Healthcare and Health Tech

**TRADE LEAD REQUESTS**

Thank you for your interest in sourcing products and services in the U.S.A. To match your request with potential

suppliers, please provide the information requested below and return it to the U.S. Commercial Service.

|  |  |
| --- | --- |
| **COMPANY NAME** |  Ministry of Health |
| **ADDRESS**(street / city / State orProvince / Postal code) | Henck Arronstraat 60-64, Paramaribo |
| **COUNTRY** | Suriname |
| **WEBSITE** | <https://gov.sr/ministeries/ministerie-van-volksgezondheid/> |
| **CONTACT NAME & TITLE** |  Mr. Surodj Soekhai, Procurement Specialist PIU Health Services Improvement Project |
| **EMAIL** | procurement.hsip@gmail.com |
| **TELEPHONE** | (597) 410-441 | Cell: |
| **COMPANY ACTIVITY** | * Distributor/Representative xGovernment Export Management/Trading Company
* Manufacturer Service Provider Others (please specify)
 |
| **EMPLOYEES** |  <5 5-9 10-50 50-100 100-499 500-999 >1000 |
| **BRIEF DESCRIPTION OF YOUR COMPANY**(including when founded) |  |
| **U.S. COMPANIES YOUR BUSINESS REPRESENTS** (ifapplicable) |  |
| **DESCRIPTION OF GOODS, SERVICES OR TARGET****COMPANY** (specifications, quantities, recurring shipments, registration, license etc.) Attach addition info if needed | Medical supplies for Chronic Care Start-Up |
| **INDUSTRY SECTOR** | Health |
| **PAYMENT AND SHIPPING****TERMS** |  |
| **WHAT TYPE OF BUSINESS****ARRANGEMENT?** | * Distributor/Wholesaler Agent/Sales Representative Joint Venture Partner
* Licensee Franchisee Other (please specify)
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| **DEADLINE** | April 17, 2023 |
| **ADDITIONAL INFORMATION** | The **Republic of Suriname** has received financingfrom the Inter-American Development Bank (IDB) and intends to apply part of the proceeds to payments under the project **Health Services Improvement Project**, **“Purchase of medical supplies for Chronic Care Start-Up”.** |