



Republic of the Philippines  
 Department of Health  
 JOSE R. REYES MEMORIAL MEDICAL CENTER  
**BIDS AND AWARDS COMMITTEE**

DC: 8562-5338/ 8711-9491 loc. 245

bacsec@jrrmmc.gov.ph

**REQUEST FOR QUOTATION**

Date: 02 April 2024  
 RFQ No.: HBAC-A-2024-04-1313

NAME OF COMPANY: \_\_\_\_\_  
 COMPANY ADDRESS: \_\_\_\_\_  
 TAX IDENTIFICATION NO.: \_\_\_\_\_  
 PHILGEPS REGISTRATION NO. (if applicable): \_\_\_\_\_

Jose R. Reyes Memorial Medical Center, through its Hospital Bids and Awards Committee (HBAC), intends to procure **Bag, urine** in accordance with section 53.9 of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

Please quote your **best offer** for this item described herein, subject to the Terms and Conditions provided at last page of this RFQ. Submit your quotation duly signed by you or your duly authorized representative **not later than 08 April 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
 Chairperson, HBAC

**INSTRUCTIONS:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. 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 for the item/s as follows:

**PR. no.:** 2024-03-1946 (Nursing / CSSD)

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	QTY	ABC/UNIT	BID OFFER/ UNIT	TOTAL
Bag, urine, with smooth kink resistant tubing ensures unrestricted flow transparent, with tie or hanger, leak-proof and puncture resistant bag with safe and stable protective lock to prevent leakage, at least 1000 ml capacity		3,600 pieces	20.00		

**TERMS OF PAYMENT:**

Terms/ Deferred Payment

**DELIVERY PERIOD:** *As called for*

**Chairperson:** Dr. Melito Antonio P. Ramos \_\_\_\_\_  
**Vice-Chairperson:** Ms. Geraldine Mendoza – Fernandez \_\_\_\_\_  
**Members:**  
 Ms. Amita Tiquis – Templo \_\_\_\_\_  
 Dr. Ryan Rainier Siscar \_\_\_\_\_  
 Dr. Cynthia Verzosa \_\_\_\_\_



Republic of the Philippines  
Department of Health  
JOSE R. REYES MEMORIAL MEDICAL CENTER  
**BIDS AND AWARDS COMMITTEE**

DC: 8562-5338/ 8711-9491 loc. 245

[bacsec@jrrmmc.gov.ph](mailto:bacsec@jrrmmc.gov.ph)

---

---

**REQUEST FOR QUOTATION**

**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 the receipt of Purchase Order/ Job Order.
3. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
4. Award of the contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest-rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
5. 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.
6. The item/s shall be delivered according to the requirements specified in the Technical Specifications (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

---

**Signature over Printed Name**

---

**Position/ Designation**

---

**Office Telephone/ Fax Number**

---

**Email address/es**



Republic of the Philippines  
Department of Health  
JOSE R. REYES MEMORIAL MEDICAL CENTER  
**BIDS AND AWARDS COMMITTEE**

DC: 8562-5338/ 8711-9491 loc. 245

bacsec@jrrmmc.gov.ph

**REQUEST FOR QUOTATION**

Date: 02 April 2024  
RFQ No.: HBAC-A-2024-04-1315

NAME OF COMPANY: \_\_\_\_\_  
COMPANY ADDRESS: \_\_\_\_\_  
TAX IDENTIFICATION NO.: \_\_\_\_\_  
PHILGEPS REGISTRATION NO. (if applicable): \_\_\_\_\_

Jose R. Reyes Memorial Medical Center, through its Hospital Bids and Awards Committee (HBAC), intends to procure **Various Medical Supplies** in accordance with section 53.9 of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

Please quote your **best offer** for this item described herein, subject to the Terms and Conditions provided at last page of this RFQ. Submit your quotation duly signed by you or your duly authorized representative **not later than 08 April 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
Chairperson, HBAC

**INSTRUCTIONS:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. 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 for the item/s as follows:

**PR. no.:** 2024-03-1903 (IM – Pulmonary Unit)

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	QTY	ABC/UNIT	BID OFFER/ UNIT	TOTAL
Detachable expiratory sensor compatible with existing mechanical ventilator (Mindray SV300)		20 pieces	42,000.00		
Hepa Filler compatible with existing machine (Mindray SV300)		20 pieces	7,000.00		
Oxygen Flow Sensor compatible with existing mechanical ventilator (Mindray SV300)		22 pieces	20,000.00		
Li-Ion Battery compatible with existing mechanical ventilator (Mindray SV300)		20 pieces	40,000.00		

**TERMS OF PAYMENT:**

Terms/ Deferred Payment

**DELIVERY PERIOD:** *As called for*

**Chairperson:** Dr. Melito Antonio P. Ramos \_\_\_\_\_  
**Vice-Chairperson:** Ms. Geraldine Mendoza – Fernandez \_\_\_\_\_  
**Members:**  
Ms. Amita Tiquis – Templo \_\_\_\_\_  
Dr. Ryan Rainier Siscar \_\_\_\_\_  
Dr. Cynthia Verzosa \_\_\_\_\_



Republic of the Philippines  
Department of Health  
JOSE R. REYES MEMORIAL MEDICAL CENTER  
**BIDS AND AWARDS COMMITTEE**

DC: 8562-5338/ 8711-9491 loc. 245

[bacsec@jrrmmc.gov.ph](mailto:bacsec@jrrmmc.gov.ph)

---

---

**REQUEST FOR QUOTATION**

**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 the receipt of Purchase Order/ Job Order.
3. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
4. Award of the contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest-rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
5. 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.
6. The item/s shall be delivered according to the requirements specified in the Technical Specifications (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

---

**Signature over Printed Name**

---

**Position/ Designation**

---

**Office Telephone/ Fax Number**

---

**Email address/es**



Republic of the Philippines  
 Department of Health  
 JOSE R. REYES MEMORIAL MEDICAL CENTER  
**BIDS AND AWARDS COMMITTEE**

DC: 8562-5338/ 8711-9491 loc. 245

bacsec@jrrmmc.gov.ph

**REQUEST FOR QUOTATION**

Date: 02 April 2024  
 RFQ No.: HBAC-A-2024-04-1318

NAME OF COMPANY: \_\_\_\_\_  
 COMPANY ADDRESS: \_\_\_\_\_  
 TAX IDENTIFICATION NO.: \_\_\_\_\_  
 PHILGEPS REGISTRATION NO. (if applicable): \_\_\_\_\_

Jose R. Reyes Memorial Medical Center, through its Hospital Bids and Awards Committee (HBAC), intends to procure **Suture, Polyglactin 910** in accordance with section 53.9 of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

Please quote your **best offer** for this item described herein, subject to the Terms and Conditions provided at last page of this RFQ. Submit your quotation duly signed by you or your duly authorized representative **not later than 08 April 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
 Chairperson, HBAC

**INSTRUCTIONS:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. 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 for the item/s as follows:

**PR. no.:** 2024-02-1663 (Nursing / Main OR)

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	QTY	ABC/UNIT	BID OFFER/ UNIT	TOTAL
Suture, Polyglactin 910, 4-0 small half, taper, 70cm, 26mm, with WHO recommended Triclosan		144 pieces	450.00		

**TERMS OF PAYMENT:**

Terms/ Deferred Payment

**DELIVERY PERIOD:** *As called for*

**Chairperson:** Dr. Melito Antonio P. Ramos \_\_\_\_\_  
**Vice-Chairperson:** Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
**Members:**  
 Ms. Amita Tiquis - Templo \_\_\_\_\_  
 Dr. Ryan Rainier Siscar \_\_\_\_\_  
 Dr. Cynthia Verzosa \_\_\_\_\_



Republic of the Philippines  
Department of Health  
JOSE R. REYES MEMORIAL MEDICAL CENTER  
**BIDS AND AWARDS COMMITTEE**

DC: 8562-5338/ 8711-9491 loc. 245

[bacsec@jrrmmc.gov.ph](mailto:bacsec@jrrmmc.gov.ph)

---

---

**REQUEST FOR QUOTATION**

**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 the receipt of Purchase Order/ Job Order.
3. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
4. Award of the contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest-rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
5. 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.
6. The item/s shall be delivered according to the requirements specified in the Technical Specifications (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

---

**Signature over Printed Name**

---

**Position/ Designation**

---

**Office Telephone/ Fax Number**

---

**Email address/es**