**PRODUCT REQUEST FORM**

**Client:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Organization)*

**SECTION A. FUNDING SOURCE and AGREEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding source**  *(funding for product request)* | **Agreement**  *(underlying agreement for product request, signed between* Stop TB Partnership (TBP) *and the Client)* | **Date of Agreement** | **Check applicable option (√)** |
| TB REACH | TB REACH  Grant Agreement Letter |  |  |
| UNITAID-TBXpert | UNITAID-TBXpert  Letter of Agreement |  |  |
| The World Bank | Procurement Services Agreement  (WB template) |  |  |
| The Global Fund | Procurement Services Agreement  (standard template) |  |  |
| Memorandum of Understanding |  |  |
| Other Direct Procurement  Please specify source:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Procurement Services Agreement  (standard template) |  |  |
| Memorandum of Understanding |  |  |

**SECTION B. contact DETAILS**

Please ensure that full contact details are provided below, including mailing address, telephone, fax, and email.

|  |  |
| --- | --- |
| **Country:** |  |
| **Contact Person** |  |
| **Position:** |  |
| **Organization:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Fax:** |  |
| **Email:** |  |

**SECTION C. CONSIGNEE AND DELIVERY DETAILS**

|  |  |
| --- | --- |
| 1. Name and full contact details of consignee | Name:  Position:  Organization:  Address:  Telephone:  Fax:  e-mail: |
| 1. Name and full contact details of person/authority responsible for tracking the deliveries on the internet (if different from above) | Name:  Position:  Organization:  Address:  Telephone:  Fax:  e-mail: |
| 1. Name and full contact details of person responsible for **registration** of the products to be delivered. | **Dossier for the application must be sent to:**  Name:  Position:  Organization:  Address:  Telephone:  Fax:  e-mail: |
| 1. Full contact details of **Notifying party** (person/authority responsible for Equipment Shipment authorization) Note: Above person will be contacted via email when shipment is ready to be shipped. **Authorization will be required before the shipment is dispatched.** | Name:  Position:  Organization:  Address:  Telephone:  Fax:  e-mail: |

**SECTION D: DELIVERY & IMPORTATION DETAILS**

The Preferred date(s) of Delivery specified by the Client should indicate when the Client needs laboratory equipment and supplies to arrive in-country. Stop TB Partnership (TBP) will undertake best efforts to accommodate the requested delivery date(s). TBP will provide updates on the Estimated Time of Arrival (ETA) as such information becomes available.

|  |  |  |
| --- | --- | --- |
| 1. Preferred delivery date (date equipment required) |  | |
| 1. Preferred port of delivery (international airport) |  | |
| 1. Please confirm that no special pre-shipment inspections are required | **NO**  **YES**, Special pre-shipment inspection requirements Please specify: |
| 1. Documentation needed to accompany consignment.   Standard documentation includes airway bill/bill of lading, invoice and packing list). Should you require further documentation, please check the appropriate box. | Airway bill/bill of lading  Certificate of analysis (analytical batch certificate)  Certificate of origin  Packing list  Invoice  Gift certificate  Other documents or requirements (such as original documents, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Advance notice required by customer before delivery   **Note:** Standard shipping and quality documents are usually only available 2 weeks before goods are shipped. If more advance notice is required, this will result in longer delivery times for the order. | week(s) |
| 1. Special requirements concerning markings on outer cartons. |  |
| 1. Can shipments arrive outside of regular working hours (09.00 - 17.00 h / Mon - Fri). If no, please state the hours. | Yes  No |
| 1. Details of additional requirement |  |

**SECTION E: REGISTRATION DETAILS**

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

|  |  |
| --- | --- |
| 1. Is **registration required for the products to be delivered**? Time required for registration? | Yes  No  Number of weeks: |
| 1. Can **importatio**n of the products in the country be made **prior to or during registration** (where applicable)? | Before  During  Neither |
| 1. If registration is required: Registration d**ossier** for the application to be sent to: | Name:  Title:  Organization:  Address:  Telephone:  Fax:  Email: |
| 1. If registration is required:    1. Is it possible to obtain a **waiver to registration**?    2. Does a **fast-track mechanism** exist for the registration of the products to be delivered? | Yes  No  Number of weeks:  Yes  No  Number of weeks:  **List of documents required:**  ***for waiver:***  -  -  ***for fast-track registration:***  -  -  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Other important information concerning product registration that may affect TBP shipments. |  |

**SECTION F: PRODUCTS AND QUANTITIES REQUIRED**

**GENEXPERT - PRODUCT SPECIFICATIONS AND QUANTITIES TO SUPPLY**

**GeneXpert EQUIPMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Product** | **Description** | **Unit** | **Quantity of units**  **TO SUPPLY** |
| GXIV-4-D | 4-modules/4 sites GeneXpert IV System with desktop computer | 1 |  |
| GXIV-4-L | 4-modules/4 sites GeneXpert IV System with laptop computer | 1 |  |
| GXIV-2-D | 2-modules/ 4 sites GeneXpert IV System with desktop computer | 1 |  |
| GXIV-2-L | 2-modules/ 4 sites GeneXpert IV System with Laptop computer | 1 |  |
| GXXVI-16-L | 16- Modules/16 sites GeneXpert XVI System with Laptop | 1 |  |
| GXXVI-16-D | 16- Modules/16 sites GeneXpert XVI System with Desktop | 1 |  |
| GXCAL-CE-5 | Xpert Calibration kit for 4 modules (recommended: 1 calibration per year) | 1 |  |
| GXIV-Module  900-0508 | GeneXpert IV - Additional module | 1 |  |

**GeneXpert WARRANTY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Product** | **Description** | **Unit** | **Quantity of units**  **TO SUPPLY** |
|  |  |  |  |
| WX02RG12 | GeneXpert IV- 2 warranty extension **1 year** | 1 |  |
| WX04RG12 | GeneXpert IV- 4 warranty extension **1 year** | 1 |  |
| WV16RG12 | GeneXpert XVI-16 warranty extension **1 year** | 1 |  |
| WX02UP36 | GeneXpert-IV-2 , **3-years** warranty extension – purchased along with system | 1 |  |
| WX04UP36 | GeneXpert-IV 4, **3-year**s warranty - purchased along with system | 1 |  |
| WX16UP36 | GeneXpert-XVI-16, **3-years** warranty - purchased along with system | 1 |  |
| WX02RG36 | GeneXpert-IV- 2, **3-years** warranty extension – Purchased later on | 1 |  |
| WX04RG36 | GeneXpert-IV- 4, **3-year** warranty extension - Purchased later on | 1 |  |
| WX16RG36 | GeneXpert-XVI -16, **3-years** warranty extension - Purchased later on | 1 |  |

**Xpert MTB/RIF kit of 50 tests (CGXMTB-RIF-50)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of product** | **Preferred Date of Delivery (Month / Year)\*** | **Kit of 50 tests** | **Quantity of cartridges** |
| Cartridges (tests) |  | 1 |  |
| Cartridges (tests) |  | 1 |  |
| Cartridges (tests) |  | 1 |  |

\* Please note that deliveries of an annual supply of cartridges should be planned in two or three instalments:

- the first one for 3-4 months stock together with the Xpert machine

- the second/third ones for 4-7 months stock, sent later according to utilization pattern.

Should you need additional instalments, please communicate this information to GDF.

Please note that the final number of cartridges shipped may be slightly different due to the consignment size. Any variation will be communicated prior to the shipment.

Cartridges have limited shelf lives (12 months in average), deliveries should be planned accordingly

|  |  |  |
| --- | --- | --- |
| Please indicate the type of electric socket outlet prevailing in your country / laboratory setting.  B  D  E  G  I  J  Other  (please specify):\_\_\_\_\_\_\_\_\_\_ | **TYPE B : North American Grounded 2 parallel flat prongs "American" type with an earth connector** | **TYPE D : India / Sri Lanka / Nepal / Namibia 3 large round pins in a triangular pattern with earth connector QAD Code: 100-3897** |
| **TYPE E : Europe / Schuko (Germany) 2 parallel prongs with a female earth connector QAD Code: 100-0471** | **TYPE G : UK 3 large flat prongs "British" type - BS 1363 system QAD Code: 100-0475** |
| **TYPE I : Australia / China / Fiji / New Zealand flat prongs, inverted "V" positioned with earth connector QAD Code: 100-0471CN** | **TYPE J : Switzerland 3 round prongs - "Swiss" type QAD Code: 100-0471CH** |

**Comments**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION G: SUBMISSION AND SIGNATURES**

**Request submitted to:**

**Stop TB Partnership Secretariat**

**TB REACH**

**Chemin de Blandonnet 2**

**CH-1214 Vernier, Geneva**

**Switzerland**

**Email:** [**tbreach@stoptb.org**](mailto:tbreach@stoptb.org) **and tbreach.stp@gmail.com**

|  |  |
| --- | --- |
| **Name of Client:** | ***Request Accepted:***  ***Stop TB Partnership Secretariat*** |
| Signature: | *Signature:* |
|  |  |
| Name: | *Name:* |
| Title:  (Authorised Official) | *Title:*  *(Authorised Officer)* |
| Date: | *Date:* |

**Standard Procedure for Receipt and Acceptance of GeneXpert Equipment**

1. In the case of visible, non-negligible transport damages to the delivered equipment (hereinafter “Goods”), the Client will report, on a form provided to the Client, the damage to Cepheid HBDC immediately. This is essential so that Cepheid HBDC may in turn file the report with the insurance underwriter. For recognizable damages, the insurance requires that a report be filed immediately. For hidden damages, a report must be filed with Cepheid HBDC within:

* 10 calendar days for international air freight
* 2 work days for international sea freight
* 3 calendar days for international road transport.

in order that Cepheid HBDC may forward the report to the insurance within its specified time periods.

For both visible and recognizable damages, the Client is requested to take as many pictures, with a camera, cell phone or other available device, of the damaged area and forward these to Cepheid HBDC together with the report.

1. Upon the arrival of the Goods at the consignee’s address, the Client ensures to have the Goods inspected and verified that the Goods are in a satisfactory condition.
2. Inspection and verification of the Goods shall be made as soon as reasonably practicable after receipt, normally within 5 working days. If this period is exceeded it will be incumbent upon the Client to demonstrate that exceptional circumstances prevailed, preventing inspection and verification. This regulation shall, however, be without prejudice to the time periods listed under point 1) to be respected for reporting hidden damages under the insurance terms. These time periods remain applicable for insurance cases. Note in particular that for sea freight, hidden damages must be reported within 2 working days.
3. Inspection and verification shall include commissioning (start-up) and basic functioning of the equipment (Systems).
4. Any malfunctioning under point 4) shall be reported to Cepheid HBDC within the time frames indicated in points 3) and 1) above, respectively.
5. Malfunctioning beyond basic functioning, involving the operational and functional status of the Goods, which is detected after the period indicated in point 3) shall be reported to Cepheid HBDC promptly and, for insurance cases, within the time frame indicated in point 1) above.
6. In the absence of a notice of malfunctioning by the Client, Goods shall be deemed accepted latest 30 calendar days after arrival of the Goods. Any malfunctioning detected later than 30 calendar days after arrival of the Goods (and where this is not an insurance case) shall be handled under Cepheid HBDC’s warranty terms.
7. Upon report of malfunctioning, Cepheid HBDC shall have the choice to conduct an investigation, either remotely or via its representatives. The Client shall cooperate in timely and accommodating manner in this process.
8. Cepheid HBDC will communicate its conclusion and proposition for resolution to the Client within 10 calendar days upon receiving the report of malfunctioning. Proposed corrective action(s) may include but not be limited to repair, (temporary) replacement, exchange, destruction of the Goods and coverage of return transport costs and customs duties (import, re-export) as well as a time schedule for the corrective action(s).
9. The Client shall indicate its acceptance or rejection of Cepheid HBDC’s outcome under point 9) within 3 working days. The Client shall not unreasonably refuse acceptance of an equitable solution proposed by Cepheid HBDC.
10. In case of persistent disagreement between Cepheid HBDC and the Client, all reasonable attempts shall be made to come to an agreement within a further period of 3 working days. In the event that the parties settle on involving a mutually agreed upon external expert, the period for resolution shall be extended by another 3 weeks. WHO/TBP shall facilitate these processes with reasonable means in the scope of its regular operations.
11. In case the disagreement between Cepheid HBDC and the Client persists upon expiry of the period(s) under point 11), the Client may place the Goods at Cepheid HBDC’s disposal. The correctness of such return or other action and possible legal and financial consequences shall, if contested by Cepheid HBDC, be clarified in a further, appropriate process between the Client and Cepheid HBDC with reference to the respective provisions of the UN Convention on Contracts for the International Sales of Goods, CISG.
12. Upon acceptance of the Goods by the Client in accordance with the above procedure, Cepheid HBDC’s warranty terms shall set in.