Bidders *must* provide the NHLS with costing information for a 5 years' contract duration. The bid price quoted must be inclusive as per the scope of work.

Note:

a) Bidder must complete the pricing as per tables below.
b) Prices must be provided in South African Rand (R)
c) Line Prices are all VAT EXCLUDING, and TOTAL PRICE is VAT INCLUSIVE

1. EAST LONDON LABORATORY (ID Volumes 1308 PM) and SUSCEPTIBILITY (AST Volumes 1098 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee		R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration	1	R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

2. NELSON MANDELA ACADEMIC LABORATORY (ID Volumes 2900 PM) and SUSCEPTIBILITY (AST Volumes 1400 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

NATIONAL HEALTH LABORATORY SERVICE

3. PORT ELIZABETH LABORATORY (ID Volumes 3357 PM) and SUSCEPTIBILITY (AST Volumes 1772 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

NATIONAL HEALTH LABORATORY SERVICE

SUMMARY FOR EASTERN CAPE (EAST LONDON LABORATORY, NELSON MANDELA ACADEMIC LABORATORY & PORT ELIZABETH LABORATORY)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee		R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

1. BETHLEHEM LABORATORY (ID Volumes 150 PM) and SUSCEPTIBILITY (AST Volumes 100 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

2. KROONSTAD LABORATORY (ID Volumes 270 PM) and SUSCEPTIBILITY (AST Volumes 200 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

3. MAFIKENG LABORATORY (ID Volumes 352 PM) and SUSCEPTIBILITY (AST Volumes 45 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

4. PELONOMI LABORATORY (ID Volumes 682 PM) and SUSCEPTIBILITY (AST Volumes 568 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

5. RUSTENBURG LABORATORY (ID Volumes 197 PM) and SUSCEPTIBILITY (AST Volumes 60 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

6. TSHEPONG LABORATORY (ID Volumes 568 PM) and SUSCEPTIBILITY (AST Volumes 359 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

7. UNIVERSITAS ACADEMIC LABORATORY (ID Volumes 474 PM) and SUSCEPTIBILITY (AST Volumes 375 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

8. WELKOM LABORATORY (ID Volumes 155 PM) and SUSCEPTIBILITY (AST Volumes 135 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

SUMMARY FOR FREE STATE AND NORTHWEST (BETHLEHEM LABORATORY, KROONSTAD LABORATORY, MAFIKENG LABORATORY, PELONOMI LABORATORY, RUSTENBURG LABORATORY, TSHEPONG LABORATORY, UNIVERSITAS ACADEMIC LABORATORY & WELKOM LABORATORY)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee		R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

1. CHARLOTTE MAXEKE INFECTION CONTROL LABORATORY (ID Volumes 219 PM) and SUSCEPTIBILITY (AST Volumes 24 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

2. CHARLOTTE MAXEKE JOHANNESBURG ACADEMIC HOSPITAL (ID Volumes 2287 PM) and SUSCEPTIBILITY (AST Volumes 852 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

3. CHRIS HANI BARAGWANATH LABORATORY (SEBOKENG LABORATORY) (ID Volumes 2350 PM) and SUSCEPTIBILITY (AST Volumes 2074 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

4. DR GEORGE MUKHARI LABORATORY (ID Volumes 843 PM) and SUSCEPTIBILITY (AST Volumes 631 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

5. HELEN JOSEPH LABORATORY (EDENVALE LABORATORY & LERATONG LABORATORY) (ID Volumes 814 PM) and SUSCEPTIBILITY (AST Volumes 615 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

6. TAMBO MEMORIAL LABORATORY (THELLE MOGOERANE REGIONAL LABORATORY) (ID Volumes 621 PM) and SUSCEPTIBILITY (AST Volumes 532 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

7. TSHWANE ACADEMIC LABORATORY (ID Volumes 2537 PM) and SUSCEPTIBILITY (AST Volumes 2537 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee		R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration	1	R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

SUMMARY FOR GAUTENG PROVINCE (CHARLOTTE MAXEKE INFECTION CONTROL LABORATORY, CHARLOTTE MAXEKE JOHANNESBURG ACADEMIC HOSPITAL, CHRIS HANI BARAGWANATH LABORATORY (SEBOKENG LABORATORY), DR GEORGE MUKHARI LABORATORY, HELEN JOSEPH LABORATORY (EDENVALE LABORATORY & LERATONG LABORATORY), TAMBO MEMORIAL LABORATORY (THELLE MOGOERANE REGIONAL LABORATORY) & TSHWANE ACADEMIC LABORATORY)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee		R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

1. ADDINGTON LABORATORY (ID Volumes 406 PM) and SUSCEPTIBILITY (AST Volumes 318 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

2. BETHESDA LABORATORY (ID Volumes 171 PM) and SUSCEPTIBILITY (AST Volumes 171 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

3. CHARLES JOHNSON MEMORIAL HOSPITAL (ID Volumes 45 PM) and SUSCEPTIBILITY (AST Volumes 45 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

4. DURBAN PUBLIC HEALTH LABORATORY (ID Volumes 182 PM) and SUSCEPTIBILITY TESTING NOT DONE

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

5. EDENDALE LABORATORY (ID Volumes 2 PM) and SUSCEPTIBILITY TESTING NOT DONE

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

6. ESHOWE LABORATORY (ID Volumes 100 PM) and SUSCEPTIBILITY (AST Volumes 70 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

7. HLABISA LABORATORY (ID Volumes 180 PM) and SUSCEPTIBILITY (AST Volumes 72 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

8. INKOSI ALBERT LUTHULI CENTRAL HOSPITAL (ID Volumes 803 PM) and SUSCEPTIBILITY (AST Volumes 647 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee		R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration	1	R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

9. KING DINUZULU LABORATORY (ID Volumes 100 PM) and SUSCEPTIBILITY (AST Volumes 67 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

10. KING EDWARD VIII LABORATORY (ID Volumes 358 PM) and SUSCEPTIBILITY (AST Volumes 340 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

11. LADYSMITH LABORATORY (ID Volumes 320 PM) and SUSCEPTIBILITY (AST Volumes 100 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

12. MADADENI LABORATORY (ID Volumes 619 PM) and SUSCEPTIBILITY (AST Volumes 133 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

13. MAHATMA GANDHI LABORATORY (ID Volumes 271 PM) and SUSCEPTIBILITY (AST Volumes 228 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

14. NGWELEZANA LABORATORY (ID Volumes 400 PM) and SUSCEPTIBILITY (AST Volumes 310 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

15. NORTHDALE LABORATORY (ID Volumes 1329 PM) and SUSCEPTIBILITY (AST Volumes 1214 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

16. PORT SHEPSTONE LABORATORY (ID Volumes 1491 PM) and SUSCEPTIBILITY (AST Volumes 188 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

17. PRINCE MSHIYENI MEMORIAL HOSPITAL (ID Volumes 326 PM) and SUSCEPTIBILITY (AST Volumes 184 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

18. RK KHAN LABORATORY (ID Volumes 369 PM) and SUSCEPTIBILITY (AST Volumes 288 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

19. STANGER LABORATORY (ID Volumes 51 PM) and SUSCEPTIBILITY (AST Volumes 87 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

20. VRYHEID LABORATORY (ID Volumes 110 PM) and SUSCEPTIBILITY (AST Volumes 70 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

NATIONAL HEALTH LABORATORY SERVICE

SUMMARY FOR KZN (ADDINGTON LABORATORY, BETHESDA LABORATORY, CHARLES JOHNSON MEMORIAL HOSPITAL, DURBAN PUBLIC HEALTH LABORATORY, EDENDALE LABORATORY, ESHOWE LABORATORY, HLABISA LABORATORY, INKOSI ALBERT LUTHULI CENTRAL HOSPITAL, KING DINUZULU LABORATORY, KING EDWARD VIII LABORATORY, LADYSMITH LABORATORY, MADADENI LABORATORY, MAHATMA GANDHI LABORATORY, NGWELEZANA LABORATORY, NORTHDALE LABORATORY, PORT SHEPSTONE LABORATORY, PRINCE MSHIYENI MEMORIAL HOSPITAL, RK KHAN LABORATORY, STANGER LABORATORY & VRYHEID LABORATORY)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee		R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

1. ERMELO LABORATORY (ID Volumes 270 PM) and SUSCEPTIBILITY (AST Volumes 240 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

2. POLOKWANE LABORATORY (ID Volumes 1285 PM) and SUSCEPTIBILITY (AST Volumes 1157 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

3. ROB FERREIRA LABORATORY (ID Volumes 938 PM) and SUSCEPTIBILITY (AST Volumes 571 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

4. WITBANK LABORATORY (ID Volumes 187 PM) and SUSCEPTIBILITY (AST Volumes 78 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

NATIONAL HEALTH LABORATORY SERVICE

SUMMARY FOR LIMPOPO/MPUMALUNGA (ERMELO LABORATORY, POLOKWANE LABORATORY, ROB FERREIRA LABORATORY & WITBANK LABORATORY)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee		R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

1. GEORGE LABORATORY (ID Volumes 277 PM) and SUSCEPTIBILITY (AST Volumes 302 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

2. GROOTE SCHUUR LABORATORY (ID Volumes 2545 PM) and SUSCEPTIBILITY (AST Volumes 1900 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

3. KIMBERLEY LABORATORY (ID Volumes 630 PM) and SUSCEPTIBILITY (AST Volumes 542 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

4. TYGERBERG LABORATORY (ID Volumes 2028 PM) and SUSCEPTIBILITY (AST Volumes 2401 PM)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee	1	R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable

SUMMARY FOR WESTERN CAPE / NORTHERN CAPE (GEORGE LABORATORY, GROOTE SCHUUR LABORATORY, KIMBERLEY LABORATORY & TYGERBERG LABORATORY)

PLACEMENT FEE		Monthly Cost in Year 1 (VAT Excl.)	Annual Cost Year 1 (VAT Excl.)	Monthly Cost in Year 2 (VAT Excl.)	Annual Cost Year 2 (VAT Excl.)	Monthly Cost in Year 3 (VAT Excl.)	Annual Cost Year 3 (VAT Excl.)	Monthly Cost in Year 4 (VAT Excl.)	Annual Cost Year 4 (VAT Excl.)	Monthly Cost in Year 5 (VAT Excl.)	Annual Cost Year 5 (VAT Excl.)	Total Annual Cost Year 1 to 5 (VAT Excl.)
Placement Fee		R	R	R	R	R	R	R	R	R	R	**R**
Service and Maintenance Costs		R	R	R	R	R	R	R	R	R	R	**R**
Kit/Reagents		R	R	R	R	R	R	R	R	R	R	R
Test Consumables		R	R	R	R	R	R	R	R	R	R	R
Controls		R	R	R	R	R	R	R	R	R	R	R
Calibration		R	R	R	R	R	R	R	R	R	R	R
Consumables Needed During Preventative Maintenance		R	R	R	R	R	R	R	R	R	R	**R**
Insurance		R	R	R	R	R	R	R	R	R	R	**R**
Training		R	R	R	R	R	R	R	R	R	R	**R**
Subtotal (VAT Excl.)		R	R	R	R	R	R	R	R	R	R	**R**
VAT (15%)		R	R	R	R	R	R	R	R	R	R	**R**
Total Price (VAT Incl.)		R	**R**	R	**R**	R	R	R	R	R	**R**	**R**
												GRAND TOTAL BID PRICE

Please indicate the summary cost per test for the following items:

Item	Cost per Test	Monthly Cost (Rand)
Kit/Reagents		
Test Consumables		
Controls		
Calibration		

Training

Description	Total cost Vat Excl	Total cost Vat Incl

Please any additional comments in the box below to further clarify any details about the all-in cost per test for your assay:

List content of reagent kit for consumables (is column for analysis included as consumables in reagent kit)

Please provide a detailed bill of materials for the assays included in the proposal specifications per NHLS laboratory:

Test	Test Volumes per month	Test per kit	Unit Cost	Cost per billable