



RETURN BIDS TO:

RETOURNER LES SOUMISSIONS À:

Bid Receiving - PWGSC / Réception des soumissions -
TPSGC

11 Laurier St. / 11, rue Laurier

Place du Portage , Phase III

Core 0B2 / Noyau 0B2

Gatineau, Québec K1A 0S5

Bid Fax: (819) 997-9776

**SOLICITATION AMENDMENT
MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise
indicated, all other terms and conditions of the Solicitation
remain the same.

Ce document est par la présente révisé; sauf indication contraire,
les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

Vendor/Firm Name and Address

Raison sociale et adresse du
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution

Drugs, Vaccines and Biologics Division/Div.des
produits pharmaceutiques,biologiques et de vaccins
11 Laurier St. / 11, rue Laurier
6B3, Place du Portage III
Gatineau
Quebec
K1A 0S5

Title - Sujet HUMAN PAPILLOMA VIRUS		
Solicitation No. - N° de l'invitation E60PH-18HPVV/A		Amendment No. - N° modif. 001
Client Reference No. - N° de référence du client E60PH-18HPVV		Date 2018-05-03
GETS Reference No. - N° de référence de SEAG PW-\$\$PH-896-74776		
File No. - N° de dossier ph896.E60PH-18HPVV	CCC No./N° CCC - FMS No./N° VME	
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2018-05-11		Time Zone Fuseau horaire Eastern Daylight Saving Time EDT
F.O.B. - F.A.B. Specified Herein - Précisé dans les présentes Plant-Usine: <input type="checkbox"/> Destination: <input type="checkbox"/> Other-Autre: <input checked="" type="checkbox"/>		
Address Enquiries to: - Adresser toutes questions à: Baird, Christa		Buyer Id - Id de l'acheteur ph896
Telephone No. - N° de téléphone (403) 991-5231 ()		FAX No. - N° de FAX () -
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction: SEE HEREIN		

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée	Delivery Offered - Livraison proposée
Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur	
Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur	
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date

Solicitation No. - N de l'invitation
E60PH-18HPVV/A

Client Ref. No. - N de rf. du client

E60PH-18HPVV

Amd. No. - N de la modif.
001

File No. - N du dossier

ph896E60PH-18HPVV

Buyer ID - Id de l'acheteur
ph896

Solicitation amendment #001 is raised to provide the following questions and answers:

Q1. Can you please confirm the option year dates (in table 2)?

A1. The dates referred to in the second table are correct.

Q2. Can you confirm option year volumes; volumes not matching from option year in table 1 vs table 2?

VACCINE		Firm Year 1 April 1 st 2018 to March 31 st 2019	Option Year 1 (if exercised) April 1 st 2019 to March 31 st 2020	Option Year 2 (if exercised) April 1 st 2020 to March 31 st 2021	Option Year 3 (if exercised) April 1 st 2021 to March 31 st 2022
Item 001	Brand Name:	QTY 85,000 ea	QTY 80,000 ea	QTY 80,000 ea	QTY 80,000 ea
	DIN:	\$_____/dose	\$_____/dose	\$_____/dose	\$_____/dose

2018-2019 Estimated Option Quantity, if exercised:

FPT	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr - Mar	Max
QC	-	-	-	-	-	-	-	5,000	10,000	20,000	5,000	5,000	45,000	54,000
TOTAL	-	-	-	-	-	-	-	5,000	10,000	20,000	5,000	5,000	45,000	54,000

A2. The volumes indicated in the second table are for the supply of additional doses, if exercised.
Refer to Part 6, Resulting Contract Clauses, article 6.4.4, Option Quantity – Additional Doses.

Delete the second table in its entirety and replace it with the following:

2018-2019 Estimated Option Quantity – Additional Doses, if exercised:

FPT	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr - Mar	Max
QC	-	-	-	-	-	-	-	5,000	10,000	20,000	5,000	5,000	45,000	54,000
TOTAL	-	-	-	-	-	-	-	5,000	10,000	20,000	5,000	5,000	45,000	54,000

Q3. Is the format of X10 only is acceptable to be responsive, or X1 is acceptable?

A3. A pack/1 syringe is acceptable on the condition that 10 packs of 1/syringe are bundled together.

Solicitation No. - N de l'invitation
E60PH-18HPVV/A

Client Ref. No. - N de rf. du client
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001

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ph896E60PH-18HPVV

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At Annex A – Requirement, delete paragraph 3, Vaccine Format (s) in its entirety and replace it with the following:

3. Vaccine Format(s)

Format(s): Pack of 10 doses – in syringes or vials or 10 packs of 1/syringe bundled together.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.