



**JOSE R. REYES MEMORIAL MEDICAL CENTER**  
Rizal Avenue, Sta. Cruz, Manila  
**BAC SECRETARIAT**

**SEALED BID**

SEALED BID NO.: HBAC-A2-2021-04-567  
DATE: April 2021

**Gentlemen:**

Please quote your price for item/s indicated 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 April 2021** 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.

*Emelito Valdez-Tan*  
**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

PR No.: **2021-03-1383 Medical Service**

Qty.	Unit	Description/Particulars	ABC	Unit Price	Total Price
22	Unit	<b>Portable Mobile Air Purifier Air Disinfectant with Plasma Technology</b>  <b>Branded, Brand New</b>  <ul style="list-style-type: none"> <li>- Preferably with continuous disinfectant capability</li> <li>- with odor control technology coverage area at least 60m<sup>2</sup></li> <li>- Treatment / purification contact time can be done in at least 4 hours before immediate use</li> <li>- Must meet the standard of clinical testing that during and post exposure of culture media reveals negative bacterial growth</li> <li>- With dielectric barrier discharge ultra-low energy plasma thru atmospheric pressure or its equivalent</li> <li>- With technical specifications: 220± 10 VAC, 60HZ</li> <li>- Uninterruptible power supply at least 1KVA</li> <li>- Fan Airflow volume: at least 90-200m<sup>3</sup> or better</li> <li>- Preferably with 2 fan settings</li> </ul>	620,000.00		

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- Application: Preferably in-patient rooms, isolation room, operating theater, intensive care units
- Can be wall mounted or be place on stand

**Documentary Requirements:**

- Mayor's Permit
- Omnibus Sworn Statement
- Income / Business Tax Return
- PhilGEPS Certificate

**I. Standard Requirements:**

- Current and Valid Certificate of Manufacturer's compliance with ISO Certified or its equivalent.
- Current and Valid Certificate of Authorized Distributorship (if not the Manufacturer) and Notarized Certification as Local Distributor
- Bidder's certificate that the BRAND must be in the Philippines since 2014
- User's Manual in English Language
- Service Manual (2 copies)
- Latest Certificate of Traceability from the Manufacturer
- Proposed Costing of Preventive Maintenance and Calibration Program for sophisticated equipment, consumables/ accessories.
- Printing and Etching of DOH official logo/ letters (if possible "JRRMMC" in all equipment) in conspicuous space of the equipment but will not affect its function.

**II. Training Requirements**

- Training at least two (2) from end-users and one (1) from engineering

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		<p><b>III. After Sales Service</b></p> <ul style="list-style-type: none"> <li>▪ Bidder's certificate that parts shall be available at the authorized Philippine service center/s for a period of five (5) years after the warranty period.</li> </ul> <p><b>IV. Warranty Certificate</b></p> <ul style="list-style-type: none"> <li>▪ Minimum of two (2) years on parts and service. Warranty Certificate for parts and service, upon delivery, inspection and acceptance</li> </ul> <p><b>V. Preventive Maintenance and Calibration</b></p> <ul style="list-style-type: none"> <li>▪ Free Quarterly preventive Maintenance and Calibration within the warranty period</li> </ul>		
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**Please check Mode of Payment:**

\_\_\_ 1. Terms

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

\_\_\_ 2. Cheque upon Delivery (COD)  
**No Clearing time before delivery**

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

\_\_\_\_\_ Authorized signature over printed name/ Tel No.:

**NOTE: Signing for these request for quotation, is conforming to our payment terms you check MAXIMUM DELIVERY PERIOD; WITHIN 30 WORKING DAYS UPON RECEIPT OF PURCHASE ORDER HOSPITAL BIDS AND AWARDS COMMITTEE FOR SUPPLIES, MATERIALS & EQUIPMENT**

Chairman	_____
Vice-Chairman	_____
Member	_____
Member	_____
Member	_____
Inspector/Internal Audit	_____
COA Representative	_____
Provisional End-User/Member	_____

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