



REQUEST FOR QUOTATION

Date: 26 April 2024
RFQ No.: **R1 100-23-02-406**


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, DELIVERY AND INSTALLATION OF VARIOUS MEDICAL EQUIPMENT (ITEM 13 AND 21) – PASIG CITY GENERAL HOSPITAL** with an Approved Budget for the Contract (ABC) of **Php 160,000.00**, 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.

					APPROVED BUDGET		PRICE OFFER	
ITEM NO.	ITEM DESCRIPTION	BRAND NAME <small>(PLEASE DO NOT LEAVE BLANK)</small>	QTY	UOM	UNIT COST	TOTAL COST	UNIT COST	TOTAL COST
13	PORTABLE DENTAL UNIT WITH HAND PIECE, -Auto-loaded Air Feed System:1set -Built-in type air Compressor:1 set -2/4 hole handpiece tube: 2pcs -Foot Control: 1pc -Clean water bottle: 1pc -Stainless tray: 1pc -3 way sringe:1pc -Scaler, Curing light, Handpiece kits		1	unit	60,000.00	60,000.00		
	TOTAL COST	IN FIGURES			PHP 60,000.00			
		IN WORDS			SIXTY THOUSAND PESOS			
21	INTRAOSSEOUS POWER DRIVER, " Driver must have a Ref. numbers of 9040 (Tactical); 9058 (Civilian). " Applied Parts: must be for Intraosseous Vascular " Access Needles - at least 15 mm; 25 mm; 45 mm " With sealed, hand-held, lithium battery powered medical device.		1	unit	100,000.00	100,000.00		

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<p>" Power Driver and accessories can be stored at temperatures between -20°C to 50°C (-4°F to 122°F) at a non-condensing relative humidity up to 90%.</p> <ul style="list-style-type: none"> o driver and its battery must have a shelf life of at least 10 years. o driver operating/useful life at least 500 insertions. o When storing the Vascular Access Pak (VAP) remove the trigger guard to prevent accidental activation of the Power Driver. o Drivers are sealed and not intended to be opened. o Batteries are not replaceable. <p>INDICATORS & ALERTS:</p> <ul style="list-style-type: none"> o Power must be Driver LED will be solid green when trigger is activated and has sufficient power. o Power Driver LED will blink red when the trigger is activated and has less than 10% of battery life remaining. Purchase and replace the IO Power Driver. o IO Power Driver LED will not light, or will briefly light, when the battery has expired. Use a backup driver or the manual insertion method. <p>" With inclusions of Needle sets and stabilizer kits:</p> <ul style="list-style-type: none"> - 20pcs of 25mm - 20 pcs of 45mm - 10 pcs of 10mm 						
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TOTAL COST	IN FIGURES	PHP 100,000.00	
	IN WORDS	ONE HUNDRED THOUSAND PESOS	

The Project shall be awarded as One Project having several items, which shall be awarded as separate contracts per item.

Quotations received exceeding each total Cost per Item and/or the total Approved Budget for the Contract shall be rejected.

NOTE: Other terms, conditions, and requirements are stipulated in the attached Terms of Reference, if any.

PRICE OFFER: Unit and Total Prices shall be rounded off up to **two (2)** decimal places.


VALIDITY OF OFFER: Within Ninety (90) calendar days from the date of opening of quotation.


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.*

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**TERMS OF REFERENCE FOR VARIOUS MEDICAL EQUIPMENT
(Various Medical Equipment for 2023)**

1. Must provide ISO compliance certificate for each requested equipment

1.1 Bed, Multicare, Critical Care	- EN ISO No. 60601-2-52
1.2 Cardiac Monitor Adult	- ISO No. 13485
1.3 Cautery Machine	- ISO No. 13485:2016
1.5 Defibrillator	- ISO No. 13485:2016
1.6 ECG Machine Adult	- ISO No. 13485:2016
1.8 Fully Automated Machine for Immunohistochemistry-	ISO 13485: 2016 & EN ISO 13485:
2016	
1.9 Infusion pump	- ISO No. 13485:2016
1.10 Medication Cart	- ISO No. 9001:2015
1.11 Air Purification Negative Pressure	- ISO No. 9001
1.12 Point of Care Color Doppler Ultrasound System	-
1.13 Portable Dental Unit with Hand-piece	- ISO No. 13485:2016
1.14 Pulse Oximeter	- ISO No. 13485:2016
1.15 Stretcher	- ISO No. 14971/ ISO No. 13485
1.16 Suction Machine	- ISO Q5 011634 0205 Rev. 04
1.17 Syringe Pump	- ISO No. 13485:2016
1.18 Ventilator Machine Ault/ Pedia	- ISO No. 13485:2016
1.19 Targeted Radio Frequency Therapy Machine Ergonomic Applicators –	ISO No.
13485:2016	
1.20 Treatment Bed (Hydraulic)	- EN ISO No. 13485:2021
1.22 Syringe Pump with Target Controlled Infusion (TCI) Capacity	- ISO No. 13485:2016
1.23 Ambulatory Programmable Infusion Pump with Patient-Controlled Analgesia (PCA)	
Capacity	- ISO No. 13485:2016

Except:

- 1.4 Compound Microscope
- 1.5 Emergency Cart
- 1.21 Intraosseous Power Driver

2. Must provide a valid certificate of Distributorship/ Exclusivity issued by the equipment manufacturer authorizing the bidder to sell/ distribute the offered equipment.

Except:

- 2.1 Item No. 13- Portable Dental Unit with hand-piece
- 2.2 Item No. 21- Intraosseous Power Driver


3. To submit a list of installations of the same brand or model of equipment from at least three (3) facilities for item no. 8. Fully Automated Machine Immunohistochemistry (IHC)


Except:

- 3.1 Item No. 13- Portable Dental Unit with hand-piece
- 3.2 Item No. 21- Intraosseous Power Driver

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4. Must provide a License to Operate (LTO) as a medical device/ equipment distributor issued by the Philippine Food and Drug Administration

Except:

4.1 Item No. 13- Portable Dental Unit with hand-piece

4.2 Item No. 21- Intraosseous Power Driver

5. Must have available trained service specialists employed in the company.

Except:

5.1 Item No. 13- Portable Dental Unit with hand-piece

5.2 Item No. 21- Intraosseous Power Driver

6. Must provide warranty of parts for one year (1) and labor/services for two (2) years.

Except:

6.1 Item No. 13- Portable Dental Unit with hand-piece

6.2 Item No. 21- Intraosseous Power Driver

7. The supplier must provide a certificate of parts availability for a period of five years, along with calibration services, upon request. The certificate should indicate that the necessary parts to maintain the equipment will be available for the five-year period, and should be provided within a month of the request. This will ensure that the equipment can be properly maintained and serviced, minimizing downtime and maximizing productivity. Except:

7.1 Item No. 7 Emergency Cart

7.2 Item No. 8 Fully Automated Machine Immunohistochemistry (IHC)

7.3 Item No. 10 Medication Cart

7.4 Item No. 13 Portable Dental Unit with Hand Piece

7.4 Item No. 21- Intraosseous Power Driver

8. Must provide free Preventive Maintenance with the inclusion of calibration services for two (2) years, conducted semi-annually with service report during the warranty period.

Except:

8.1 Item No. 13- Portable Dental Unit with hand-piece

8.2 Item No. 21- Intraosseous Power Driver

9. Must provide AVR for each unit that is compatible with the requested Equipment except for Item No. 11. Air Purification Negative Pressure.

Except:

9.1 Item No. 13- Portable Dental Unit with hand-piece

9.2 Item No. 21- Intraosseous Power Driver


10. Must provide certificates of good performance from the Three (3) institutions where equipment is also installed or supplied.


Except:



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10.1 Item No. 13- Portable Dental Unit with hand-piece

10.2 Item No. 21- Intraosseous Power Driver

11. Must provide a demonstration of the equipment for post-qualification process.

Except

11.1 Item No. 13- Portable Dental Unit with hand-piece

11.2 item No. 20 can do product demo via video.

11.3 Item No. 21- Intraosseous Power Driver

12. For item No. 18 Scope of Works for Ceiling Mounted Negative Pressure System please see the attached floor plan:

- a. Supply and installation of the unit.
- b. cutting of ceiling.

- 12.1 Installation of Support (hangers/flanges).
- 12.2 Installation of a ducting system for exhaust/supply of air.
- 12.3 Installation of louver for air exhaust/intake
- 12.4 Restoration and repainting of the affected area.
- 12.5 Sealing of pressure room to prevent too much air leak.
- 12.6 Installation of electrical supply and control.
- 12.7 Restoration of affected areas during electrical and control installation.
- 12.8 Testing and commissioning.
- 12.9 Replacement of existing ceiling to fix ceiling


13. Delivery, installation, testing, and commissioning of the equipment and its accessories must be completed: **120** within calendar days upon Notice to Proceed.


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:

1. **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.
2. **PhilGEPS Registration Number**
3. **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:
 - 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.
 - Latest Business Tax Return - refers to the Value Added Tax (VAT) or Percentage Tax returns covering the previous six (6) months.
4. Accomplished and notarized Omnibus Sworn Statement (Form can be downloaded thru <https://www.gppb.gov.ph/downloadable-forms/#tab-61412>)
5. **Proof of Authorization: Secretary's Certificate** if corporation, or **Special Power of Attorney**, if individual.

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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.

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

SGD

ATTY. BEA THERESE P. VILLANUEVA

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)

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