



Republic of the Philippines
 Province of Pampanga
 Bids and Awards Committee
 Provincial Capitol, City of San Fernando, (P) / (045) 435-5122

P.R. No./Date/End User: 23-1583 / 04-19-2023 / GO
 Purpose: To be used in the Alagang Nanay Preventive Health Care Program.

RFQ No. 230410
 MAY 04 2023

REQUEST FOR QUOTATION

Company Name: _____
 Address: _____
 Tel. No. : _____

Please quote your lowest price for the requirements listed hereunder subject to the Terms and Conditions stated below and submit to this Office duly signed by you or your representative not later than 4:00 p.m. MAY 09 2023

APPROVED BUDGET FOR
 THE CONTRACT (ABC):
PhP 305,000.00

FRANCIS V. MASLOG
 Vice Chairperson *pm*
 Bids and Awards Committee

TERMS AND CONDITIONS:

- All quotations may be typewritten or handwritten, placed in a sealed envelope.
- All quotations shall be valid for one hundred twenty (120) calendar days from the deadline of the submission of the same.
- Any erasures or overwriting shall be valid only if they are signed or initialed by the supplier or its authorized representative.
- Interested suppliers are required to submit their valid current Mayor's Permit, PhilGEPS Registration Number, and Income/BIR Tax Return (for ABCs above P500,000.00) upon submission of quotation. In lieu of the Mayor's Permit and PhilGEPS Registration Number, the PhilGEPS Certificate of Platinum Membership may be submitted. For new businesses, submit the BIR Certificate of Registration in lieu of the ITR.
- The applicable rate for late deliveries is one tenth (1/10) of one percent (1%) of the cost of the unperformed portion for everyday of delay.
- The Provincial Government of Pampanga reserves the right to accept or reject any quotation, and to annul the procurement process and reject all quotations at any time prior to contract award, without thereby incurring any liability to the affected supplier/s.
- The PGP also reserves the right to waive any required formality in the proposals received, and select the proposal which it determine to be the most advantageous to the government.

Item No.	Quantity	Unit	Item Description	Unit Price	Total Price
1	1,000	pads	Prescription Pad Material: Carbonless, Offset Print Colored Print: 1 st Page Colored Text and Image, 2 nd Page Black & White with Serial Number. Color: White and Yellow 100 sheets/pad (50pcs. White with Colored Text and Image, 50pcs. Black and White) Size: 8.5" x 6"		
			(See attached Lay-out)		
2	500	pads	Medical Procedure Pad Material: Carbonless, Offset Print Colored Print: 1 st Page Colored Text and Image, 2 nd Page Black & White with Serial Number. Color: White and Yellow 100 sheets/pad (50pcs. White with Colored Text and Image, 50pcs. Black and White) Size: 4" x 6"		
			(See attached Lay-out)		
			Continue next page.. page 1 of 2		

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Item No.	Quantity	Unit	Item Description	Unit Price	Total Price
3	500	pads	Laboratory Request Pad		
			Material: Carbonless, Offset Print Colored		
			Print: 1 st Page Colored Text and Image, 2 nd Page Black & White with Serial Number.		
			Color: White and Yellow		
			100 sheets/pad (50pcs. White with Colored Text and Image, 50pcs. Black and White)		
			Size: 4" x 6"		
			(See attached Lay-out)		
			Terms of Reference:		
			1. With printing facility within the locality to assure delivery of orders and after sales service.		
			2.The procuring entity reserves the right to conduct product testing/inspection to determine the fitness of the items being offered by prospective supplier.		
			3. Print Sample must be submitted together with the quotation.		
			After Sales Service:		
			-Replacement of defective items upon notification of the end-user.		
			Schedule of Requirements:		
			-Delivery within ten (10) days upon receipt of PO/NOA.		
			x-x-x-x-x-x-x-x-x-x-x page 2 of 2		
			Total Lot Price		

Note: The winning supplier shall submit a duly signed and notarized Omnibus Sworn Statement prior to notice of award.

THE BIDS AWARDS COMMITTEE:

Having carefully read and accepted your Terms and Conditions, including the technical specifications, I/We offer to supply/deliver the item/s as noted above.

Supplier's authorized representative signature over printed name
Designation: _____
Contact No.: _____
Email Address.: _____

BAC Canvasser

*yang

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Provincial Government of Pampanga

Alagang Nanay
Preventive Health Care

Patient: _____

Date: _____

Address: _____

Age: _____

Rx

_____ M.D.

No. 000001

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Provincial Government of Pampanga
City of San Fernando Pampanga



Provincial Government of Pampanga
City of San Fernando Pampanga

PATIENT _____ DATE _____

PATIENT _____ DATE _____

ADDRESS _____ AGE _____

ADDRESS _____ AGE _____

ALAGANG NANAY
SCREENING FOR MEDICAL PROGRAM

Rx CBC W/ PLATELET TRIGLYCERIDES HbA1c
 CREATININE ALK. PHOS SODIUM (NA)
 FBS PHOSPORUS LDL-C
 CHOLESTEROL ABO TYPING HEPA PROFILE
 SGOT PRO TIME VDRL
 SGPT OGTT CT
 AMYLASE RETIC COUNT BT
 URINALYSIS POTASSIUM (K)
 STOOL EXAM CALCIUM
 PREGNANCY TEST HDL-C
 ESR T3
 BUN T4
 URIC ACID TSH
 PTT

Rx CBC W/ PLATELET TRIGLYCERIDES HbA1c
 CREATININE ALK. PHOS SODIUM (NA)
 FBS PHOSPORUS LDL-C
 CHOLESTEROL ABO TYPING HEPA PROFILE
 SGOT PRO TIME VDRL
 SGPT OGTT CT
 AMYLASE RETIC COUNT BT
 URINALYSIS POTASSIUM (K)
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M.D.

M.D.



Provincial Government of Pampanga
City of San Fernando Pampanga



Provincial Government of Pampanga
City of San Fernando Pampanga

PATIENT _____ DATE _____

PATIENT _____ DATE _____

ADDRESS _____ AGE _____

ADDRESS _____ AGE _____

ALAGANG NANAY
SCREENING FOR MEDICAL PROGRAM

Rx CBC W/ PLATELET TRIGLYCERIDES HbA1c
 CREATININE ALK. PHOS SODIUM (NA)
 FBS PHOSPORUS LDL-C
 CHOLESTEROL ABO TYPING HEPA PROFILE
 SGOT PRO TIME VDRL
 SGPT OGTT CT
 AMYLASE RETIC COUNT BT
 URINALYSIS POTASSIUM (K)
 STOOL EXAM CALCIUM
 PREGNANCY TEST HDL-C
 ESR T3
 BUN T4
 URIC ACID TSH

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 CREATININE ALK. PHOS SODIUM (NA)
 FBS PHOSPORUS LDL-C
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Provincial Government of Pampanga
City of San Fernando Pampanga



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PATIENT _____ DATE _____

PATIENT _____ DATE _____

ADDRESS _____ AGE _____

ADDRESS _____ AGE _____

ALAGANG NANAY
SCREENING FOR MEDICAL PROGRAM

ALAGANG NANAY
SCREENING FOR MEDICAL PROGRAM

Rx _____ ECG _____

Rx _____ ECG _____

_____ 2D ECHO _____

_____ 2D ECHO _____

_____ X-RAY _____

_____ X-RAY _____

_____ CT SCAN _____

_____ CT SCAN _____

_____ ULTRASOUND _____

_____ ULTRASOUND _____

_____ MAMMOGRAM _____

_____ MAMMOGRAM _____

_____ OTHERS: _____

_____ OTHERS: _____

_____ M.D.

_____ M.D.



Provincial Government of Pampanga
City of San Fernando Pampanga



Provincial Government of Pampanga
City of San Fernando Pampanga

PATIENT _____ DATE _____

PATIENT _____ DATE _____

ADDRESS _____ AGE _____

ADDRESS _____ AGE _____

ALAGANG NANAY
SCREENING FOR MEDICAL PROGRAM

ALAGANG NANAY
SCREENING FOR MEDICAL PROGRAM

Rx _____ ECG _____

Rx _____ ECG _____

_____ 2D ECHO _____

_____ 2D ECHO _____

_____ X-RAY _____

_____ X-RAY _____

_____ CT SCAN _____

_____ CT SCAN _____

_____ ULTRASOUND _____

_____ ULTRASOUND _____

_____ MAMMOGRAM _____

_____ MAMMOGRAM _____

_____ OTHERS: _____

_____ OTHERS: _____