



TENDER DOCUMENTS

PROCUREMENT OF ESSENTIAL MEDICINES

PRICE QUOTATIONS

GHANA HEALTH SERVICE

SUNTRESO GOVERNMENT HOSPITAL

SEPTEMBER, 2025

**SEALED QUOTATION NO.:
GHS/AR/SGH/GDS/ESM/RFQ3/25**

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Introduction and Instructions

This Tender Document, Procurement of Goods – Price Quotation, has been prepared by the Public Procurement Authority for use by Procurement Entities in accordance with the Public Procurement Act 663, 2003 as amended in Act 914 of 2016 of the Republic of Ghana when procuring goods which are estimated to cost up to **GHC 100,000.00** as found in fifth schedule page 52.

This Standard Form has been developed based on relevant experience in this field or the equivalent threshold level as revised in accordance with the Public Procurement Act 663, 2003 as Amended in Act 914 of 2016 of the Republic of Ghana.

Section I. Invitation for Sealed Quotation

Name of Procurement Entity: **Ghana Health Service**
Address of Procurement Entity: **Suntreso Govt. Hospital**
P. O. Box 14775
Kumasi

Sealed Quotation No: **GHS/AR/SGH/GDS/ESM/RFQ3/25**

Date of Invitation: **1ST OCTOBER, 2025**

1. The **Suntreso Government Hospital** invites sealed quotations from the eligible registered Supplier for the supply and delivery of **essential medicines**.

No.	Category	Quantity
1.	INJECTABLE	VARIOUS LOTS

See technical specification for details.

2. Sealed quotations marked **Injectable** must be submitted electronically through the Ghana Electronic Procurement System (**GHANEPS**) platform on or before **2:00pm** on **1st October, 2025**.
3. Tenders shall be valid for a period of **(60 days)** after the deadline for submission.
4. **Tenderers are required to provide SAMPLES OF ALL ITEMS to the Procurement Unit between the periods of 8am to 4pm within the stipulated period.**
5. You are required to provide your specification in the column marked **offered specification section VI**
6. Evaluation will be done on lot basis; Tenderers can therefore quote for one or more Lot(s) with their respective quantities.
7. Bidders are to submit under-listed documents as part of eligibility criteria;
 - ❖ Valid Tax Clearance Certificate
 - ❖ Valid SSNIT Certificate
 - ❖ Valid PPA Registration Certificate or prove of registration
 - ❖ Valid Renewed Business Registration Certificate
 - ❖ Valid VAT Registration (if applicable)
8. Evaluation shall be based on the under-listed;
 - ❖ Delivery Duty Paid Price
 - ❖ Conformity to Technical Specifications
 - ❖ Past Performance
 - ❖ Payment Terms

APPROVED BY:



.....
DR. THOMAS AGYARKO-POKU
CHAIRMAN ENTITY TENDER COMMITTEE
MEDICAL SUPERINTENDENT

Section IV. Sample Forms

1. Tender and Price Schedules

Date:.....

To: **Ghana Health Service**
Suntreso Govt. Hospital
P. O. Box 14775
Kumasi, Ghana

Gentlemen and/or Ladies:

Having examined the tender documents, we the undersigned, offer to supply and deliver *[Injectable]* in conformity with the said tender documents for the sum of GH¢ _____, *[total tender amount in words and figures]* or such other sums as may be ascertained in accordance with the Schedule of Prices attached herewith and made part of this Tender.

We undertake, if our Tender is accepted, to deliver the goods in accordance with the delivery schedule specified in the Schedule of Requirements.

If our Tender is accepted, we will obtain the guarantee of a bank in a sum equivalent to _____ percent of the Contract Price for the due performance of the Contract, in the form prescribed by the Purchaser.

We agree to abide by this Tender for a Period of _____ *[60]* days from the date fixed for Tender opening it shall remain binding upon us and may be accepted at any time before the expiration of that period.

Until a formal Contract is prepared and executed, this Tender, together with your written acceptance thereof and your notification of award, shall constitute a binding Contract between us.

We understand that you are not bound to accept the lowest or any tender you may receive.
Dated this ____ day of _____ 20__.

[signature]

[in the capacity of]

Duly authorized to sign Tender for and on behalf of _____

Section V. Price Schedule (Essential Drugs)

Name of Supplier _____

1.	2.	3.	4.	5.	6.	7.	8.	9.
Lot no.	Description	Country of origin (where applicable)	Quantity	Unit Size	Unit Price DDP Pharmacy Stores Kumasi	Total price per item DDP Pharmacy Stores Kumasi (col. 4 x 5)	VAT and other taxes payable if Contract is Awarded	Remarks
INJECTABLES								
1.	MAGNESIUM SULPHATE 50%		500	VIAL				
2.	PETHIDINE HYDROCHLORIDE 100MG/ML		500	VIAL				
3.	TRAMADOL HYDROCHLORIDE 100MG/ML		300	VIAL				
4.	MORPHINE 10MG/ML		200	VIAL				
5.	EPHEDRINE 50MG/ML		300	VIAL				
6.	HYOSCINE BUTYLBROMIDE 20MG/ML		3,000	VIAL				
7.	PHYTOMENADIONE 1MG/ML (PAEDITRIC)		2,000	VIAL				
8.	OXYTOCIN 10IU		2,000	VIAL				
9.	CEFTRIAZONE 1G (ROCEPHINE)		300	VIAL				
10.	CEFTRIAZONE 2G		300	VIAL				
11.	PARACETAMOL 1000MG/ML		3,000	BOTTLE				
12.	METRONIDAZOLE 500MG/ML		3,000	BOTTLE				
13.	ENOXAPARIN 40MG		2,000	VIAL				
14.	NITROGLYCELIN		10	VIAL				
15.	TRANEXAMIC ACID 500MG/ML		1,000	VIAL				

Total Price to final destination (in words)

Signature of Tenderer _____

Note: In case of discrepancy between unit price and total, the unit price shall prevail

Section V. Schedule of Requirements

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery at **Suntreso Government Hospital Pharmacy Stores, Kumasi** premises. In order to determine the correct date of delivery hereafter specified, the Purchaser has taken into account the additional time that will be needed for national transit to the Project Site or to another common place.²

Lot	ITEM DESCRIPTION	QUANTITY	DELIVERY SCHEDULE
1.	INJECTABLES	Various lots	4 Weeks

² The delivery may be specified for a single shipment, or for several partial shipments, for a specific date, or range of acceptable delivery periods.

³ The Purchaser must specify here the date from which the delivery schedule will start. That date should be either the date of contract award, or the date of contract signature, or the date of opening of Letter of Credit, or the date of confirmation of the Letter of Credit, as appropriate. The Tender Form should include only a cross-reference to this Schedule.

Section VI. Technical Specifications

Lot no	Description	Quantity	Minimum Required Specifications	Offered Specifications
INJECTABLES (LOT 1)				
1.	MAGNESIUM SULPHATE 50%	500	MAGNESIUM SULPHATE 50%	
2.	PETHIDINE HYDROCHLORIDE 100MG/ML	500	PETHIDINE HYDROCHLORIDE 100MG/ML	
3.	TRAMADOL HYDROCHLORIDE 100MG/ML	300	TRAMADOL HYDROCHLORIDE 100MG/ML	
4.	MORPHINE 10MG/ML	200	MORPHINE 10MG/ML	
5.	EPHEDRINE 50MG/ML	300	EPHEDRINE 50MG/ML	
6.	HYOSCINE BUTYLBROMIDE 20MG/ML	3,000	HYOSCINE BUTYLBROMIDE 20MG/ML	
7.	PHYTOMENADIONE 1MG/ML (PAEDITRIC)	2,000	PHYTOMENADIONE 1MG/ML (PAEDITRIC)	
8.	OXYTOCIN 10IU	2,000	OXYTOCIN 10IU	
9.	CEFTRIAZONE 1G (ROCEPHINE)	300	CEFTRIAZONE 1G (ROCEPHINE)	
10.	CEFTRIAZONE 2G	300	CEFTRIAZONE 2G	
11.	PARACETAMOL 1000MG/ML	3,000	PARACETAMOL 1000MG/ML	
12.	METRONIDAZOLE 500MG/ML	3,000	METRONIDAZOLE 500MG/ML	
13.	ENOXAPARIN 40MG	2,000	ENOXAPARIN 40MG	
14.	NITROGLYCELIN	10	NITROGLYCELIN	
15.	TRANEXAMIC ACID 500MG/ML	1,000	TRANEXAMIC ACID 500MG/ML	