



REQUEST FOR QUOTATION
SMALL VALUE PROCUREMENT
(SECTION 53.9)

Date : November 24, 2020
PR No. : GF-20-10-01821

Name of Company : _____
Address : _____
Contact No. : _____
Project Title : **PROCUREMENT OF REAGENTS AND SUPPLIES FOR AUTOMATED IMMUNO CHEMISTRY ANALYZER**
Approved budget of the Contract : **Php 216,00.00**
End-User / Implementing Office : **Quezon City General Hospital**

Please quote your best offer for the item/s described below, subject to the Terms and Conditions provided. Submit your quotation duly signed by you or your duly authorized representative not later than November 27, 2020, 10:00 a.m Philippine Standard Time, together with the following documents of your company:

- 1 PhilGEPS certificate (not expired on the time of opening of quotations);
- 2 Business Registration (DTI/SEC)
- 3 Mayor's/Business Permit (2020);
- 4 Tax Clearance; and
- 5 Omnibus Sworn Statement prescribed by the Government Procurement Policy Board (GPPB).
- 6 Income/Business Tax Return (for FY 2019) (For ABC P500,000.00 above)
- 7 If applicable, the JVA in case the joint venture is already in existence, or duly notarized statements from all the potential joint venture partners stating that they will enter into and abide by the provisions of the JVA in the instance that the bid is successful.

in a **SEALED LONG BROWN ENVELOPE** shall:

- 1 Contain the Project Name and PR Number of the contract to be bid in capital letters;
- 2 Bear the name and address of the Bidder in capital letters;
- 3 Be addressed to the Procuring Entity's BAC.

Project Title : **PROCUREMENT OF REAGENTS AND SUPPLIES FOR AUTOMATED IMMUNO CHEMISTRY ANALYZER**

**Quezon City Local Government
BIDS AND AWARDS COMMITTEE
2/F Procurement Department, Finance Building
Quezon City Hall Compound**

For any clarification you may contact us at 89884242 loc. 8506/8709.


ATTY. DOMINIC B. GARCIA
Officer-In-Charge/Head, BAC Secretariat

TERMS AND CONDITIONS

1. Bidders shall **provide correct and accurate** information required in this form.
2. Price quotation/s must be valid for a period of thirty (30) calendar days from the date of submission.
3. Price quotation/s, to be denominated in Philippine Peso shall include all taxes, duties and/or levies payable.
4. Quotation **exceeding** the Approved Budget for the Contract (ABC) shall be **rejected**.
5. Award of contract shall be made to the lowest quotation (for goods and services) which complies with the minimum technical specifications and other terms and conditions stated herein.
6. Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
7. The City General Services Department (CGSD) shall have the right to inspect the goods.
8. Non-submission of eligibility documents shall mean disqualification of Quotation.
9. Liquidated damages equivalent to one tenth (1/10) of one percent (1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. CGSD shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.
10. Failure to follow these instructions will disqualify your entire quotation.

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s as follows:

ITEM NO.	ITEM & DESCRIPTION	UNIT OF ISSUE	QTY.	UNIT PRICE	ITEM TOTAL
	Reagents & Supplies for automated Immuno Chemistry Analyzer (Hospital owned)				
1	Procalcitonin	PC	60		
2	Troponin I. quantitative, high sensitivity	PC	120		
3	Ferritin	PC	60		
	Terms of Reference: <ol style="list-style-type: none"> 1. Must provide automated Immunochemistry analyzer using Enzyme Linked Fluorescent Assay (ELFA) or related or higher principle. 2. Can Perform random access and batch testing, simultaneous processing of different parameters, user friendly. 3. No reagent preparation required to prevent spillage and contamination. Individually packed ready to use 4. LIS connectivity license that is compatible with the existing HIS and functional for at least 1 year 5. Automated bar code identification 6. Model of machine must be at least five years in the market, with installation in tertiary hospitals within Metro Manila Provision of the following: <ol style="list-style-type: none"> a. Preventive Maintenance and calibration as needed, with certificate and sticker b. Thermal paper for result print outs c. On-site training for at least 5 Medical Technologists d. 24/7 technical support system, must provide service machine in case machine is not repaired. e. Certificate of availability of stocks and ability to deliver 				
Total Quoted Amount					

Amount in Words: _____

OTHER INSTRUCTIONS/SPECIFICATIONS:

1. Copy of valid, current License to Operate for Medical Supplies/Devices from DOH Accreditation as Supplier, Distributor or Manufacturer

Delivery Period : Thirty (30) calendar days
Warranty : _____

Signature over printed name

Office Telephone No./Fax/Mobile No.

Date

Email Address