**PURCHASE REQUEST**

<table>
<thead>
<tr>
<th>Stock/Property No.</th>
<th>Unit</th>
<th>Item Description</th>
<th>Quantity</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>unit</td>
<td>UTM®: Viral Transport Disposable Specimen Collection Tube, Imported 13x75mm (3ml) 3ml Solution in a tube, 1 flexible - Nasopharyngeal Swabs, Molded-Breakpoint at 100mm, Sterile, Individually Wrapped Carton Size: 450x440x180mm Pack Rate: 20/10 Pack/Carton: 200</td>
<td>10,200</td>
<td>233.00</td>
<td>2,376,800.00</td>
</tr>
</tbody>
</table>

****Nothing Follows****

Total Cost: 2,376,800.00

Purpose: for emergency use of CHD-Calabarzon (COVID-19)

Requested by: NOEL G. PASION, MD, MPH, CES E

Approved by: EDUARDO C. JANAIRO, MD, MPH, CESO III

Signature: [Signature]

Printed Name: NOEL G. PASION, MD, MPH, CES E

Designation: Chief, LHSD

Director IV
Republic of the Philippines
Department of Health
CENTER FOR HEALTH DEVELOPMENT
Calabarzon
QMMC Compound, Project 4, Quezon City 1109
Trunkline: (02)990.4032; Telefax 440-3443
Email Add: chd4a_doh_calabarzon@yahoo.com

Request for Quotation
(NEGOTIATED/ EMERGENCY CASES)

COMPANY : ________________________________
ADDRESS : ________________________________
CONTACT NO: ______________________________

DATE       JUNE 1, 2020
P. R. No.  20-06-150A
Requesting Unit RESU
Mode of Procurement Negotiated/ Emergency (COVID-19)

Sir / Madam:

Please quote your lowest government price for each of the item(s) specified below. Submit it in a sealed envelope to BAC Secretariat Office or thru email at doh4a.rfq@gmail.com, not later than June 4, 2020, 10:00AM.

IMPORTANT:
1. Price should be valid for thirty (30) calendar days.
2. Delivery Period is within _____ calendar days from receipt of Purchase Order (P.O.).
3. Warranty shall be for a period of _____ months, if applicable.
4. Total Price quoted is subject to withholding tax.
5. Attach a valid (a) Mayor's Permit (b) BIR Registration Certificate (c) Tax Clearance Certificate (d) DTI Certificate and (e) PhilGEPS Registration / Certificate, upon submission of the quotation.
6. New suppliers are required to submit a company profile.
7. Submit original brochures showing the product being offered, if applicable.

Very truly yours,

NOEL G. PASION, MD, MPH, CESE
BAC Chairperson

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Unit of Measure</th>
<th>ITEM AND DESCRIPTION</th>
<th>QTY</th>
<th>TOTAL ABC</th>
<th>(Please specify Origin / Brand/Model)</th>
<th>UNIT PRICE</th>
<th>TOTAL PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>pack</td>
<td>UTMD: Viral Transport Specification: -Imported disposable specimen collection tube -13 x 75 mm (3ml) -3ml solution in a tube, -1 flexible-nasopharyngeal swabs, molded-breakpoint at 100mm, -sterile individual wrapped, -with sterile oral sticks for oral swabbing, -200 pcs. per pack/carton</td>
<td>51</td>
<td>2,397,000.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

After having carefully read and accepted your general conditions, I/We quote you on the item at prices noted above.

Supplier's Signature Over Printed Name
DOH4A-BAC-RFQ SHOP/SVP Rev.0

Date