



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

SEALED BID

SEALED BID NO.: HBAC-A2-2021-04-654

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.

For: [Signature]
EMELITO VALDEZ-TAN, M.D.
Chairman, HBAC-A-2

PR No.: **2021-04-1729 IM-Pulmonary Unit**

Qty.	Unit	Description/Particulars	ABC	Unit Price	Total Price
30	unit	<p>NASAL HIGH FLOW OXYGEN THERAPY DEVICE <i>Branded/Brand New</i> Technical Specifications:</p> <ul style="list-style-type: none"> ➤ Delivers warm, moist gas at high flow rates that generates positive airway pressure ➤ Flow Rate Range: at least 10-60 LPM for Adult and at least 2-25 LPM for Pediatric ➤ Oxygen Concentration range: at least 21% - 95% with +/- 5% ➤ Temperature: 31-37 degrees Celsius for Adult and 31-34 degrees Celsius for Pediatric ➤ Easy to use ➤ Lightweight and portable ➤ With Enhanced alarm system ➤ Includes: cart, high flow meter compatible to existing machine, oxygen hose and oxygen dual pressure gauge compatible for oxygen tank use ➤ With twenty (20) pieces single patient cannula ➤ twenty (20) pieces single patient use heated wire tube ➤ twenty (20) pieces single patient use chamber <p>Documentary Requirements:</p> <ul style="list-style-type: none"> • Mayor's Permit • Omnibus Sworn Statement • Income / Business Tax Return • PhilGEPS Certificate <p>I. Standard Requirements:</p> <ul style="list-style-type: none"> ▪ Current and Valid Certificate of Manufacturer's compliance with ISO Certified or its equivalent. 	400,000.00		



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

SEALED BID

		<ul style="list-style-type: none"> ▪ 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 2011 ▪ 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. <p>II. Training Requirements</p> <ul style="list-style-type: none"> ▪ Training at least two (2) from end-users and one (1) from engineering <p>III. After Sales Service</p> <ul style="list-style-type: none"> ▪ 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. <p>IV. Warranty Certificate</p> <ul style="list-style-type: none"> ▪ Minimum of two (2) years on parts and service. Warranty Certificate for parts and service, upon delivery, inspection and acceptance <p>V. Preventive Maintenance and Calibration Free Quarterly preventive Maintenance and Calibration within the warranty period</p>		
--	--	---	--	--

(Please attach a brochure and indicate Brand name and Country of Origin)

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