



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 Acetaminophen 350mg and 500mg Acétaminophène 350mg et 500mg	
Solicitation No. - N° de l'invitation E60PH-21ACEP/A	Amendment No. - N° modif. 001
Client Reference No. - N° de référence du client E60PH-21ACEP	Date 2021-08-04
GETS Reference No. - N° de référence de SEAG PW-\$\$\$PH-895-80273	
File No. - N° de dossier ph895.E60PH-21ACEP	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM Eastern Daylight Saving Time EDT on - le 2021-08-19 Heure Avancée de l'Est HAE	
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: Bissonnette(ph895), Suzanne	Buyer Id - Id de l'acheteur ph895
Telephone No. - N° de téléphone (819) 360-4895 ()	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

ANNEX A-1
STATEMENT OF REQUIREMENT, PRICING AND DELIVERABLES

An electronic copy of the spreadsheet can be requested from the Contracting Authority by sending an e-mail to: suzanne.bissonnette@pwgsc.gc.ca													MUST BE COMPLETED BY BIDDER:	
Item #	Description	ON Qty	Total Estimated Quantities	Minimum Work Guarantee (75%)	Maximum Total Estimated Quantities (A)	Unit of Measure (U of M)	Firm Price per U of M* (B)	Total Extended Price (C)	Preferred pack size **	DIN	ALL format sizes available from Supplier	Supplier's product number(s)		
1	ACETAMINOPHEN TABLET 325 MG ORAL	38,800,000	38,800,000	7,760,000	34,920,000	46,560,000	TABLET/CAPLET	\$ -	24-30					
2	ACETAMINOPHEN TABLET 500 MG ORAL	34,200,000	34,200,000	6,840,000	30,780,000	41,040,000	TABLET/CAPLET	\$ -	100, 1000					

*The unit price contained in Column B will be multiplied by the total quantity in Column A to give a total extended price in Column C (ex: A x B = C). The price per unit of measure must remain the same regardless of format size. As an example, if the unit price per tablet is \$0.25 it would remain the same for a bottle of 100's (\$25.00) or for a bottle of 200's (\$50.00).

**The format size indicated in this column are to provide suppliers with an indication of the most commonly ordered bottle/pack sizes by the Identified User and in no way represents a commitment on the part of Canada. The Identified User reserves the right to order additional format sizes available but not listed in this column.