



REQUEST FOR QUOTATION

Date: 07 July 2023

RFQ No.: 100-23-05-1202

Name of Company: _____

Address: _____

Name of Store/Shop: _____

Address: _____

TIN: _____

PhilGEPS Registration Number: _____

The City Government of Pasig, through the Bids and Awards Committee (BAC), intends to procure **Supply and Delivery of Various Printed Radiology Forms - CHO** with an Approved Budget for the Contract (ABC) of **Php 182,600.00**, in accordance with **Section 53.9** of the 2016 revised implementing Rules and Regulations of Republic Act No. 9184. Please quote your best offer for the item in the table below.

The Project shall be awarded as **One Project** having several items that shall be awarded as one contract. Quotations received exceeding each total Cost per Item and/or the total Approved Budget for the Contract shall be rejected.

Item No.	Item Description	Brand Name <small>(PLEASE DO NOT LEAVE BLANK)</small>	QTY	UOM	Approved Budget		Price Offer	
					Unit Cost	Total Cost	Unit cost	Total Cost
1	SUPPLY AND DELIVERY OF PRINTED RADIOLOGY FORMS, - X-Ray Result Paper - Normal Template "Type: Book Paper "Weight: 120 gsm "Opacity: 80% "Ream: 500 Sheets "Brightness: Bright white paper "Material: Uncoated Paper "Color: Full color "Size: X-Ray Result Forms (One half letter size horizontal - 14 x 22cm) - Sample Form are attached.		13	ream	4,805.00	62,465.00		
2	X-Ray Result Paper - Blank Template, - "Type: Book Paper "Weight: 120 gsm "Opacity: 80% "Ream: 500 Sheets "Brightness: Bright white paper "Material: Uncoated Paper "Color: Full color "Size: X-Ray Result Forms (One half letter size horizontal - 14 x 22cm) - Sample Form are attached.		5	ream	4,805.00	24,025.00		



3	Letter Head Long/Legal - For Ultrasound and Mammogram Result), - "Type: Book Paper "Weight: 120 gsm "Opacity: 80% "Ream: 500 Sheets "Brightness:Bright white paper "Material: Uncoated Paper "Color: Full color "Size: Letter/Short Bond Paper - 8.5 x 11 inches - Sample Form are attached.	5	ream	4,805.00	24,025.00		
4	Letter Head Short/Letter - For Ultrasound and Mammogram Result, - "Type: Book Paper "Weight: 120 gsm "Opacity: 80% "Ream: 500 Sheets "Brightness:Bright white paper "Material: Uncoated Paper "Color: Full color "Size: Legal/Long Bond Paper - 8.5 x 13 inches - Sample Form are attached.	13	ream	4,805.00	62,465.00		
5	Mammogram Form, - "Type: Book Paper "Weight: 120 gsm "Opacity: 80% "Ream: 500 Sheets "Brightness:Bright white paper "Material: Uncoated Paper "Color: Full color "Size: Double sided printing, Letter/Short - 8.5 x 11 inches - Sample Form are attached.	1	ream	4,810.00	4,810.00		
6	Mammogram Questionnaire, - "Type: Book Paper "Weight: 120 gsm "Opacity: 80% "Ream: 500 Sheets "Brightness:Bright white paper "Material: Uncoated Paper "Color: Full color "Size: Double sided printing, Letter/Short - 8.5 x 11 inches - Sample Form are attached.	1	ream	4,810.00	4,810.00		
Note: Other terms and conditions are stipulated in the attached Terms of Reference, if any.				Total	182,600.00		
DELIVERY TERM: Please refer to the Terms of Reference.							


**Indicate the BRAND NAME or MANUFACTURER NAME and the specific MODEL to be offered or attach a BROCHURE for the offered item; items including but not limited to clothing, vehicle, equipment, devices, electronics, machines, drugs, medicines, medical supplies must be branded or at the very least, manufacturer shall be indicated.*

Submit this Quotation (Accomplished and duly signed by the Owner or the respective Authorized Representative indicated in the Secretary's Certificate/Special Power of Attorney) not later than the closing date specified in the Bid Notice Abstract posted in PhilGEPS website along with the following documents:

Caruncho Avenue, Brgy. San Nicolas, Pasig City, Philippines 1600



(02) 8643-1111 * (02) 8641-1111 loc 1461 *  bidsandawards@pasigcity.gov.ph *

 pasigcity.gov.ph

- **Mayor's/Business Permit** (or a recently expired Mayor's/Business permit together with the official receipt as proof that the prospective bidder has applied for renewal within the period prescribed by the concerned local government unit subject to submission of the Mayor's Permit before the award of contract). The nature of business as stated in the Mayor's/Business Permit should at the very least be similar or related to the project to be bid.
- **PhilGEPS Registration Number**
- **Income Tax Return** - Latest Income or Business Tax Returns filed and paid through the BIR Electronic Filing and Payment System (EFPS).

In accordance with Revenue Regulation No. 3-2005, the above-mentioned tax returns shall refer to the following:

1. Latest Income Tax Return (ITR) - For participants already with an Annual ITR, latest ITR shall refer to the ITR for the preceding Tax Year be it on a calendar or fiscal year. For new establishments which, therefore, have no annual ITR yet, it shall refer to the most recent quarter's ITR.
 2. Latest Business Tax Return - refers to the Value Added Tax (VAT) or Percentage Tax returns covering the previous six (6) months.
- Accomplished and notarized **Omnibus Sworn Statement** ([https://www.gppb.gov.ph/assets/forms/Omnibus%20Sworn%20Statement\(Revised\).docx](https://www.gppb.gov.ph/assets/forms/Omnibus%20Sworn%20Statement(Revised).docx))
 - **Proof of Authorization: Secretary's Certificate** if corporation, or **Special Power of Attorney**, if individual.

ADDITIONAL REQUIREMENTS:

For Procurement of Drugs and Medicines:

Documents from the Food and Drug Administration (FDA):

- a. Certificate of Product Registration;
- b. Certificate of Good Manufacturing Practice;
- c. License to Operate;
- d. Batch Release Certificate (*for vaccines, toxoids and immunoglobulins only*) [to be submitted upon delivery]; and
- e. Certificate of Analysis (*for anesthesia and antibiotics*) [to be submitted upon delivery].

If the Supplier is not the Manufacturer, a certification from the Manufacturer that the supplier is an authorized distributor/dealer of the products/items.


Please submit the accomplished Quotation and required documents on or before the deadline of submission at the Bids and Awards Committee (BAC) through the **Procurement Management Office (BAC Secretariat Office), 4th Floor, Pasig City Hall, San Nicolas, Pasig City.**

All documents should be submitted in a sealed brown envelope addressed to the "Bids and Awards Committee, 4th Floor, Pasig City Hall", and properly marked with the Project Title as provided herein.

The CITY GOVERNMENT OF PASIG reserves the right to reject any and all bids, declare a failure of bidding, or not award the contract at any time prior to contract award in accordance with Sections 35.6 and 41 of the 2016 revised IRR of RA No. 9184, without thereby incurring any liability to the affected bidder or bidders.

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Page 3 of 4 | RFQ No. 100-23-05-1202 | RLD

For any clarification, you may contact us at telephone no. (02) 8641-1111 / (02) 8643-1111 loc. 1461 or email address at bidsandawards@pasigcity.gov.ph



ATTY. PONCE MIGUEL D. LOPEZ JR.
Officer in Charge, Procurement Management Office

I hereby certify that I have read and agree to this Request for Quotation, its Terms of Reference, and Bid Bulletin/s, if any. I further certify that the products to be delivered will conform to the specifications stated in the Item Description.



Conforme:


Signature over Printed Name

Position

Duly authorized to sign quotation/offer for and on behalf of _____
(Please indicate Company Name)

Caruncho Avenue, Brgy. San Nicolas, Pasig City, Philippines 1600

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Terms of Reference

- A. Project:** Supply and Delivery of Printed Radiology Forms.
- B. Proponent:** CITY HEALTH DEPARTMENT
Radiology Section
- C. Delivery Schedule:** 30 days upon receipt of notice to proceed.
- D. Delivery site:** Medical Depot, Pasig Mega Dialysis Center
PI Building, 280 Eusebio Avenue, Brgy. San Miguel, Pasig City
- E. Terms of Payment:** Processing of payment upon completion of delivery with acceptance and inspection report

F. Requirements/Specifications

- Type:** Book Paper
Weight: 120 gsm
Opacity: 80%
Ream: 500 Sheets
Brightness: Bright white paper
Material: Uncoated Paper
Color: Full color
Size: X-Ray Result Forms (One half letter size horizontal – 14 x 22cm)
Letter Head (Letter/Short – 8.5 x 11 inches)
Letter Head (Legal/Long – 8.5 x 13 inches)
Mammogram Questionnaire (Double sided printing, Letter/Short – 8.5 x 11 inches)
Mammogram Consent Form (Double sided printing, Letter/Short – 8.5 x 11 inches)

G. Technical:

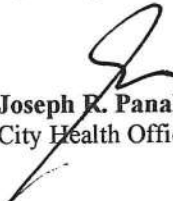
1. The service provider shall comply the following:
 - a. Certification that the company is established and operating for at least three (3) years.
 - b. Must have produced at least three (3) printing and digital publication projects. Documented by certification of completion or its equivalent.
2. The service provider shall:
 - a. Ensure timely delivery of printing materials.
 - b. Review draft prints and copy and make recommendation/s.
3. The service provider must be guided by the end-user's sample forms.

Prepared by:


Francil Joy Calaoagan, RRT
Radiologic Technologist III

Noted by:

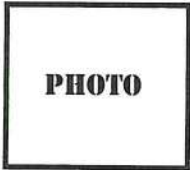

Ramon B. Cruz Jr., MD, FPCR
Radiology Section Head


Joseph R. Panaligan, MD, MHA
City Health Officer



PASIG CITY HEALTH OFFICE

5th floor Radiology Department, Pasig City Hall, Pasig City
License No.: NCR - M - 4741



NAME
Address
Purpose

Date:
Film No.:
Age / Sex / C.S:
Company / MD:
Examination Done

RADIOLOGIC REPORT

*Both lungs are clear.
Heart is not enlarged.
Diaphragm and salci are intact.*

IMPRESSION:

ESSENTIALLY NORMAL CHEST

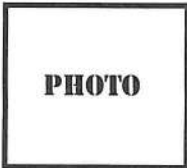
Radiologic Technologist

Radiologist



PASIG CITY HEALTH OFFICE

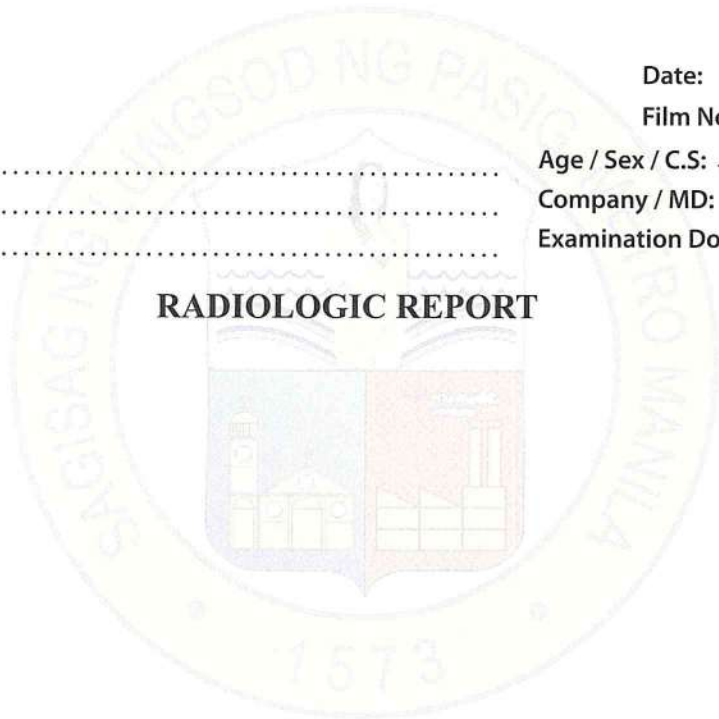
5th floor Radiology Department, Pasig City Hall, Pasig City
License No.: NCR - M - 4741



NAME
Address
Purpose

Date:
Film No.:
Age / Sex / C.S.:
Company / MD:
Examination Done

RADIOLOGIC REPORT



Radiologic Technologist

Radiologist



MAMMOGRAPHY QUESTIONNAIRE

Name: _____
(Last name) (First Name) (Middle Name)

Date: _____

Case #: _____

Age: _____ Sex: _____

Referring Physician: _____

Contact #: _____

1. Have you had any of the following breast changes in the last 3 months?

	Right	Left	Both	Duration
Lump	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Nipple discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Others, describe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

2. When was your last mammogram?

Date: __ / __ / __ (month/year)

I never had a mammogram

3. When did a health care provider last examine your breasts?

- Never
- Within the last 3 months
- 4 months to 1 year ago
- More than a year ago
- Not sure

4. Have you ever been diagnosed with cancer?

- Yes
- No

IF YES, please answer the following questions:

Which breast(s)? Right Left Both

At what age were you first diagnosed? ___ y/o

Date of diagnosis: __ / __ / __ (month/year)

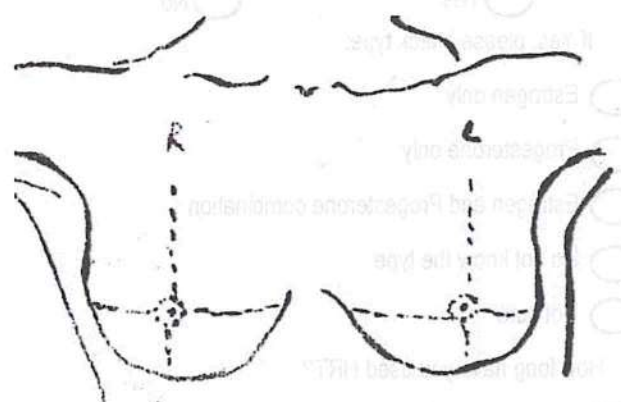
5. Have you had any of the following breast procedures?

	Right	Left	Both
Fine needle or cyst aspiration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biopsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lumpectomy (for breast CA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mastectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast Reconstruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast Reduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast Implants (still present)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I have not had any of the above procedures

6. Have any blood relatives been diagnosed with breast cancer?

- Mother: No Yes Not sure
- Sister: No Yes Not sure
- Daughter: No Yes Not sure



CONSENT FOR MAMMOGRAM

Patient's Name (Last, First, Middle Name)		
Date of Birth	Age	Sex
Attending Physician:		

1. I, the undersigned, hereby authorize to perform the procedure(s) specified below, (encircle specific procedure/s) that will help in the diagnosis and management of my/the patient's condition:

SCREENING MAMMOGRAPHY

This study is a dedicated imaging procedure to detect benign and malignant conditions of the breasts. It is done in women with no symptoms for early detection of breast lesions that are usually not felt on palpation by the healthcare professional.

DIAGNOSTIC MAMMOGRAPHY

This study is done in women with symptoms where a breast mass is felt or discovered by either the patient or by the healthcare professional.

2. I understand that:

2.1 Mammography is safe when used within acceptable limits of radiation exposure. The usual radiation dose utilized is about the same as an average person would receive from environmental background radiation in three (3) months. Therefore, the amount of radiation is very small and the benefits greatly outweigh the risks.

2.2 Mammography entails vigorous compression of the breasts between two plates. Compression is necessary for better separation and delineation of the breast tissue and improves detection of lesions. In most cases, the compression is tolerable, but it can also be uncomfortable or painful. If the patient shall communicate to the Mammography Technologist the limit of my/ the patient's tolerance to compression.

2.3 Mammography is usually done in patients beyond adolescence. If imaging is clinically indicated in young patients, ultrasound could also be helpful and may supercede mammography. Mammography cannot be done on pregnant women, children and adolescents, and women of child-bearing age unless specifically directed by the referring physician. In such cases, the Radiologist, the Radiology Technologist, and the Medical Center will not assume responsibility for any possible complication that may arise from the performance of the procedure.

3. I acknowledge that the procedure, the indication, benefits, complications and risks for performing the procedure were fully explained to me, I recognize that during the course of the examination, unforeseen conditions may necessitate repeat, additional or different procedures than stated, and I further authorize the performance of such procedures that in the best judgment are necessary and desirable to my health and welfare.



LUNGSOD NG
PASIG
UMAAGOS ANG PAG-ASA

CITY HEALTH DEPARTMENT
RADIOLOGY SECTION