

REQUEST FOR PROPOSALS (RFP)

DISTRIBUTION, STORAGE, AND INVENTORY CONTROL OF MEDICAL DEVICES

Issue Date: March 5, 2026

Proposal Deadline: March 19, 2026 at 11:59pm

SERVICE DURATION: April 1, 2026 – March 31, 2027 (with option for extension for up to 1 year)

ABOUT THE ONTARIO HIV TREATMENT NETWORK

The OHTN is a provincially funded, research-driven non-profit organization that works to improve the health and well-being of people living with and affected by HIV in Ontario. The organization advances high-impact HIV research, supports evidence-informed programs, leads surveillance and data analytics, funds targeted initiatives, and collaborates with service providers, clinicians, researchers, and policy partners to strengthen Ontario's HIV response.

INTRODUCTION

The **Ontario HIV Treatment Network (OHTN)** is issuing this Request for Proposals ("RFP") to receive proposals from qualified Canadian vendors ("Vendors") who will enter into a service agreement for the performance of services relating to the distribution and storage of HIV Point of Care (POC) antibody test, which at a high level include:

- Product sourcing based upon criteria provided by OHTN
- Product warehousing and inventory management with the following specifications:
 - HIV Point of Care (POC) antibody test and components should be stored at 2C – 30C, protected from heat, humidity, sunlight, or other environmental extremes
 - Use of calibrated devices that continually monitor temperature (e.g. data logger)
 - Logs of temperature monitoring are maintained, with maximum, minimum, and current storage temperature must be recorded at least daily
 - Any products exposed to out-of-range temperatures to be isolated and not used / distributed
- Product transportation and delivery to designated HIV testing sites located in Ontario and as per the following specifications:
 - HIV Point of Care (POC) antibody test and components should be shipped at 2C – 30C
 - Transportation temperature maximum and minimum range must be monitored during transport
 - Use of calibrated devices that continually monitor temperature during transport
 - Any products exposed to out-of-range temperatures to be isolated and not used / distributed
- Other tasks required to perform the distribution, storage, and inventory management role

The OHTN is looking to achieve the following objectives by issuing this RFP:

- Obtain quality services in a timely manner and at the best overall value

- Achieve the best outcomes and customer satisfaction for OHTN and its HIV testing sites

The OHTN will work with one Vendor who will provide all the services.

REQUIREMENTS

The OHTN is seeking the service of a certified and licensed Canadian medical device distributor, to fulfill the following:

- Storage capacity of up to 4,000 - 16,000 POC tests at any one time, with quarterly bulk re-stocking
- Distribution of approximately 1,500 / month, up to 18,000 POC tests / year to 50 HIV testing sites across Ontario
- Storage and transportation must be in temperature-controlled environment (2 – 30 C)
- Monitor on-hand inventory and advise OHTN when restocking is necessary (thresholds determined in collaboration with the OHTN, with at least quarterly, and on-demand reporting)
 - Must be licensed to store and transport Class IV medical device, including Medical Device Establishment License (MDEL)
 - Must be in adherence with Food and Drugs Act, Medical Device Regulations, and other applicable laws and regulations
- Custody of signed contracts
 - Maintains a copy of the signed contract for Purchase Order (PO) support, distribution and audit purposes
- Purchase Order and contract management
 - Manage the contract including issuing POs, calling in supply, and vendor relations to ensure terms and conditions of contract are followed
 - Ensure approvals and supporting documentation are in place prior to initiating POs and distributing supplies for the program
 - Report on POC medical supplies stock available against outstanding purchase orders with suppliers upon request
 - Support timely invoice payment (invoices should itemize costs, including HST), if needed
 - Oversee vendor management to ensure that terms and conditions of contract are followed
 - Journal the OHTN for purchase cost recovery
- Customer Service
 - Maintain and updates database of approved clients, “ship to” sites, and products
 - Prepare ad-hoc reports tracking distribution of POC medical supplies at least quarterly, and on-demand
 - Collaborate with product manufacturers, and OHTN on managing product shortages and recalls
 - Inform OHTN of client concerns and complaints and forwards inquiries when appropriate
 - Have regular meetings with OHTN to resolve issues of mutual concern
- Warehousing
 - Stores POC medical supplies in a secure storage warehouse in Ontario, with controlled environment required to preserve product stability (2-30C), protected from heat, humidity, sunlight, or other environmental extremes
 - Temperature must be monitored continually using calibrated devices, and recorded in a log at least daily including maximum, minimum, and current storage temperature
 - Responsible for a physical count of inventory taking at fiscal year-end

- Responsible for inspection and receipt of goods from supplier and, as needed, payment of supplier invoices by POC kit supplier. **Note:** received stock must have at least 10-month shelf-life
- Responsible for reporting and returning damaged good shipments to supplier
- Responsible for collecting any applicable supplier credits and forwarding to OHTN if applicable
- Stock Level Management
 - Maintain sufficient inventory to manage orders as well as safety stock, to mitigate risk of stockout
 - Remove and dispose of short-dated stock in accordance with Class IV medical devices requirements and as recommended by OHTN, and in accordance with all applicable laws and regulations
- Distribution
 - Distribute POC medical supplies to all designated HIV testing sites on an as when, as needed basis
 - Packages shipments in accordance with any recommendations approved by OHTN and to protect products during transit (temperature must be maintained at 2-30 C and monitored during shipping). Recipient will be provided with data demonstrating conditions were maintained during transit.
- Reports
 - Works with OHTN to report on POC medical supplies distributed, POC medical supplies on hand at Vendor to provide accurate forecasts of POC medical supplies expenditures
 - Provide on request inventory system generated and/or custom procurement, distribution and supply reports

HIV POC: Schedule IV medical device

- Distributor must have Medical Device Establishment License (MDEL)

Adherence to Food and Drug Acts

<https://laws-lois.justice.gc.ca/eng/acts/F-27/>

And

Medical Device Regulations

<https://laws-lois.justice.gc.ca/eng/regulations/sor-98-282/fulltext.html>

PROPOSAL SUBMISSION

Submission should discuss any existing laws applicable to medical device storage and distribution, and how the Vendor meets these requirements

Proposal Contents

The proposal must be in English and consecutively number in the bottom right-hand corner. Proposals are to consist of the following completed appendices, in the following order

1. Appendix A: RPF Proposal Covering Letter

2. Appendix B: Vendor Qualification Summary and Declaration of Subcontractors
3. Appendix C: Declaration Confirming Absence of Any Conflict of Interest
4. Appendix E: List of “Ship To” Locations in Ontario
5. Appendix F: References
6. Appendix G: Service Areas

Proposals must be **submitted by e-mail by 11:59 March 19, 2026**

Pre-submission questions must be **submitted by e-mail by 11:59pm March 12, 2026** to cct@ohrn.on.ca

REVIEW PROCESS

The review process will be at the discretion of the OHTN, including but not limited to:

- Ability of the Vendor to successfully support the current and future business needs of the OHTN
- Compliance with any regulations and guidance from regulatory authorities
- Detailed pricing breakdowns, with HST clearly indicated

The OHTN shall review and evaluate each RFP according to a uniform set of criteria. Respondents shall have no cause of action against the OHTN arising from the methods by which proposals are evaluated. This RFP will be evaluated according to the Evaluation Criteria reflected in the RFP, but not limited to pricing, contract, references, implementation, and ongoing support.

RFP SCORING

- Cost (/5)
 - Pricing / overall greatest value
 - Transparent pricing breakdown
- Licensing (/5)
 - Has Medical Device Establishment License
 - Meets all legislated Food and Drug Acts and Medical Device Regulations to store and transport a Schedule IV medical device
- Storage and Handling (/5)
 - Can store medical devices as per manufacturer requirements, including climate-controlled environment (2 – 30C)
 - Can transport medical devices as per manufacturer requirements, including climate-controlled environment (2 – 30C)
 - Can store up to 18,000 POC kits at one time (approx. 6,000 typical)
- Technical requirements (/5)
 - Can distribute 1,500 kits per month to 50 HIV testing sites located across Ontario
 - Able to deliver devices within X hours after OHTN review and approval of order from site
 - < 96 hours
 - 96 hours
 - 72 hours
 - 48 hours
 - 24 hours
 - Customer service

- provide prompt attention to emerging issues
 - can conduct problem-solving and present approaches and solutions
- Reporting requirements (/5)
 - Sample inventory management reports
 - Ability to identify short-dated stock
 - Can advise when time to re-order from supplier based on thresholds determined in collaboration with the OHTN
 - Can produce other customizable reports
 - HST clearly delineated on all invoices
- Profile
 - Canadian vendor
 - Overall vendor experience in storing and shipping medical devices, particularly Class IV medical devices
 - References

Score	Description
5	<p>Excellent / Exceeds</p> <p>The response is specific and comprehensive. There is complete, detailed, and clearly articulated information as to how the criteria are met. The ideas presented are innovative, well-conceived and thoroughly developed. Highly meeting expectations</p>
4	<p>Good / Highly meets</p> <p>The response is reasonably comprehensive and includes sufficient detail. It contains many of the characteristics of a response that is very good even though it may require additional specificity, support or elaboration in places.</p>
3	<p>Average / moderately meets</p> <p>The response is non-specific and lacks focus and detail. The response addresses some of the selection criteria, but not all. Some ideas presented are sound, but others are not responsive to the purpose of the RFP. Additional information is needed in order to be reasonably comprehensive and meet the criteria of a response that is good.</p>
2	<p>Weak / somewhat meets</p> <p>The response does not meet many criteria; provides inaccurate information or provides information that requires substantial clarification as to how the criteria are met; lacks meaningful detail; demonstrates lack of preparation; or otherwise raises substantial concerns about the applicant's understanding of the issue in concept and/or ability to meet the requirement in practice.</p>
1	<p>Poor</p> <p>The response simply re-states the criteria.</p>
0	<p>No response</p> <p>The response does not address the criteria.</p>

APPENDIX A - RFP Proposal Covering Letter

Date

Ontario HIV Treatment Network
1300 Yonge St, Suite 600
Toronto, ON, M4X 3Y4

Attention: Lydia Makoroka, Senior Director, Programs

Subject: Request for Proposal (RFP#2026 – OHTN- 001) For POCT Program

The enclosed Proposal is the response of _____ to the above referenced RFP.
Name

We acknowledge that we have had an opportunity to seek independent legal advice regarding the RFP.

_____ represents and warrants that it is a **“Canadian business”** as per
Name
the Investment Canada Act.

Sincerely,

Signature

Name: _____

Title: _____

*I am authorized to submit this proposal on behalf of the Proponent

Legal Name of Proponent: _____

Telephone Number: _____

E-mail address: _____

APPENDIX B – Vendor Qualifications Summary and Declaration of Subcontractors

1. Proponent’s Information

- a. Proponent’s Legal Name:
- b. Proponent’s Primary Office:
 - i. Address:
 - ii. Phone:
 - iii. Website:
- c. Primary contact Person Name:
 - i. Email:
 - ii. Phone:

2. Transportation

- a. Do you own a transportation Fleet: Yes No

If Yes, how many trucks, and what size (describe the capacity of the trucks)

3. What areas of Ontario do your fleets travel or deliver to?

4. Disclose all subcontractors that would be used in the performance of the services.

- a. Name of the subcontracted company:
- b. Contact person name, email and phone:
- c. Subcontractor primary office address:
- d. Proof of licensing and insurance:
- e. Work to be performed by the subcontractor:

5. Please provide all relevant licenses, certificates, regulatory approvals and proof of insurance required to meet requirements of this RFP

- a. License, certifications, regulatory designation, proof of insurance
 - i. Issuing institution or authority
 - ii. Date granted/issued and “valid until” Date

6. Provide description, location and photo of Ontario distribution center to be used in the performance of the services:

Appendix C: Declaration Confirming Absence of Any Conflict of Interest

It is OHTN policy to consider any conflict of interest during procurement activities applicable to all employees, advisors, external consultants or suppliers. The organization will require any individual involved in supply chain-related activities to declare all actual or potential conflicts of interest.

I, the undersigned, and representative of _____, submitting a
Name

proposal in respect of call RFP reference number _____, confirm:
RFP Reference Number

- that I do not have any conflict of interest in connection to services detailed within this RFP
- that will inform the contracting authority, without delay, of any situation constituting a conflict of interest or that could give rise to a conflict of interest
- that I have not made, and will not make, any offer of any type whatsoever from which an advantage can be derived under the contract
- that I have not granted, sought, attempted to obtain or accepted and will not grant, seek, attempt to obtain, or accept any advantage, financial or in-kind, to or from any party whatsoever, either directly or indirectly, as an incentive or reward relating to the award of this contract.
- That I understand that OHTN reserves the right to verify this information and that I am aware of the consequences which may derive from any false declaration in respect of the information required by OHTN as a condition of participation in the RFP and any subsequent contract negotiation procedure.

Signature

Name: _____

Date: _____

Appendix D: List of “Ship to” Locations in Ontario

Region / City	FSA	# Deliveries
Greater Toronto Area		63
Toronto	M1P; M1R; M4Y; M5B; M5E; M5G; M5R; M6A; M6K; M6P	26
Mississauga	L5B; L5N	8
Brampton	L6T	10
Oshawa	L1J	2
Whitby	L1N	0
Newmarket	L3Y	4
Hamilton	L8P; L8N	11
Burlington	L7N	2
Central		5
Barrie	L4N	2
Guelph	N1G	2
Waterloo	N2J	1
South Western		16
London	N5W; N6A	5
Windsor	N8Y	3
St. Thomas	N5P	3
Chatham	N7M	2
Forest	N0N	1
St. Catharines	L2R	2
Eastern		17
Ottawa	K1H; K1N; K1R; K2P	14
Belleville	K8P	3
Northern		28
Sudbury	P3C	5
North Bay	P1B	12
Sault Ste. Marie	P6B	3
Thunder Bay	P7A; P7B	8
Kenora	P9N	1
Timmins	P4N	2
TOTAL		129

Note: Over 50% of deliveries occur in GTA and surrounding areas

Appendix E: References

Reference #1

Organization legal Name and Name of contact person:

Title/Position:

Relationship to Proponent:

Description of Similar Service Provided:

Contact information (email and telephone number):

Reference #3

Organization legal Name and Name of contact person:

Title/Position:

Relationship to Proponent:

Description of Similar Service Provided:

Contact information (email and telephone number):

Reference #3

Organization legal Name and Name of contact person:

Title/Position:

Relationship to Proponent:

Description of Similar Service Provided:

Contact information (email and telephone number):

Appendix F: Service Areas

On a separate page, proponents must describe their ability to fulfill each of the services listed below.

1. Show evidence of your ability to have products secured and available for delivery to OHTN HIV testing sites as per OHTN instructions
2. Describe the communication process you will use to inform OHTN of products estimated arrival time and actual arrival of products to Vendor's destination warehouse and how this translates to product availability to OHTN sites
3. Describe the process to mitigate a product backorder situation and the process for product backorder resolution
4. Describe how you would resolve a product back order
5. Provide an explanation on how you ensure OHTN is provided with accurate and current product specifications and safety data sheets
6. Explain how you will ensure OHTN has consistent supply of all products, as per OHTN requirements
7. Describe whether you have any capacity to handle product procurement (including invoicing processes to OHTN and/or HIV testing sites)
8. Demonstrate ability to store secured inventory in the warehouse with no additional cost to OHTN and provide evidence of insurance coverage on warehouse and contents
9. Describe the process and frequency of reconciliation activities
10. Describe the process and frequency of temperature-controlled activities
11. Describe the delivery process from warehouse to "ship to" location
12. Describe the process for resolving any delivery issues
13. Describe how you ensure that the best inventory management practices are employed when packing, shipping, and delivering products to OHTN
14. Describe the process employed to recall POC test
15. Describe how OHTN is informed on the progress of each order, e.g.: pending, in process, shipped, delivered
16. Describe the processing time from receipt of an order from OHTN to delivery to HIV testing sites
17. Provide an example of an invoice showing products with quantities, lot numbers, expiry dates per ship to location.