



LOS BANOS
Los Banos, IV-A
VAT Reg. TIN: 000-864-006-00004

Request for Quotation/ Bid Form (Technical Specifications)
UNIVERSITY HEALTH SERVICE (UHS)
OFFICE OF THE VICE CHANCELLOR FOR COMMUNITY AFFAIRS

UPLB BAC SECRETARIAT

BY: DATE: 6/15/23

JUN 20 2023 - 10AM TIL

UPLB-RQ- 6-162-23-GOODS
DEADLINE OF SUBMISSION

Suppliers Name _____

Date: May 10 2023
MOP: SMALL VALUE PROCUREMENT
Contact No: 049-538-2470 loc 103
Contact Person: FBNavarro

Please quote your lowest price on the item/s listed below, subject to the General Conditions below.

Note:

- Bidders shall provide correct and accurate information required in this form. All entries must be typewritten or in print and properly accomplished. Do not leave blank entries, put N/A for not applicable.
- Price quotation/s to be denominated in Philippine Peso shall include all taxes, duties, and/or levies payable.
- Bidders must indicate the BRAND and MODEL NUMBER for equipment and its accessories or peripherals. Evidence shall be in the form of manufacturer's un-amended sale literature, unconditional statement of specification.
- Quotation through fax/email is acceptable. Winning bidder shall submit original signed RQ before issuance of Purchase order (P.O.).
- Quotations exceeding the Approved Budget for Contract shall be rejected.
- Documentary requirements per Memorandum No. 03 Series of 2017 shall be attached upon submission of the quotation.
- Others: _____

PR 137211

ITEM No.	GENERAL NAME OF THE ITEM	REQUIRED SPECIFICATIONS	UNIT OF MEASURE	QTY	ESTIMATED UNIT APPROVED BUDGET OF THE CONTRACT	ESTIMATED TOTAL APPROVED BUDGET OF THE CONTRACT	OFFERED SPECIFICATION <small>Suppliers must state here the detailed technical specifications of their offer against each of the individual parameters of each requirements</small>	QUOTED UNIT PRICE	TOTAL QUOTED PRICE	EVALUATION <small>(Leave this space blank. For BAC/Evaluators only)</small>
1		0.9 Sodium Chloride with 5% Dextrose 1000 mL in plastic bottle, each 100 ml contains 5g of dextrose monohydrate and 900 mg sodium chloride	btl	120	75.00	9,000.00				
2		Anti Tetanus Serum 1500IU ampule	apl	100	250.00	25,000.00				
3		Anti Tetanus Serum 3000 IU ampule	apl	100	255.00	25,500.00				
4		Bacillus clausii 2 Billion units polyantibiotic resistant, 5 ml per oral suspension x 10's per box	box	30	450.00	13,500.00				
5		Betahistine 16 mg tablet	tab	200	25.00	5,000.00				
6		Bilastine 20 mg tablet	tab	200	35.00	7,000.00				
7		Bisacodyl 10 mg enteric coated tablet	tab	100	35.00	3,500.00				
8		CARBOPROST, 125 mcg/0.5 mL for injection (IM) ampule 10 ampule per box	box	8	4,500.00	36,000.00				
9		Celecoxib 400 mg capsule offered innovator brand or brand name exist in the market for 10 years or more	cap	200	40.00	8,000.00				
10		Cetirizine dihydrochloride 10 mg tablet offered innovator brand or brand name exist in the market for 10 years or more	tab	300	5.00	1,500.00				
11		Cetirizine dihydrochloride 10mg/mL oral drops 10 mL bottle	btl	5	120.00	600.00				
12		Clindamycin Phosphate 600 mg 150 mg/mL per 4mL ampule	apl	50	600.00	30,000.00				
13		Clonidine hydrochloride 75 mcg tablet	tab	200	15.00	3,000.00				
14		Clopidogrel 75 mg film coated tablet	tab	200	20.00	4,000.00				
15		Clotrimazole 10mg/G/ml, Beclomethasone dipropionate cream 5g in tube	tb	20	395.00	7,900.00				
16		Cloxacillin sodium 500 mg capsule offered innovator brand or brand name exist in the market for 10 years or more	cap	200	7.00	1,400.00				
17		Co-Amoxiclav 500/125 mg tablet in double aluminum pack	tab	800	28.00	22,400.00				
18		Eperisone HCL 50 mg tablet	tab	200	22.00	4,400.00				

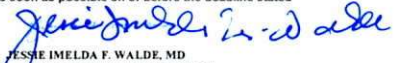
19	Fluocinolone acetonide 250 mcg/ Neomycin sulfate 3.5mg/ polymyxin B sulfate 10000IU per ml 5 ml Otic solution	pc	10	500.00	5,000.00				
20	Human Insulin, Regular(recombinant DNA origin)100 iu/mL x 10 mL offered brand name exist in the market for 10 years or more	vl	10	1,000.00	10,000.00				
21	Inactivated rabies virus (Flury Lep Strain) Rabies virus ,2.5 IU, Derived form Purified Chick Embryo Cell Lyophilised powder in 1 vial (1.0 ml) Package WHO Approved	vl	50	2,200.00	110,000.00				
22	Ipratropium HBR+ Salbutamol 2.5 mL pulmoneb contains: Ipratropium bromide (anhydrous) 500 mcg and Salbutamol (as sulfate) 2.5 mg. nbl	nbl	40	62.00	2,480.00				
23	Lactated Ringers Solution with 5% Dextrose in 1000 ml plastic bottle	btl	300	75.00	22,500.00				
24	Losartan potassium 50 mg tablet	tab	1000	10.00	10,000.00				
25	Mupirocin 2% cream topical antibacterial 5 g tube	tub	40	220.00	8,800.00				
26	Omeprazole 20 mg capsule	cap	100	31.00	3,100.00				
27	Omeprazole 40 mg capsule	cap	100	45.00	4,500.00				
28	ORS Sodium Chloride 520mg/ trisodium citrate dihydrate 580mg/ Potassium Chloride/ anhydrous glucose 2.7g powder for oral solution in sachet with flavor dissolve in 200-250 ml water	sch	100	12.00	1,200.00				
29	Salbutamol as sulfate 1mg/ml solution for inhalation 2.5ml nebulas	nbl	40	45.00	1,800.00				
30	Sambong 500 mg tablet	tab	200	7.00	1,400.00				
31	Simvastatin 20 mg tablet	tab	100	15.00	1,500.00				
32	Simvastatin 40 mg tablet	tab	100	25.00	2,500.00				
33	SINUPRET Sambucus nigra (elder flower) 36 mg, Primula veris & Primula elatior (primula flower w/ calyx) 36 mg, Rumex crispus 36 mg, Verbena officinalis 36 mg, Gentiana lutea 12 mg. tablet	tab	200	15.00	3,000.00				
34	Sodium Alginate 250mg, Sodium Bicarbonate 133.50mg , Calcium Carbonate 80 mg 10ml sachet x 24's	box	5	1,104.00	5,520.00				
35	Sodium Chloride 1g tablet x 100's per amber bottle	btl	2	700.00	1,400.00				
36	Sterile water for Injection 50 ml plastic bottle	btl	200	50.00	10,000.00				

37	Tobramycin 0.3% / Dexamethasone 0.1% eye drops per 5 ml tube offered brand name exist in the market for 10 years or more or an innovator brand	btl	10	350.00	3,500.00				
38	Tobramycin 3mg/ml per 5ml eye drops offered brand name exist in the market for 10 years or more or an innovator brand	btl	10	350.00	3,500.00				
39	Tranexamic acid 500 mg capsule	cap	100	20.00	2,000.00				
TOTAL ABC						421,400.00			
TOTAL QUOTED AMOUNT IN WORDS:									

Reviewed and Checked By

for 
DINO OLIVER A. FORONDA MD
 BAC TWG

Please quote at your government price (including VAT) and state that the time within which you can make delivery. It will be appreciated if we can have your quotation in the office as soon as possible on or before the deadline stated


JESSIE IMELDA F. WALDE, MD
 Director (UNIVERSITY HEALTH SERVICE)

TERMS AND CONDITIONS:

- Price quotation/s shall be valid for a period of at least (30) calendar days from the date of submission.
- In order to assure that manufacturing defects shall be corrected by supplier, a warranty security shall be required from the contract awardee for a minimum period of **three (3) months**, in the case of EXPENDABLE SUPPLIES, or a **minimum of one (1)**
- Delivery period within 14 calendar days.
- Award of contract shall be made to the lowest quotation which complies with the technical specifications, and other terms and condition stated herein.
- UPLB reserves the right to reject any or all offers as may be considered most advantageous to the University.
- Any interlineations, erasure, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.

Requirements for Suppliers (GPPB Resolution No. 21-2017)

REQUIREMENTS	Shopping (Section 52)	Negotiated Procurement- Small Value Procurement (Section 53.9)	Negotiated Procurement- Lease of Real Property or Venue (Section 53.10)	Negotiated Procurement- Scientific, Scholarly or Artistic Work, Exclusive Technology	Negotiated Procurement- Emergency (Section 53.2)
1 Mayor's/Business Permit	/	/	/	/	/
2 PhilGEPS Registration Number	/	/	/	/	/
3 Professional license/ CV (consulting services)		/		/	
4 PCAB License (for Infrastructure)		/			
5 Income / Business tax returns (except for government)		FOR ABC'S ABOVE 500K	/		FOR ABC'S ABOVE 50K
6 Omnibus Sworn Statement		FOR ABC'S ABOVE 50K			FOR ABC'S ABOVE 500K
7 NFCC for Infrastructure with ABC		/			FOR ABC'S ABOVE 50K

After having carefully read and accepted your General Conditions, I/we quote you on the item at prices noted above.

Name of the Company: _____ Tel No: _____
 Address: _____ Fax No: _____
 Signature over Printed _____ Email Address: _____
 Position: _____ Date: _____