



## REQUEST FOR QUOTATION

Date: 13 July 2023  
RFQ No.: R1 100-23-03-547

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 Reagent for Existing Automated Fluorescent Immunology Analyzer with CPR and MSDS - CHO with an Approved Budget for the Contract (ABC) of **Php 60,000.00**, 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
<b><u>REAGENTS FOR EXISTING AUTOMATED FLOURESCENT IMMUNOLOGY ANALYZER WITH CPR&amp;MSDS-TOR SUBMITTED PCCLAB</u></b>								
1	T3 reagent 24 cartridges/pack, pack		2	pack	7,500.00	15,000.00		
2	T4 reagent 24 cartridges/pack, pack		2	pack	7,500.00	15,000.00		
3	TSH reagent 24 cartridges/pack, pack		2	pack	7,500.00	15,000.00		
4	PSA reagent 24 cartridges/pack, pack		2	pack	7,500.00	15,000.00		
<b>Note:</b> Other terms and conditions are stipulated in the attached Terms of Reference, if any.			<b>Total</b>		<b>60,000.00</b>			
<b>DELIVERY TERM:</b> 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:

- 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), 4<sup>th</sup> 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, 4<sup>th</sup> 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.

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](mailto:bidsandawards@pasigcity.gov.ph)






**ATTY. PONCE MIGUEL D. LOPEZ**

Officer in Charge, Procurement Management Office

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

 (02) 8643-1111 \* (02) 8641-1111 loc 1461 \*  [bidsandawards@pasigcity.gov.ph](mailto:bidsandawards@pasigcity.gov.ph) \*

 [pasigcity.gov.ph](http://pasigcity.gov.ph)

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)

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

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

 pasigcity.gov.ph

TERMS OF REFERENCE FOR SMALL VALUE OF VARIOUS MEDICAL AND LABORATORY SUPPLIES FOR 2023  
(CHO LABORATORIES LABORATORY)

CORMAY DIAGNOSTIC MARKETING CORPORATION

A. PROCUREMENT TITLE

REAGENTS FOR EXISTING AUTOMATED FLUORESCENT IMMUNOLOGY ANALYZER

B. PROPONENT AND IMPLEMENTING AGENCY

PASIG CITY CLINICAL LABORATORY- CITY HEALTH DEPARTMENT

C. DELIVERY SCHEDULE

100% - 30 DAYS UPON NOTICE TO PROCEED

D. TERMS OF PAYMENT

Processing of payment upon 100% completion of delivery with an acceptance and inspection report.


E. DELIVERY SITE

PI BUILDING 280 EUSEBIO BRGY SAN MIGUEL PASIG CITY, PASIG CITY MEDICAL DEPOT

F. REQUIREMENT/SPECIFICATION

- Reagents to be procured should be compatible with existing machine
- Provision of certificate of Product Registration and Material Safety Data Sheet upon delivery of reagents
- Reagents to be delivered should have an expiration date of 1 year or more with a guarantee letter stating that unused delivered reagents expiring within 6 months shall be replaced

ITEM DESCRIPTION	UOM
1. T3 reagent 24 cartridges/pack	pack
2. T4 reagent 24 cartridges/pack	pack
3. TSH reagent 24 cartridges/pack	pack
4. PSA REAGENT 24 cartridges/pack	pack

  
Arnel C. Ataula, RMT III  
Supervisor, TBML and RTDL

  
Myla A. Espino, RMT IV  
Chief Medical Technologist  
Laboratory Services

Noted by:  
  
Joseph R. Panaligan, M.D./MHA  
City Health Office