



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
Terrasses de la Chaudière 5th Floo
10 Wellington Street
Gatineau
Quebec
K1A 0S5

Title - Sujet Oseltamivir phosphate capsules	
Solicitation No. - N° de l'invitation E60PH-20OSEL/A	Amendment No. - N° modif. 003
Client Reference No. - N° de référence du client E60PH-20OSEL	Date 2020-01-21
GETS Reference No. - N° de référence de SEAG PW-\$PH-884-78323	
File No. - N° de dossier ph884.E60PH-20OSEL	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2020-02-04	
Time Zone Fuseau horaire Eastern Standard Time EST	
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: Joy(ph884), Sharon	Buyer Id - Id de l'acheteur ph884
Telephone No. - N° de téléphone (613) 327-0456 ()	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 amendment 003 is raised to add quantities for Ontario and to amend the solicitation as follows:

- 1) At page 1 under Summary, please delete existing quantities and table and replace with the following:

This bid solicitation is for an estimated:

- (a) **629,979** units of oseltamivir phosphate 75mg
- (b) **16,200** units of oseltamivir phosphate 45mg
- (c) **87,552** units of oseltamivir phosphate 30mg

Jurisdiction	Contract Year Quantity 75mg Blister packs of 10	Contract Year Quantity 45mg Blister packs of 10	Contract Year Quantity 30mg Blister packs of 10
Department of National Defence	10,000	0	0
Public Health Agency of Canada	97,000	0	0
Alberta	300	1,410	2,742
Manitoba	27,500	1,000	9,500
New Brunswick	30,660	2,305	0
Nova Scotia	5,883	262	0
Ontario	15,000	960	4,810
Prince Edward Island	480	0	60
Quebec	412,902	8,108	62,484
Saskatchewan	24,225	3,000	7,000
Yukon Territory	6,029	424	956
TOTAL	629,979	16,200	87,552

- 2) At page 4, **1.7 Submission** of bids please delete:

(b) Bidders are requested to include Form 1 – Bid Submission with their bids. It provides a common form in which bidders can provide information required for contract award, such as a contact name and the Bidder's Procurement Business Number, etc. Using the form to provide this information is not mandatory, but is recommended. If Canada determines that the information requested on the Bid Submission Form is incomplete or requires correction, Canada will provide the Bidder with an opportunity to do so.

- 3) At page 5, **1.9.2 Financial Evaluation**, please replace with:

Canada will calculate an evaluated price for each item listed in Annex B. The shelf life will be factored in to the total evaluated price for each item and will be calculated as follows:

(Item 1 Unit Price/shelf life upon delivery) = evaluated price
(Item 2 Unit Price/shelf life upon delivery) = evaluated price
(Item 3 Unit Price/shelf life upon delivery) = evaluated price
(Item 4 Unit Price/shelf life upon delivery) = evaluated price
(Item 5 Unit Price/shelf life upon delivery) = evaluated price
(Item 6 Unit Price/shelf life upon delivery) = evaluated price

4) At Annex A, item 2 table, please replace with:

Item	Firm Quantity (2020-21) in blister packs of 10	Option Quantity (2021-22) blister packs of 10
<i>Oseltamivir phosphate 75mg</i>	629,979	261,748
<i>Oseltamivir phosphate 45mg</i>	16,200	5,278
<i>Oseltamivir phosphate 30mg</i>	87,552	36,258

5) At Annex B, please delete pricing table and replace with:

Firm Quantities

Item	Description	Total Estimated Firm Quantity (capsules) (A)	Unit of Issue (B)	Quantity by Unit of Issue (C)	Number of years of shelf life approved by Health Canada (i.e. at time of manufacture) (D)	*Number of years of shelf life remaining upon delivery. (must be at a minimum 24 months) (E)	Price per Unit of Issue (per blister pack)
1	Oseltamivir phosphate 75mg DIN: _____	6,299,790 capsules	Blister pack of 10	629,979	_____	_____	\$ _____
2	Oseltamivir phosphate 45mg DIN: _____	162,000 capsules	Blister pack of 10	16,200	_____	_____	\$ _____
3	Oseltamivir phosphate 30mg DIN: _____	875,520 capsules	Blister pack of 10	87,552	_____	_____	\$ _____

Option Quantities

Item	Description	Total Estimated Option Quantity (capsules) (A)	Unit of Issue (B)	Quantity by Unit of Issue (C)	Number of years of shelf life approved by Health Canada (i.e. at time of manufacture) (D)	*Number of years of shelf life remaining upon delivery. (must be at a minimum 24 months) (E)	Price per Unit of Issue (per blister pack)
4	Oseltamivir phosphate 75mg DIN: _____	2,617,480	Blister pack of 10	261,478	_____	_____	\$ _____
5	Oseltamivir phosphate 45mg DIN: _____	52,780	Blister pack of 10	5,278	_____	_____	\$ _____
6	Oseltamivir phosphate 30mg DIN: _____	36,580	Blister pack of 10	36,258	_____	_____	\$ _____

6) At Annex B, under estimated delivery schedule, please delete and replace with:

Jurisdiction	# units of 75mg	# units of 45mg	#units of 30mg	Requested Delivery date	Best Delivery that can be offered (cannot exceed December 15, 2020)
DND	10,000	0	0	September 2020	
PHAC	97,000	0	0	June 2020	
AB	300	1,410	2,742	June 2020	
MB	27,500	1,000	9,500	April 2020 and Sept 2020	
NB	30,660	2,305	0	June 2020	
NS	5,883	262	0	June 2020	
ON	15,000	960	4,810	September/October 2020	
PE	480	0	60	September 2020	
QC	412,902	8,108	62,484	June 2020	
SK	24,225	3,000	7,000	October 2020	
YK	6,029	424	956	June 2020	

All other terms and conditions remain unchanged.