



醫院管理局
HOSPITAL
AUTHORITY

12 December 2014

Dear doctor,

Revision on Terms and Conditions (“T&Cs”) of the General Outpatient Clinic Public-Private Partnership Programme (“the Project”)

Thank you for your support to the **Project**. Under the **Project**, **Private Doctors** may purchase **Specified Drugs** from **Drug Suppliers**. With recent enhancements to the IT system, the drug order form template at Appendix 7 of the **T&Cs** of the Project dated 2 July 2014 has been updated as enclosed in this notice. Please read this together with the **T&Cs**.

With the new drug order forms, your details will be auto-filled into the relevant fields by the system. The forms will only be valid on the printing date and as such you are advised not to pre-print the order forms but to generate them individually at the time of each order. In addition, please note that individual drugs may have different expiry dates from the date of delivery which shall be stipulated at reminder 3.1 of respective drug order forms. You are advised to read and check all details before submitting an order.

Should you have any queries, please feel free to contact us at 2300 7300, e-mail to gopcphp@ha.org.hk or visit our website <http://www.ha.org.hk/ppp/gopcphp>.

Thank you very much.

Yours sincerely,

Dr Leo H F CHAN
Senior Manager (Transformation Projects)
Cluster Services Division
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Appendix 7

Drug Order Form Template for the Project

Hospital Authority General Outpatient Clinic Public-Private Partnership Programme Listed Drugs Order Form					
To be completed by Private Doctor					
To: [Supplier's Name] ("Drug Supplier") Address: [Supplier's Address] Tel. No: [Supplier's Tel. No] Fax No: [Supplier's Fax. No] Email: [Supplier's Email]	From: Private Doctor Name: _____ [GOPC PPP PMP Name] GOPC PPP Registered Clinic Address: _____ [GOPC PPP PMP's Registered Address] _____ _____ Contact Person: _____ Telephone No.: _____ [Registered Tel. No] Signature: _____ Date: _____ [The Printing Date]				
Drug Item	Pack Size	Ordering Unit	Price Per Ordering Unit (HKD)	Order Quantity (No. of Ordering Units)	Remark
[Drug Name] [Strength] [Form] Manufacturer: [Name of Manufacturer]	XX Tabs	XX Pack	\$XX.XX	The highest Tier from [1 st Date of Year] to today: Tier X The annual maximum no. of packs for Tier X is: XXX	
Reminder: 1. All Drugs shall be supplied at the GOPC PPP Programme Prices as listed. 2. Each GOPC PPP Programme private doctor ("the Private Doctor") shall be entitled to one free delivery per drug supplier per calendar month. Any extra delivery requests shall incur delivery charges of HK\$100 by the Drug Supplier to be settled by the Private Doctor placing the Order. 3. All Drugs supplied shall comply in full in all respects according to agreed condition. 3.1 All Drugs supplied shall have an expiry date of at least XXXXX (XX) months from the date of delivery. 4. Subject to the satisfactory inspection and acceptance of the Drugs, payment should be made within 30 clear working days from the date of receipt of invoices. 5. All Drugs shall be supplied directly to the Private Doctor, and all contractual and legal relations relating to the supply of such Drugs shall be between the Drug Supplier and such Private Doctor. 6. This Order Form is valid only on [The Printing Date] .					