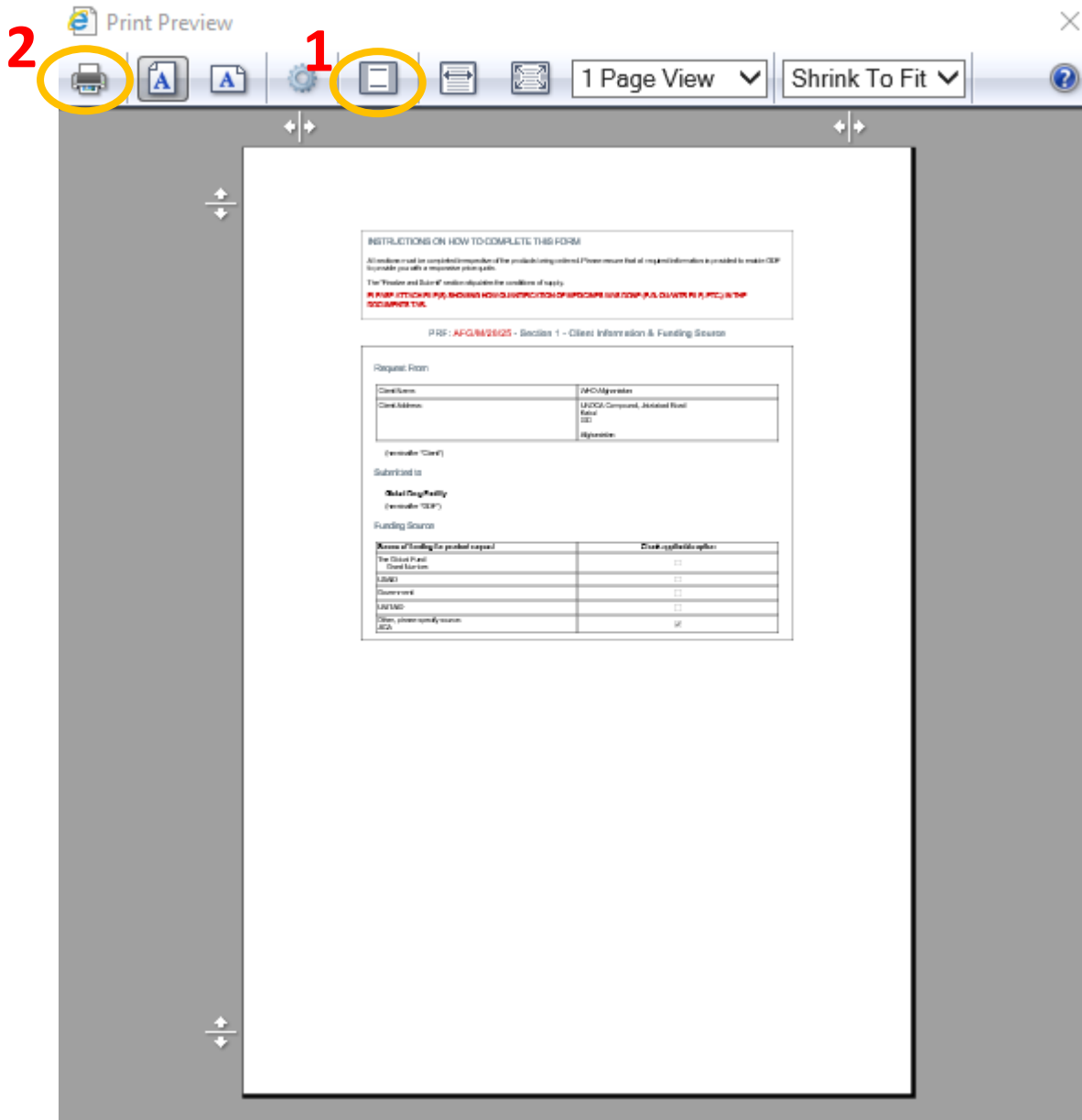
Two-sided Print on both sides Flip on long edge

Options **2** Headers and footers Background graphics

3 Print Cancel

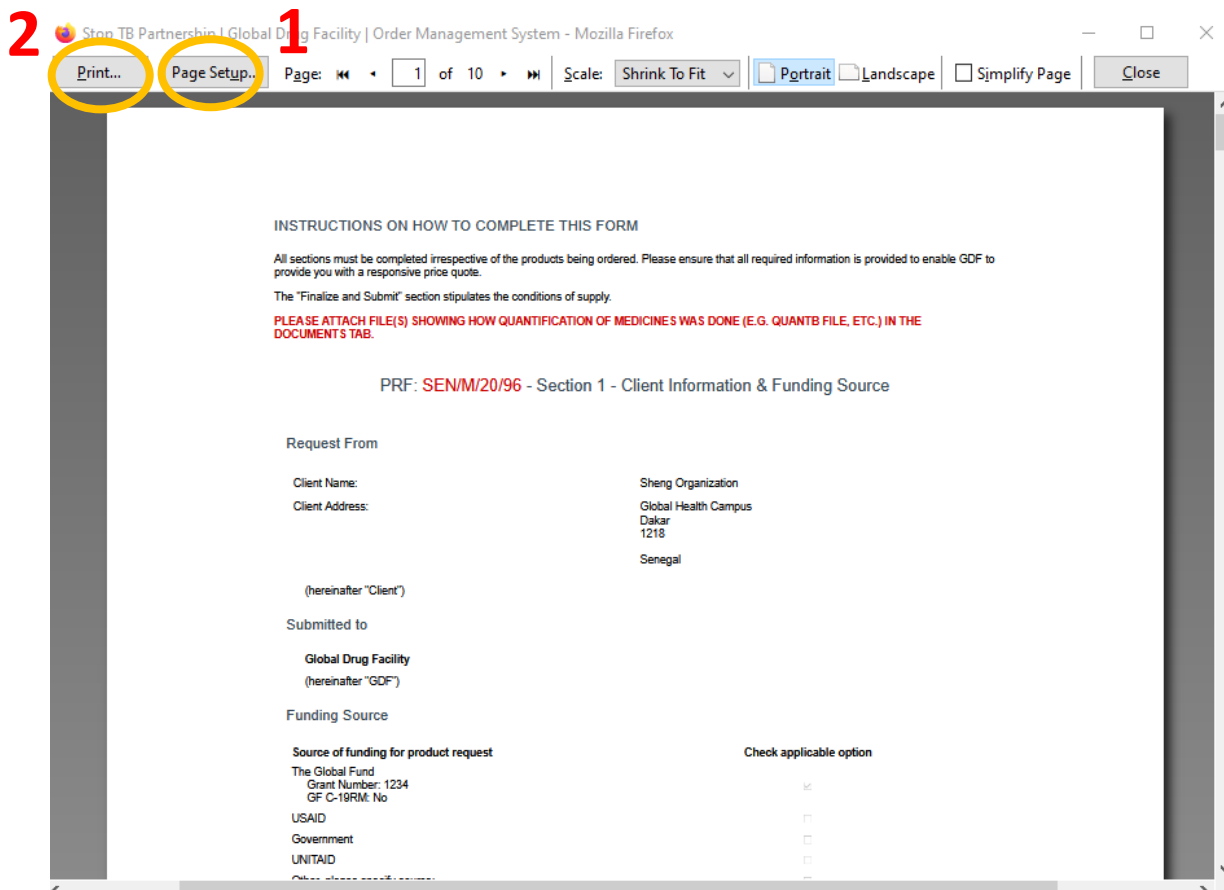
OMS Step-by-step guide for clients

Si usa Internet Explorer, haga clic en el ícono de ajustes en la parte superior derecha del navegador para abrir el menú Configuración. Vaya a Imprimir> Vista previa de impresión. Haga clic en el icono Encabezados y pies de página para eliminar los encabezados y pies de página (los enlaces y las marcas de tiempo que aparecen en la parte superior e inferior de cada página). Finalmente, haga clic en el icono Imprimir en la parte superior izquierda.



OMS Step-by-step guide for clients

Si usa Mozilla Firefox, haga clic en el botón Menú en la parte superior derecha del navegador y vaya a Imprimir. Haga clic en "Configuración de página" para eliminar los encabezados y pies de página (los enlaces y las marcas de tiempo que aparecen en la parte superior e inferior de cada página). Finalmente, haga clic en el botón Imprimir en la parte superior izquierda.



3. El PRF impreso tendrá un lugar para la firma en la última sección (Sección 9 – Finalize and Submit).

Special provisions

- Any serious adverse effects that come to the Client's attention and that may be related to the use of GDF medicines are to be reported to the national pharmacovigilance centre or, in the absence of a national pharmacovigilance centre, to the national medicines regulatory authority in a timely manner in accordance with local legislation or other applicable requirements (e.g. WHO aDSM).
- If the Client does not represent an established international NGO, publicly known to be active in TB patient treatment (e.g. PIH, MSF, International HIV/AIDS Alliance or similar), a UN organization or the government entity engaged in tuberculosis control, the Client must provide a letter of endorsement from the National TB Program or similar entity. In case this cannot be provided, the Client needs to submit a letter of explanation to allow for GDF decision on this procurement. In submitting the letter, the Client agrees that GDF may contact its Partners for additional information without further consent by the Client.
- In case specific off-label medicines for DR-TB treatment such as clofazimine are requested according to WHO treatment guidelines, GDF might request the Client to sign a specific liability waiver which needs to be submitted before the supply of these products can commence.
- In case of request for bedaquiline, delamanid, and/or pretomanid, GDF clients shall submit to GDF completed and signed [Annexes 1](#) for the medicines requested along with the procurement request form. The medicines should be used in accordance with the most current WHO treatment guidelines.

I acknowledge and accept the above Terms and Conditions.



Signature: _____
Name: Cedric
Title: CSO
Date: 12 August 2020

OMS Step-by-step guide for clients

Como recuperar su Formulario de Adquisiciones (PRF) despues de su envio


1. Los PRF que se han enviado (en estado "Submitted to GDF") se pueden recuperar en caso de que sea necesario realizar algún cambio.
2. Para hacerlo, vaya a "My Procurement Request Forms".



3. Seleccione el PRF que le gustaría recuperar y haga clic en "Recall this PRF"

Client ID: 117 - Section 5 - Procurement Request Form (PRF) Summary Information

Summary Information | Contact Details | Delivery and Importation | Registration Details | Procurement Request Forms | Orders | Accounts | Documents

 **Generate PRF for Medicines**

Procurement Request Form (PRF) Summary Information

Number	Country	Type	Status
SEN/M/20/88	Senegal	MEDICINES	Approved
SEN/M/20/95	Senegal	MEDICINES	Approved
SEN/M/20/96	Senegal	MEDICINES	Approved
SEN/M/20/97	Senegal	MEDICINES	Submitted to GDF (Recall this PRF)

A yellow arrow points to the "Recall this PRF" link in the last row of the table.

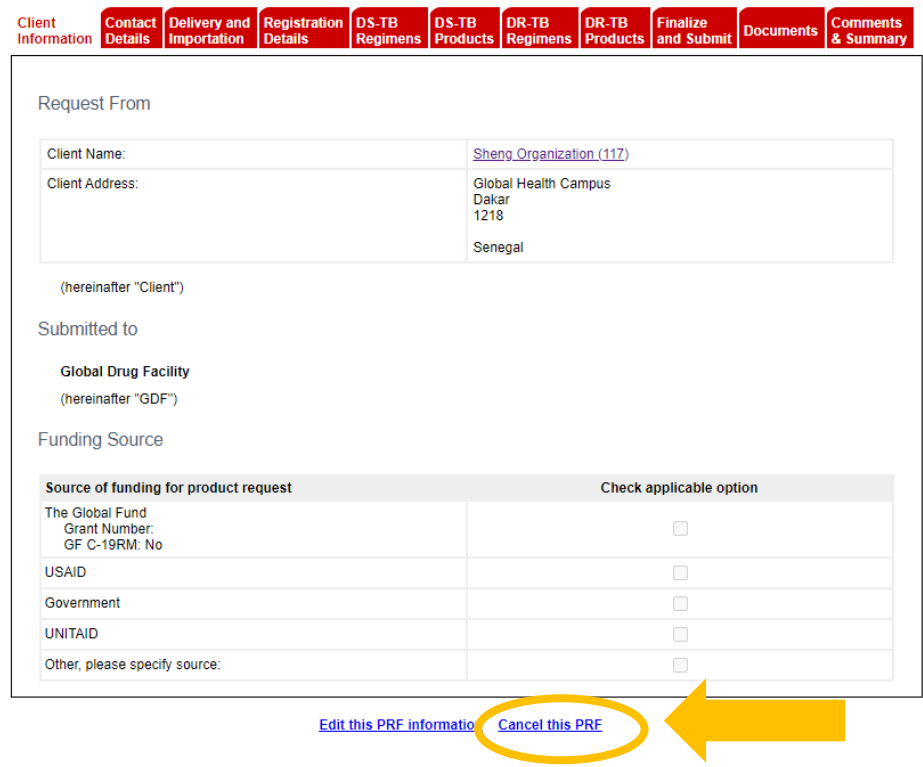
4. Su PRF ahora volverá al estado de Borrador y podrá realizar cambios y volver a enviar el PRF nuevamente.

Como cancelar un borrador del Formulario de Adquisiciones (PRF)

1. Solo se pueden cancelar los PRF en estado "Draft" (Borrados).
2. Para hacerlo, vaya a "Mis formularios de solicitud de adquisición".



3. Seleccione el PRF que desea cancelar, vaya a la pestaña "Client Information" y haga clic en "Cancel this PRF" en la parte inferior de la página.



4. Tu PRF ahora está cancelada.

Como recuperar su contraseña

1. Vaya a la página de inicio de OMS
2. Haga clic en "Forgot your password"

GDF Order Management System

[Home](#) [GDF](#) [IDA](#) [Contact us](#) [Survey](#) [Send feedback or complaint](#) [Help](#)



Login to the system

Username

Password

Login

[Request a client account](#)

[Forgot your password](#)



3. Seleccione su país y agregue un comentario.
4. Haga clic en "Continue".
5. Verifique su mensaje y haga clic en "Submit your request".
6. Se le enviarán sus datos por correo electrónico.