

# Republic of the Philippines Department of Health IOSE R. REYES MEMORIAL MEDICAL CENTER

BIDS AND AWARDS COMMITTEE

jrrmmc\_bacsec@yahoo.com

### REQUEST FOR QUOTATION

Date: 31 January 2024

RFQ No.: HBAC-A-2024-01-0503 PR No.: 2024-01-0439

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 One (1) vial PYP (GI Bleed Study) 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 06 February 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

⊈hairperson, 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:

Technical Specifications (ITEM DESCRIPTION)	VAT- EXEMPT ?		Brand / Model / Country of	ABC/UNIT	QTY	BID OFFER/	TOTAL
	Y	N	Origin (if applicable)			UNIT	
PYP (GI Bleed Study)				2,500.00	1 vial		

	?	Country of	ABC/UNIT	QTY	OFFER/	TOTAL
Y	N	Origin (if applicable)			UNIT	
			2,500.00	1 vial		
	Y	YN	V N Origin (if	Y N Origin (if applicable)	Y N Origin (if applicable)	Y N Origin (if applicable) UNIT

TERMS	OF	PAYMENT:

Terms/ Deferred Payment

**Note:** No Clearing time before the delivery

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 V. Verzosa



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

jrrmmc\_bacsec@yahoo.com

# REQUEST FOR QUOTATION

PR No.: 2024-01-0439 (Nuclear Medicine)

#### TERMS AND CONDITIONS:

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	2
Position/ Designation	_
Office Telephone/ Fax Number	er
Email address/es	



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

jrrmmc\_bacsec@yahoo.com

### REQUEST FOR QUOTATION

Date: 24 January 2024

RFQ No.: HBAC-A-2024-01-0270

PR No.: 2024-01-0327

NAME OF COMPANY:	
COMPANY ADDRESS:	
TAX IDENTIFICATION NO.:	
PHILGEPS REGISTRATION NO. (if applicable):	
Jose R. Reves Memorial Medical Center through it	- H/-1 PM

Jose R. Reyes Memorial Medical Center, through its Hospital Bids and Awards Committee (HBAC), intends to procure Various Laboratory 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 30 January 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.
- 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:

Technical Specifications (ITEM DESCRIPTION)		AT- MPT ?	Brand / Model / Country of	ABC/UNIT	QTY	BID OFFER/	TOTAL
	Y	N	Origin (if applicable)			UNIT	TOTAL
Single, cellfunnel, disposable with white filter card and cap for Hettich				400.00	100 pieces		
Storage bucket, screw cap, wide mount transparent plastic, at least 1L for autopsy				50.00	5 pieces		
Storage container, with lid and handle, clear 6.5L for autopsy				180.00	2 pieces		

1 116 1				
le, cellfunnel, disposable with te filter card and cap for Hettich		400.00	100 pieces	
age bucket, screw cap, wide mount sparent plastic, at least 1L for psy		50.00	5 pieces	
age container, with lid and handle, c 6.5L for autopsy		180.00	2 pieces	
	Chairners	on: Dr. Malito Ar	ntonio P. Ramos	
TERMS OF PAVMENT:	chan perse	Ju. Dr. Mento Al	itomo P. Ramos	

TERMS OF PAYMENT:  Terms/ Deferred Payment	Chairperson: Dr. Melito Antonio P. Ramos Vice-Chairperson: Ms. Geraldine Mendoza – Fernandez Members:
And the management of the second state of the	Ms. Amita Tiquis – Templo
Note: No Clearing time before the delivery	Dr. Ryan Rainier Siscar Dr. Cynthia V. Verzosa
DELIVERY PERIOD: As called for	Dr. Syndia V. Verzosa



JOHN TEE

# REQUEST FOR QUOTATION

PR No.: 2024-01-0327 (Dept. of Pathology and Laboratories)

### 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.
- 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.
- 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 (item description).
- 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.

Sign	ature over Printed Name
l	Position/ Designation
Offic	e Telephone/ Fax Number
70.00	Email address/es

jrrmmc\_bacsec@yahoo.com



jrrmmc\_bacsec@yahoo.com

# REQUEST FOR QUOTATION

Date: 24 January 2024

RFQ No.: HBAC-A-2024-01-0269

PR No.: 2024-01-0326

NAME OF COMPANY:COMPANY ADDRESS:							
TAX IDENTIFICATION NO.:							
PHILGEPS REGISTRATION NO. (if a	pplic	able):					
Jose R. Reyes Memorial M intends to procure <u>Various Laborations</u> Implementing Rules and Regulations  Please quote your <i>best offe</i> provided at last page of this RFQ representative <b>not later than 30 Jan</b>	edicarator s of the	y Sup ne Rep	ter, through plies in accoublic Act No. 9 item describ	ordance with s	section 53.9	of the 201	6 Revised
For any clarification/s, you r or email address at <b>bacsec@jrrmmc</b>	nay c . <b>.gov.</b> <sub>l</sub>	ontact <b>ph.</b>	t us at the tele		/h	cal 245 or 85	
Accomplish this RFQ correctly     Do not alter the contents of the second	nis for e mar n. ctions	accur rm in a ndator	any way. ry. Failure to c	omply with any	of the mand		ements
Technical Specifications (ITEM DESCRIPTION)	EXE	AT- MPT	Brand / Model / Country of	ABC/UNIT	QTY	BID OFFER/	TOTAL
	Y	N	Origin (if applicable)			UNIT	TOTAL
drochloric Acid, pure, reagent grade east 2.5L				3,000.00	1 gallon		
gol's Iodine, at least 500ml				500.00	1 bottle		
TERMS OF PAYMENT:  Terms/ Deferred Payment			Vice-Chair Members: Ms. Amita	on: Dr. Melito Ant rperson: Ms. Geral Tiquis – Templo _ ainier Siscar_	dine Mendoza	- Fernandez	
Note: No Clearing time before the	delive	ry	Dr. Cynthia	V. Verzosa			

**DELIVERY PERIOD:** As called for



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

jrrmmc\_bacsec@yahoo.com

## REQUEST FOR QUOTATION

PR No.: 2024-01-0326 (Dept. of Pathology and Laboratories)

### 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.
- 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.
- 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 (item description).
- 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.

Signa	nture over Printed Name
P	osition/ Designation
Office	Telephone/ Fax Number
	Email address/es



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

jrrmmc\_bacsec@yahoo.com

# REQUEST FOR QUOTATION

Date: 24 January 2024

RFQ No.: HBAC-A-2024-01-0272

		PR No.: 2024-01-0324								
NAME OF COMPANY:										
		91-00								
TAX IDENTIFICATION NO:					and the second					
PHILGEPS REGISTRATION NO. (if	applic	cable):								
Jose R. Reyes Memorial M intends to procure One (1) kit Sal Implementing Rules and Regulation	ledic mone s of the	al Cer ella ty he Rep	nter, through ping sera in a public Act No.	its Hospital Bio ccordance with 9184.	ls and Awa section <u>5</u>	ards Committe 3.9 of the 201	ee (HBAC) 6 Revise			
Please quote your <i>best off</i> provided at last page of this RFC representative <b>not later than 30 Ja</b>	f <i>er</i> fo ). Sul nuar	or this bmit y y 202	item describ your quotatio <b>4.</b>	ed herein, sub n duly signed	ject to the by you or	Terms and of your duly a	Condition outhorized			
For any clarification/s, you or email address at bacsec@jrrmme	may o	contac .ph.	t us at the tel	ephone no. <i>871</i>	1-94-91 lo	cal 245 or 85	62-53-38			
				MELITO AN	TONIO P	RAMOS, MD,	CDO A			
			INSTRUCTION		Chairperso	n, HBAC	lo/			
<ol> <li>Accomplish this RFQ correctl</li> <li>Do not alter the contents of the second secon</li></ol>	his for re man n. ctions	rm in a ndator	any way. y. Failure to c							
Technical Specifications (ITEM DESCRIPTION)	EXE	AT- EMPT	Brand / Model / Country of	ABC/UNIT	QTY	BID	TOW.			
	Y	N	Origin (if applicable)	ABC/ONII	YIY	OFFER/ UNIT	TOTAL			
monella typing sera, (polyvalent A-E polyvalent A-5) or Rapid latex lutination kit				14,000.00	1 kit					
TERMS OF PAYMENT:  Terms/ Deferred Payment			Members:	on: Dr. Melito Anto person: Ms. Gerald 'iquis - Templo	line Mendoza	- Fernandez				
Note: No Clearing time before the a	lelive	ry	Dr. Kyan Ra	inier Siscar V. Verzosa						
		100	All the second of the second o							



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

jrrmmc\_bacsec@yahoo.com

# REQUEST FOR QUOTATION

PR No.: 2024-01-0324 (Dept. of Pathology and Laboratories)

### TERMS AND CONDITIONS:

- 1. 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.
- 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.
- 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 (item description).
- 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.

Signature over	Printed Name
Position/ D	esignation
Office Telephone	e/ Fax Number
Email add	ress/es