



**JOSE R. REYES MEMORIAL MEDICAL CENTER**

Rizal Avenue, Sta. Cruz, Manila

**BAC SECRETARIAT**

**SEALED BID**

SEALED BID NO.: HBAC-A1-2021-04-677

DATE: \_\_\_\_\_

**Gentlemen:**

Please quote your price for item/s indicate below. Price quoted is final, and without condition and inclusive of all taxes. Bid Proposal should be submitted in sealed envelope, properly labelled, indicating the date and Sealed Bid No., not later than **8:30 am** on \_\_\_\_\_ at the BAC-Secretariat Office and thereafter publicly opened. Any change/erasure must be duly initialed otherwise, the bid shall be disqualified. Attendance of authorized representative is not mandatory on bid opening, in accordance with Section 53.2 of the Revised Implementing Rules and Regulation of the Republic Act 9184.

THE COMMITTEE RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS, DECLARE A FAILURE OF BIDDING AT 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.

(SGD)

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

Chairman, HBAC-A-1

PR No.: **2021-04-1813 (GGHS-Laboratory)**

Qty.	Unit	Description/Particulars	ABC	Unit Price	Total Price
4000	test	AST (SGOT)	46.50		
4000	test	ALT (SGPT)	46.50		
		<ul style="list-style-type: none"> <li>• bench-top</li> <li>• Fully/Semi automated and user friendly with barcode reader</li> <li>• Compact, cost-efficient and easy to use</li> <li>• Can analyse serum, plasma,</li> <li>• With automatic sample pre-dilution</li> <li>• Throughtput atleast minimum 200 samples/hour</li> <li>• With interface and printer, print out result must be in accordance with end user specifications</li> <li>• Electrical requirements of 220-240 volts</li> <li>• With AVR and UPS support power system.</li> <li>• LIS ready</li> </ul> <p><b>STANDARD                      HOST                      COMPUTER SPECIFICATIONS:</b></p> <ul style="list-style-type: none"> <li>• Processor: Atleast intel core i5 CPU at 3.30GHz</li> <li>• *with 9pin-male communication serial port for machine connection and 25pin-female serial port for printer.</li> <li>• Harddrive: 500GB or higher.</li> <li>• Memory: 4GB or higher</li> <li>• Keyboard: Standard USB</li> <li>• Mouse: Optical USB</li> <li>• Printer: Continous, ink system built-in</li> <li>• Casing: Small Form Factor (SFF) or mini tower, with power suppy</li> <li>• Monitor: At least 19.5" LED monitor</li> <li>• Operating System: Windows 8/ Windows 10 or higher</li> <li>• APC UPS 500va, can support at least 30 minutes of power supply in case of blackout.</li> <li>• Must be able to provide the following: Patient Master Index Management, Order Entry,</li> </ul>			



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	<p>Decision-Support Technology, One Screen Data Management, Manual Result Entry, Professional Patient Reports, Flexible Result Enquiry, Management Reports, Quality Control, Rule Engine for result validation and order entry, with Real-Time Work Status Report, Turn-Around-Time Analysis Report.</p> <p><b>OTHER REQUIREMENTS</b></p> <ul style="list-style-type: none"> <li>• Must provide paper for printing (A4 size)</li> <li>• Must provide ink for printing</li> <li>• With provision of working table and computer chair</li> <li>• 24hr support service and repair, including long weekends and holidays</li> <li>• Must be five (5) years and below in the market</li> <li>• With good track record</li> <li>• Must provide monthly preventive maintenance service</li> <li>• Reagents must have at least (12) months expiry date.</li> <li>• Reagents with shelf life of less than one year: a) Must submit certificate from the manufacturers indicating the shelf life of the reagent.</li> <li>• Must provide certificate of availability of stocks and ability to deliver</li> <li>• Must provide certificate of product evaluation and demonstration issued by the End-user.</li> <li>• Must provide quarterly calibration with certificate &amp; sticker</li> </ul>			
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**Indicate Brand, Model and Country of Origin if Applicable**

**Please check Mode of Payment:**

\_\_\_1. Terms

\_\_\_\_\_  
Name of Company

\_\_\_2. Cheque upon Delivery (COD)

\_\_\_\_\_  
Address/TIN No.

**No Clearing time before delivery**

\_\_\_\_\_  
Authorized signature over printed name/ Telephone no.

**NOTE: Signing for these request for quotation, is conforming to our payment terms you check**

**MAXIMUM DELIVERY PERIOD; WITHIN 7 WORKING DAYS UPON RECEIPT OF PURCHASE ORDER**

**HOSPITAL BIDS AND AWARDS COMMITTEE FOR SUPPLIES, MATERIALS & EQUIPMENT**

Chairman

Vice-Chairman

Member

Member

Member

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