



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

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

jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: **5 March 2024**

RFQ No.: **HBAC-A2-2024-04-1378**

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 Drugs and Medicine 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 11 April 2024**.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ Updated Certificate of Product Registration (CPR)	To be submitted together with this RFQ	
❖ Certificate of Good Manufacturing Practices from FDA		
❖ If the supplier is not the manufacturer, certification from the manufacturer that the supplier is an authorized distributor/dealer of the product/items		
❖ License to Operate from FDA with List of Sources (whether it is a manufacturer, importer, seller or distributor)		

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 jrrmmc_bacsec@yahoo.com & bacsec@jrrmmc.gov.ph.


EMELITO VALDEZ-TAN, M.D.
Chairman, HBAC-A-2

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.
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REQUEST FOR QUOTATION

Date: **5 April 2024**
RFQ No.: **HBAC-A2-2024-04-1378**

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

PR. No.: 2024-01-0912 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Morphine Sulfate Inj.: 10mg/ml, 1ml ampule				60.00	280 ampules		

TERMS OF PAYMENT:

 Terms/ Deferred Payment

DELIVERY PERIOD: AS CALLED FOR

NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF LETTER REQUEST FOR DELIVERY (LRD)

TERMS AND CONDITIONS:

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JOSE R. REYES MEMORIAL MEDICAL CENTER
HOSPITAL BIDS AND AWARDS COMMITTEE-A2

Chairperson: EMELITO O. VALDEZ-TAN, MD
Vice Chairperson: NATIVIDAD SARMIENTO
Members:
JUANITA CASTILLO- CARIÑO, MD
JOSEPH T. GACHALIAN, RN
ARLIE FELVIN GACIAS
Alternate Member: _____

Signature over Printed Name

Position/ Designation

Office Telephone/ Fax Number

Email address/es



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REQUEST FOR QUOTATION

Date: **5 March 2024**

RFQ No.: **HBAC-A2-2024-04-1379**

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

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EMELITO VALDEZ-TAN, M.D.
 Chairman, HBAC-A-2

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

jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: 5 April 2024
RFQ No.: HBAC-A2-2024-04-1379

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

PR. No.: 2024-03-1853 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Hydroxyethyl Starch Inj.: 6% solution, 500mL bottle (IV Infusion)				370.00	60 bottles		

TERMS OF PAYMENT:

_____ Terms/ Deferred Payment

DELIVERY PERIOD: AS CALLED FOR

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JOSE R. REYES MEMORIAL MEDICAL CENTER
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Vice Chairperson: NATIVIDAD SARMIENTO
Members:
JUANITA CASTILLO- CARIÑO, MD
JOSEPH T. GACHALIAN, RN
ARLIE FELVIN GACIAS
Alternate Member: _____

Signature over Printed Name

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Office Telephone/ Fax Number

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REQUEST FOR QUOTATION

Date: **5 March 2024**

RFQ No.: **HBAC-A2-2024-04-1380**

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

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 Chairman, HBAC-A-2

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REQUEST FOR QUOTATION

Date: **5 April 2024**
RFQ No.: **HBAC-A2-2024-04-1380**

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

PR. No.: 2024-02-1801 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Potassium Citrate 1620mg (15mEq) Extended-Release Tablet				27.50	100 tablets		

TERMS OF PAYMENT:

_____ Terms/ Deferred Payment

DELIVERY PERIOD: AS CALLED FOR

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Members:
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JOSEPH T. GACHALIAN, RN _____
ARLIE FELVIN GACIAS _____
Alternate Member: _____

Signature over Printed Name

Position/ Designation

Office Telephone/ Fax Number

Email address/es



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REQUEST FOR QUOTATION

Date: **5 March 2024**

RFQ No.: **HBAC-A2-2024-04-1381**

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TAX IDENTIFICATION NO.: _____

PHILGEPS REGISTRATION NO. (if applicable): _____

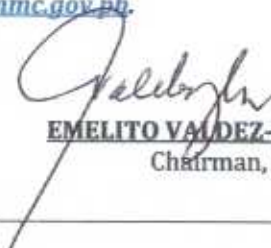
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EMELITO VALDEZ-TAN, M.D.
Chairman, HBAC-A-2

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REQUEST FOR QUOTATION

Date: **5 April 2024**
RFQ No.: **HBAC-A2-2024-04-1381**

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

PR. No.: 2024-03-1852 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Hydroxychloroquine 200mg tablet				45.78	100 tablets		

TERMS OF PAYMENT:

_____ Terms/ Deferred Payment

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REQUEST FOR QUOTATION

Date: **5 March 2024**

RFQ No.: **HBAC-A2-2024-04-1382**

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TAX IDENTIFICATION NO.: _____

PHILGEPS REGISTRATION NO. (if applicable): _____

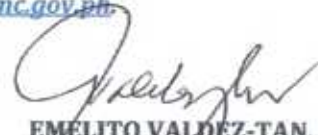
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Chairman, HBAC-A-2

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REQUEST FOR QUOTATION

Date: **5 April 2024**
RFQ No.: **HBAC-A2-2024-04-1382**

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

PR. No.: 2024-01-0993 (Geriatric Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Mupirocin 2%, 15g ointment tube				119.87	40 tubes		

TERMS OF PAYMENT:

_____ Terms/ Deferred Payment

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Signature over Printed Name

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REQUEST FOR QUOTATION

Date: **5 March 2024**

RFQ No.: **HBAC-A2-2024-04-1383**

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

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EMELITO VALDEZ-TAN, M.D.
 Chairman, HBAC-A-2

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REQUEST FOR QUOTATION

Date: **5 April 2024**
RFQ No.: **HBAC-A2-2024-04-1383**

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

PR. No.: 2024-01-0472 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Carvedilol 6.25mg tablet				1.17	5200 tablets		

TERMS OF PAYMENT:

_____ Terms/ Deferred Payment

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REQUEST FOR QUOTATION

Date: 5 March 2024

RFQ No.: HBAC-A2-2024-04-1384

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TAX IDENTIFICATION NO.: _____

PHILGEPS REGISTRATION NO. (if applicable): _____

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❖ Updated Certificate of Product Registration (CPR)	To be submitted together with this RFQ	
❖ Certificate of Good Manufacturing Practices from FDA		
❖ If the supplier is not the manufacturer, certification from the manufacturer that the supplier is an authorized distributor/dealer of the product/items		
❖ License to Operate from FDA with List of Sources (whether it is a manufacturer, importer, seller or distributor)		

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 jrrmmc_bacsec@yahoo.com & bacsec@jrrmmc.gov.ph.

EMELITO VALDEZ-TAN, M.D.
Chairman, HBAC-A-2

INSTRUCTIONS:

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4. Failure to follow these instructions will disqualify your entire quotation.



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

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

jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: **5 April 2024**
 RFQ No.: **HBAC-A2-2024-04-1384**

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

PR. No.: 2024-01-0517 (Geriatric Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Carvedilol Oral: 6.25mg tablet				1.17	24,000 tablets		

TERMS OF PAYMENT:

 Terms/ Deferred Payment

DELIVERY PERIOD: AS CALLED FOR

NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF LETTER REQUEST FOR DELIVERY (LRD)

TERMS AND CONDITIONS:

- Bidders shall provide correct and accurate information required in this form.
- 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.
- Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
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- 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.
- The item/s shall be delivered according to the requirements specified in the Technical Specifications.
- JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
- 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.

JOSE R. REYES MEMORIAL MEDICAL CENTER
 HOSPITAL BIDS AND AWARDS COMMITTEE-A2

Chairperson: **EMELITO O. VALDEZ-TAN, MD** _____
 Vice Chairperson: **NATIVIDAD SARMIENTO** _____
 Members:
JUANITA CASTILLO- CARIÑO, MD _____
JOSEPH T. GACHALIAN, RN _____
ARLIE FELVIN GACIAS _____
 Alternate Member: _____

Signature over Printed Name

Position/ Designation

Office Telephone/ Fax Number

Email address/es



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Department of Health
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BIDS AND AWARDS COMMITTEE

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

jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: **5 March 2024**

RFQ No.: **HBAC-A2-2024-04-1385**

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 Drugs and Medicine 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 11 April 2024**.

The following documents are likewise required to be submitted on the specified deadlines:

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EMELITO VALDEZ-TAN, M.D.
Chairman, HBAC-A-2

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jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: **5 April 2024**
RFQ No.: **HBAC-A2-2024-04-1385**

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

PR. No.: 2024-03-1857 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Iron Sucrose 100mg/5ml Solution for Injection				96.12	100 ampules		

TERMS OF PAYMENT:

_____ Terms/ Deferred Payment

DELIVERY PERIOD: AS CALLED FOR

NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF LETTER REQUEST FOR DELIVERY (LRD)

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JOSE R. REYES MEMORIAL MEDICAL CENTER
HOSPITAL BIDS AND AWARDS COMMITTEE-A2

Chairperson: EMELITO O. VALDEZ-TAN, MD
Vice Chairperson: NATIVIDAD SARMIENTO
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JOSEPH T. GACHALIAN, RN
ARLIE FELVIN GACIAS
Alternate Member: _____

Signature over Printed Name

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BIDS AND AWARDS COMMITTEE

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jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: 5 March 2024

RFQ No.: HBAC-A2-2024-04-1386

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

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EMELITO VALDEZ-TAN, M.D.
 Chairman, HBAC-A-2

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BIDS AND AWARDS COMMITTEE

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

jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: 5 April 2024
RFQ No.: HBAC-A2-2024-04-1386

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

PR. No.: 2024-01-0901 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Amikacin (as sulfate) 250mg/mL, 2mL vial (IM,IV)				42.89	200 vials		

TERMS OF PAYMENT:

_____ Terms/ Deferred Payment

DELIVERY PERIOD: AS CALLED FOR

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JOSE R. REYES MEMORIAL MEDICAL CENTER
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REQUEST FOR QUOTATION

Date: **5 March 2024**

RFQ No.: **HBAC-A2-2024-04-1387**

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

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EMELITO VALDEZ-TAN, M.D.
Chairman, HBAC-A-2

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

jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: **5 April 2024**
 RFQ No.: **HBAC-A2-2024-04-1387**

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

PR. No.: 2024-03-1856 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Ipratropium + Salbutamol Resp. Soln.: 500mcg ipratropium + 2.5mg salbutamol (as base) x 2.5ml for nebulization				10.00	6000 respules		

TERMS OF PAYMENT:

_____ Terms/ Deferred Payment

DELIVERY PERIOD: AS CALLED FOR

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