



Republic of the Philippines  
Department of Health  
**CENTER FOR HEALTH DEVELOPMENT**  
**CaLaBaRZon**

QMMC Compound, Project 4, Quezon City 1109  
Telephone Nos. 8-249-2000  
Email Add: bacsec.doh4a@gmail.com  
**BIDS AND AWARDS COMMITTEE**



**Request for Quotation**  
NEGOTIATED PROCUREMENT UNDER EMERGENCY CASES  
**RFQ 2020-E-045**

The Department of Health – CENTER FOR HEALTH DEVELOPMENT IV-A (CALABARZON) through its Bids and Awards Committee (BAC), invites PhilGEPS registered suppliers to submit its **SEALED QUOTATION** for the following item/s on or before **December 14, 2020; 1:30 PM** at the 3<sup>rd</sup> floor Conference Room, Center for Health Development IV-A, QMMC Compound, Project 4, Quezon City.

The Opening of RFQ shall be conducted via Cisco Webex. Suppliers who are interested to join the virtual Opening of Quotation may submit their email address and contact numbers to [bacsec.doh4a@gmail.com](mailto:bacsec.doh4a@gmail.com)

Copies of the eligibility, technical and financial documents (**hard copies**) are also required to be submitted along with the quotation/proposal. (Please see attached Checklist of Requirements)

For clarification, you may contact the BAC Secretariat at (02) 8-249-2000 local 4411.

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

Date: \_\_\_\_\_

**NOEL G. PASION, MD, MPH, CESE**  
BAC Chairperson  
DOH Center for Health Development CALABARZON  
QMMC Compound, Project 4, Quezon City

Sir:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our quotation/s for the item/s as follow:

Item No.	Unit of Measure	ITEM AND DESCRIPTION	QTY	TOTAL ABC	(Please specify Origin/Brand/Model)	UNIT PRICE	TOTAL PRICE
		Package 1 – Bayanihan 2					
1	unit	Foot Stool	6	6,000.00			
2	unit	Cardiac Board	2	7,000.00			
3	unit	Thermometer, Tympanic	3	9,000.00			
4	unit	Patient Chart Holder (12 Capacity)	2	12,000.00			
5	unit	Patient Chart Aluminum	28	14,000.00			
6	unit	Neurologic Hammer	15	15,000.00			
7	unit	Weighing Scale with Measuring Stick Adult	1	16,500.00			
8	unit	Examining Light/Drop Lights	4	18,000.00			
9	unit	Micropipettes with Rack	1	20,000.00			
10	unit	Manual Resuscitator Pedia	9	45,000.00			

Item No.	Unit of Measure	ITEM AND DESCRIPTION	QTY	TOTAL ABC	(Please specify Origin/Brand/Model)	UNIT PRICE	TOTAL PRICE
11	unit	BP Apparatus with adult and pedia cuff, wall type	19	47,500.00			
12	unit	Dressing cart	3	51,000.00			
13	unit	Manual Resuscitator Adult	13	65,000.00			
14	unit	Minor Surgical Set /Cutdown Set	7	70,000.00			
15	unit	Spinal set	1	70,000.00			
16	unit	Nebulizer	18	72,000.00			
17	unit	Stethoscope Pedia & Neonate	14	84,000.00			
18	unit	Thermometer Non-Mercurial, Non - Contact (Infrared)	31	93,000.00			
19	unit	Clinical Centrifuge 24 Placer	1	100,000.00			
20	unit	Microcentrifuge 24 Placer	1	100,000.00			
21	unit	Refrigerator 6.5FT CU (SINGLE DOOR)	9	117,000.00			
22	unit	Stethoscope Adult	25	125,000.00			
23	unit	Wheelchair with IV Stand	16	128,000.00			
24	unit	BP Apparatus with adult and pedia cuff, stand type	24	132,000.00			
25	unit	Emergency Light (Portable)	45	135,000.00			
26	unit	Biological Safety Cabinet Class II A2	1	450,000.00			
27	unit	Oxygen Tank Carrier	60	180,000.00			
28	unit	EENT Diagnostic Set	8	200,000.00			
29	unit	Syringe Pump	4	320,000.00			
30	unit	High Speed Steriler (Table Top)	2	280,000.00			
31	unit	Portable Blood Gas Analyzer	4	300,000.00			
32	unit	Bed, Mechanical 2 cranks with side rails and mattress	9	333,000.00			
33	unit	Autoclave Table Top (20 L)	3	420,000.00			
34	unit	Oxygen Tank 50 lbs	49	490,000.00			
35	unit	Emergency Cart	14	630,000.00			
36	unit	Laryngoscope (Adult/Pedia)	17	680,000.00			
37	unit	Pulse Oximeter	16	800,000.00			
38	unit	ECG Machine (Portable)	7	700,000.00			
		>>> nothing follows <<<	TOTAL:	7,335,000.00			
DELIVERY PERIOD: 90 CALENDAR DAYS UPON RECEIPT OF P.O.							

The above-quoted price/s are inclusive of all costs and applicable taxes.

Name/Signature of Representative

Name of Company

Contact Number

**CHECKLIST OF REQUIREMENTS**  
**(Negotiated Procurement under Emergency Cases)**

**NAME OF COMPANY:** \_\_\_\_\_  
**ITB / RFQ No:** \_\_\_\_\_

- ☐
1. **REQUEST FOR QUOTATION / BID PROPOSAL**
- ☐
2. **PLATINUM CERTIFICATE OF PHILGEPS REGISTRATION** with attached valid: (a) Mayor’s Permit, (b) BIR Registration Certificate, (c) Tax Clearance Certificate, and (d) DTI Certificate
- ☐
3. **INCOME/BUSINESS TAX RETURN** of the preceding tax year covering the previous six (6) months.
- ☐
4. **CERTIFICATION FROM THE DTI** that the articles of a manufacturer or supplier are substantially composed of articles, materials, or supplies grown, produced or manufactured in the Philippines. *(per GPPB Resolution No. 79-2020 Approving the Rules in the Conduct of Procurement for Goods with Application of Domestic Preference Covered under Republic Act No. 11494 or the Bayanihan to Recover as One Act No. 2 (i), if applicable.*
- ☐
5. **OMNIBUS SWORN STATEMENT-Revised** (Notarized)
- ☐
6. **TECHNICAL SPECIFICATIONS:**

a.**Distributorship Agreement** with foreign manufacturer or **Manufacturer’s Certificate** that the supplier/bidder is the authorized distributor in the Philippines duly authenticated by the Philippine Territorial Consulate from the country of origin;  
-and-  
**Notarized Distributorship Agreement** between the Distributor Importer/Wholesaler and the Bidder.

b.**Valid FDA License to Operate (LTO)**
- ☐
7. **ADDITIONAL REQUIREMENTS: (if applicable)**

A. **For Medical Devices/Equipment/Reagents**

a) **Certificate of Medical Device Registration (CMDR)** or **Certificate of Medical Device Notification (CMDN)** as per FDA Memo Circular No. 2020-001.

b) Copy of ISO-13485 of the Manufacturer (Photocopy of Authenticated copy) or equivalent ISO Certification

c) Manufacturer’s Certification (on warranty issue in case of change in supplier and years of existence in the market)

d) State the Brand, Model and Country of origin of the items offered

e) Attach a copy of contract for the in-house technician in letter d., if applicable

f) Stainless steel grade AISI 410 or higher with matte finish

g) Brand must be laser printed in the instrument

h) Sample product must be submitted within 3-4 days after receipt of Notice of Post-Qualification

B. **For Food, Drugs and Medicines**

a) Valid Certificate of Product Registration (CPR)

b) Certificate of Compliance to the EDPMS (Administrative Order No. 2016-0009 Revised Implementing Guidelines for the Electronic Drug Price Monitoring System (EDPMS)

c) Valid Certificate of Good Manufacturing Practices (GMP) of the Manufacturer for Food, Drugs and Medicines (local and foreign manufacturer issued by FDA or its counterpart)

C. **For Cosmetic Products and Household Urban Pesticides**

a) Valid Certificate of Notification

b) Valid Certificate of Good Manufacturing Practices (GMP) of the Manufacturer for Cosmetics (local and foreign manufacturer issued by FDA or its counterpart)

D. **For 70% Isoprophyl Alcohol**

a) Valid **FDA License to Operate (LTO)** as **Drug Distributor**

b) Valid **Certificate of Product Registration (CPR)**

c) Valid **Certificate of Good Manufacturing Practices (GMP)** of the Manufacturer

**NOTE:**

▪ Winning bidder shall submit a Re-Issued copy of the CPR.

▪ For expired/near expiry CPR, please attach the Official Receipt of payment and the application form (AO 2019-0041)

▪ Payment for the analysis shall be shouldered by the supplier.

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E. **COMPANY PROFILE** for new suppliers
- Checked by :**
- | BIDS AND AWARDS COMMITTEE |  |  |  |  |  |  | DATE |
|---------------------------|--|--|--|--|--|--|------|
|                           |  |  |  |  |  |  |      |
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