



Republic of the Philippines
Province of Pampanga

Bids and Awards Committee

Provincial Capitol, City of San Fernando, (P) / (045) 435-5901

DEC 20 2024

RFQ No. **241290**

P.R. No. / Date / End User / Purpose:

(24-6240 12/16/2024 Provincial Health Office Reagents for Sinothinker for the use of Alagang Nanay Preventive Health Care Program)

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. DEC 20 2024**.

APPROVED BUDGET FOR
THE CONTRACT (ABC):
PhP 678,176.17

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
1	5	btl	Reagents for Chemistry Analyzer (Fully Digital) Uric Acid 300ml		
2	5	btl	Urea 250ml		
5	5	btl	Creatinine 300ml		
4	5	btl	Cholesterol-HDL 240ml		
3	5	btl	Cholesterol 300ml		
6	5	btl	SGOT/AST 250ml		
7	5	btl	SGPT/ALT 250ml		
8	5	btl	Triglycerides 300ml		

No.	Qty	Unit	Item Description	Unit Price	Total Price
9	5	btl	Glucose 300ml		
10	5	btl	Multical 5ml		
11	5	btl	Multitrol I 5ml		
12	3	btl	Multitrol II 5 ml		
13	5	btl	Reagents for Hematology Analyzer (3 parts) Diluent 20L		
14	3	btl	Lyse 500ml		
15	3	btl	EZ Cleanser 50ml		
16	3	btl	Probe Cleanser 50ml		
17	3	box	Control (Low/High/Normal) 3x2ml		
18	1	lot	Reprogramming & Recommissioning of Fully Chemistry Analyzer Brand: SINOTHINKER Model: SK6100		
19	1	lot	Reprogramming & Recommissioning of Hematology Analyzer 3 Parts Brand: SINOTHINKER Model: SK9000		
			<p>Terms and Conditions:</p> <ol style="list-style-type: none"> 1. Must submit License to Operate as Medical Device Manufacturer/Trader/Distributor issued by FDA. 2. The supplier shall submit Material Safety Data Sheet for reagents 3. The procuring entity reserves the right to conduct product testing/inspection if necessary to determine the fitness of the item/s being offered by the prospective supplier. <p>After Sales Service:</p> <ol style="list-style-type: none"> 1. Expiration date must be at least one (1) year from the date of delivery 2. Replacement of defective items within 24 hours upon notification by the end user <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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