



Republic of the Philippines
Province of Pampanga
Bids and Awards Committee
Provincial Capitol, City of San Fernando, (P) / (045) 435-5901

NOV 20 2024

RFQ No. **241154**
P.R. No. / Date / End User / Purpose:
(24-5580 11/4/2024 PHO - Pampanga Clinic and Malward Center For the use of OPD patients , government employees and inmates of the Provincial Jail.)

REQUEST FOR QUOTATION

Small Value Procurement

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. NOV: 26 2024**

APPROVED BUDGET FOR
THE CONTRACT (ABC):
Php 171,139.90

FRANCIS V. MASLOG
CHAIRPERSON
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 and latest quarterly return or percentage tax..
- 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.	Qty	Unit	Item Description	Unit Price	Total Price
			LABORATORY REAGENTS		
1	1	set	Hematology Reagents for Mindray BC -3200, set Diluent - 4x20L box Rinse - 1x20L box Lyse - 3x500ml box EZ - Cleanser - 1x50ml box Cleanser - 1x50ml box		
2	2	set	Mindray M32 controls (Low, Normal, High) 3ml x 3vials		
			LABORATORY SUPPLIES		
3	6	box	Blood glucose strips for SD Machine , 50's		
4	4	box	Microtainer EDTA tube x 100's x 0.5ml		
5	30	box	Surgical mask w/ earloops, 100s, powdered		
6	10	box	Examination gloves small , 100's, powdered		
7	5	box	Examination gloves, large, 100's		
8	2	box	Disposable syringe 3ml, G-23x1x100's		
9	5	box	Disposable syringe 5ml, G-23x1x100's		
10	6	box	Blood lancets 23g x 200's		
11	12	box	Yellow top serum separator tube with gel and clot activator, 3ml, 100's		
12	8	box	Urine strips, 4 Parameters, 100's / box		

			<u>Item Description</u>	<u>Unit Price</u>	<u>Total Price</u>
13	1	box	Capillary tubes, Heparinized vials(10vials/box)		
14	6	roll	Thermal paper, 58x25cm		
15	2	bottle	Lugol's Iodine 500ml		
16	1	bottle	Normal Saline Solution 0.85% 1L		
MEDICAL SUPPLIES					
17	1	gallon	Povidone Iodine, 1 gallon, 10% antiseptic solution		
18	24	gallon	Alcohol, 70% Isopropyl, 1 gallon		
19	2	bottle	Hydrogen Peroxide, 500ml, 3% Solution		
20	7	piece	Infrared thermometer, gun type		
21	2	box	Sterile plastic strips, 100's (72mmx19mm)		
22	2	piece	Tourniquet. 1x18 inches		
23	1	set	Aneroid Sphygmomanometer. clock model, desk type, non mercurial, heavy duty		
<p>TERMS OF REFERENCE:</p> <ol style="list-style-type: none"> 1. Must have License to Operate as Medical Device Manufacturer/ Trader/ Distributor from FDA. 2. Must submit Material Safety Data Sheet for items: 1 and 2, 15 and 16. 3. Validity /Expiration must be at least 18 months from the date of delivery for items:1-13, 15-19 and 21. 4. With one (1) year warranty on parts for item number 23. 5. The procuring entity reserves the right to conduct product testing/inspection to determine the fitness of the items being offered by prospective suppliers. <p>AFTER SALES SERVICE:</p> <ol style="list-style-type: none"> 1. Replacement of defective items within 24 hours upon notification by the end-user within a six (6) months period, <p>SCHEDULE OF REQUIREMENTS:</p> <ol style="list-style-type: none"> 1. Delivery within ten (10) calendar days upon receipt of PO/NOA. 					
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

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