PROCUREMENT REQUEST FORM FOR DIAGNOSTICS, MEDICAL DEVICES, AND OTHER HEALTH PRODUCTS

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.

Section 5 stipulates the conditions of supply. First-time GDF clients will also receive a "Project Agreement" document to sign, which stipulates the terms and conditions of placing orders with GDF. For UN organizations, the Project Agreement is replaced by a "UN-UN Inter-Agency Agreement."

This Procurement Request Form must be submitted with a completed Global Drug Facility (GDF) TB Diagnostics, Medical Devices, and Other Health Products Ordering List, found at https://www.stoptb.org/sites/default/files/gdf_tb_diagnosticsmedicaldevotherhealthproducts_ordering_list.xls

Please ensure that Annex 1 is completed by selecting the type of electric socket outlet for diagnostic equipment, medical devices, and other health products based on the requirements of your country.

SECTION 1. CLIENT INFORMATION & FUNDING SOURCE

Request from

Client Name	
Client Address	

(hereinafter “Client”)

Submitted to

Stop TB Partnership/Global Drug Facility

(hereinafter “StopTB/GDF”)

Funding Source

Source of funding for product request	**Check applicable option (√)**
The Global Fund - Global Fund Grant Name (e.g. ABC-T-XZY): _____ - Global Fund GA Number (e.g. 1234): _____ - Global Fund Grant Implementation period (e.g. 01/01/2021 – 31/12/2023): _____	

- Is this request funded through the Covid-19 Response Mechanism?: Yes ☐ / No ☐	
USAID	
Government	
UNITAID	
NGO/Foundation	
Other, please specify source:	

Clinical Research?	Yes ☐ / No ☐
Clinical Research Short Name	
Clinical Research Sponsor Name	

SECTION 2. CLIENT CONTACT DETAILS

Please ensure that full contact details are provided below.

Country of Operations:	
Organization:	
Address:	
Contact Person:	
Position:	
Telephone:	
Email:	

1) Name and full contact details of **Consignee** (The consignee is the organization receiving the goods and services whereas the client is the organization procuring the goods and services. The consignee can be the same as the client.)	Organization: Salutation: Name: Title: Address: Telephone: e-mail:
2) Final Delivery Address (If different from Consignee Address)	Organization: Name: Title: Address: Telephone: e-mail:

3) Full contact details of **party to be notified** (person/authority responsible for products shipment authorization) Note: Above person will be contacted via email when shipment is ready to be shipped. **Authorization will be required before the shipment is dispatched.**	Organization: Name: Title: Address: Telephone: e-mail:
4) Full contact details of **Payer** The person in charge of managing payment related to this procurement form	Organization: Name: Title: Address: Telephone: e-mail:
5) Other contacts to be copied in communication related to this procurement form	Organization: Name: Title: Address: Telephone: e-mail: Organization: Name: Title: Address: Telephone: e-mail:

SECTION 3: DELIVERY & IMPORTATION DETAILS

It is recommended to place a request for products at least 6 months before the Preferred Delivery Date. Our standard delivery lead time is 4 -6months.

1) Preferred delivery date (date the products are required, considering standard lead-time of 4-6 months from receipt of funds for products) In case split shipments are required, a preferred delivery date for each of the shipment should be indicated.	
2) Preferred port of delivery	
3) Preferred Incoterm	☐ **CIP (For air shipments only)** ☐ **CIF (For sea shipments only)** ☐ **FCA** ☐ **DAP (More information)**: The client is responsible for customs clearance and offloading at the delivery address ☐ **DAP + Customs clearance and offloading at delivery address (More information)**: StopTB/GDF will arrange

	customs clearance (with their customs broker) and offloading at the delivery address. Do not select this Incoterm if the consignee has their own customs broker. If DAP delivery is requested, please fill out the contact details of the contact person responsible for all (pre-)clearance documents (e.g. legalization of documents, registration documents for import purposes): Name: Telephone: E-mail:
4) Preferred mode of shipment	☐ **Air** ☐ **Sea** ☐ **Overland** ☐ **Mixed (please explain) _____**
5) Advance notice required by client: Time required to provide authorization to ship (Green light) before delivery.	week(s)
6) Can shipments arrive outside of regular working hours (09.00 - 17.00 h / Mon – Fri)?	Yes ☐ No ☐ If yes, please indicate the time:
7) What document(s) must accompany the delivery of GDF products?	☐ Airway bill/bill of lading ☐ Certificate of analysis ☐ Certificate of origin ☐ Clean report of findings ☐ Draft Airwaybill ☐ Gift certificate ☐ GMP Certificate ☐ Invoice ☐ Packing list ☐ Other (Please specify: _____)
8) Special requirements for pre-shipment inspection (PSI)?	Yes ☐ No ☐ If yes, please specify and provide HS codes for products to undergo PSI.:
9) Are customized patient booklets required?	Yes ☐ No ☐
10) Special requirements concerning markings on outer cartons.	
11) Language labelling requirements	

SECTION 4: REGISTRATION DETAILS

Information on products registration is critical to ensure timely delivery of products. Please ensure that the section below is complete with accurate, up-to-date information.

1) Is **registration of diagnostics/medical devices required for the importation of these products?**	Yes ☐ No ☐
2) If yes, weeks required for registration	Number of weeks required for registration:

3) If registration is required, can diagnostics/medical devices be imported before or during registration?	Before ☐ During ☐ Neither ☐
4) If registration is required: Registration application **dossier** to be sent to:	Name: Title: Organization: Address: Telephone: Fax: Email:
5) If registration is required: a) Does a fast-track registration mechanism for diagnostics/medical devices exist in the country and can it be applied to this request?	Yes ☐ No ☐ Number of weeks required for fast-track registration:: What is the quality assurance approval system used by the country for the fast-track mechanism? ☐ authorized for marketing by a stringent regulatory authority; ☐ Prequalified by WHO ☐ Recommended by WHO TB Programme ☐ Recommended by the Expert Review Panel for Diagnostics (ERPD) ***List of documents and registration fee required for fast-track registration:*** - -
b) Is it possible to obtain a waiver for importation of non-registered diagnostics/medical devices included in this request?	Yes ☐ No ☐ Number of weeks to obtain a waiver for importation of non-registered diagnostics/medical devices included in this request: ***List of documents required for waiver:*** - -
6) Notes and special requirements: Note: includes requirements for instructions for importation, registration, or any other delivery instructions.	

SECTION 5: CONDITIONS OF SUPPLY

- General conditions:
  - StopTB/GDF procures only quality-assured TB products.
  - All StopTB/GDF TB products shall be provided to patients free of charge.
  - For Global Fund supported procurements, StopTB/GDF will provide a copy of this Form to the responsible focal point in the Global Fund for their review.

- Procurement process:
  - The execution of this procurement request can be initiated **only** after signing:
    1. The Project Agreement;
    2. The StopTB/GDF Quote and
    3. The receipt of the prepayment of funds by StopTB/GDF.

  - The Client will be responsible for payment or obtaining a waiver of any applicable duties, any import requirements, as well as to facilitate product registration in cooperation with manufacturers or obtaining relevant waivers, in-country storage, distribution and monitoring of all supplies, unless otherwise agreed with StopTB/GDF.

- Monitoring and technical assistance:
  - StopTB/GDF reserves the right to conduct monitoring mission(s) by an independent technical agency or StopTB/GDF consultants such us StopTB/GDF Regional Technical Advisors or Country Supply Officers on the use of the products requested. The technical report will be shared with the Client on the use of products delivered under this Form.
  - The Parties may also consult on and mutually agree on the implementation of technical assistance as required.

- Special provisions:
  - If the Client does not represent an established international NGO, publicly known to be active in TB patient treatment, a UN organization or the government entity engaged in TB 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 StopTB/GDF to consider this procurement. In submitting the letter, the Client agrees that StopTB/GDF may contact its Partners for additional information without further consent by the Client.

Please sign below and send it to the following address or to your focal point in StopTB/GDF:

Global Drug Facility
Stop TB Partnership Secretariat, c/o UNOPS
Email : gdfprs@stoptb.org

Signature :

Name:

Tittle:
(Authorised Official)

Date

ANNEX 1 – ELECTRIC DETERMINANTS FOR THE USE OF ELECTRIC DIAGNOSTIC, MEDICAL DEVICE, AND OTHER HEALTH PRODUCTS AT DESTINATION

Please indicate the type of electric socket outlet prevailing in your country / laboratory setting.

TYPE B ☐		• 3 pins • Grounded • 15 A • Almost always 100 – 127 V
TYPE D ☐		• 3 pins • Grounded • 5 A • 220 – 240 V
TYPE E ☐		• 2 pins • Grounded • 16 A • 220 – 240 V
TYPE G ☐		• 3 pins • Grounded • 13 A • 220 – 240 V
TYPE I ☐		• 2 or 3 pins • 2 pins: not grounded / 3 pins: grounded • 10 A • 220 – 240 V
TYPE J ☐		• 3 pins • Grounded • 10 A • 220 – 240 V
☐ Other (please specify):		

<u>Please also indicate for your country / laboratory setting:</u>

Voltage (V): _____

Frequency (Hz): _____