



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: **29 May 2023**

RFQ No.: **HBAC-A2-2023-05-1162**

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 6 June 2023**.

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

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	To be submitted together with this RFQ	

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](mailto:jrrmmc_bacsec@yahoo.com).

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

**INSTRUCTIONS:**

- Accomplish this RFQ correctly and accurately.
- Do not alter the contents of this form in any way.
- All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 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:

PR. No.: 2023-04-3741 (Pharmacy) (2<sup>nd</sup> canvass)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Amino Acid Solution for Renal Conditions 7%, 500ml bottle				451.00	100 bottles		

TERMS OF PAYMENT: (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

Note: No Clearing time before the delivery

DELIVERY PERIOD: **AS CALLED FOR**

NOTE: **MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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Department of Health  
JOSE R. REYES MEMORIAL MEDICAL CENTER  
**BIDS AND AWARDS COMMITTEE**

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

[jrrmmc\\_bacsec@yahoo.com](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 29 May 2023**

**RFQ No.: HBAC-A2-2023-05-1162**

**TERMS AND CONDITIONS:**

1. 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.
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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**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**



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**REQUEST FOR QUOTATION**

Date: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1169**

NAME OF COMPANY: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

TAX IDENTIFICATION NO.: \_\_\_\_\_

PHILGEPS REGISTRATION NO. (if applicable): \_\_\_\_\_

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

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

PR. No.: 2023-05-4302 (Ophthalmology)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Carbachol Intraocular Solution 0.01%, 1.5ml/vial				1,100.00	80 vials		

TERMS OF PAYMENT: (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

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

DELIVERY PERIOD: **AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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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: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1169**

**TERMS AND CONDITIONS:**

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**REQUEST FOR QUOTATION**

Date: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1170**

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

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

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

PR. No.: 2023-05-4217 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Dexamethasone 4mg tablet (in blister pack or foil)				25.00	600 tablets		

TERMS OF PAYMENT: (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

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

**DELIVERY PERIOD: AS CALLED FOR**

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**REQUEST FOR QUOTATION**

**Date: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1170**

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**Signature over Printed Name**

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**Position/ Designation**

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**Email address/es**



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**REQUEST FOR QUOTATION**

Date: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1171**

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

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

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

PR. No.: 2023-05-4229 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Chlorhexidine Gluconate 0.12% 120ml solution				163.00	100 bottles		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

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

**DELIVERY PERIOD: AS CALLED FOR**

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**BIDS AND AWARDS COMMITTEE**

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jrrmmc\_bacsec@yahoo.com

**REQUEST FOR QUOTATION**

**Date: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1171**

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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

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**Office Telephone/ Fax Number**

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**Email address/es**





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jrrmmc\_bacsec@yahoo.com

**REQUEST FOR QUOTATION**

Date: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1172**

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

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*Emelito Valdez-Tan*  
**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2 *at 5/30*

**INSTRUCTIONS:**

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

PR. No.: 2023-05-4291 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Mesna Inj. 100mg/ml, 4ml				161.70	100 ampules		

TERMS OF PAYMENT: (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

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

DELIVERY PERIOD: **AS CALLED FOR**

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

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**REQUEST FOR QUOTATION**

**Date: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1172**

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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

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**Office Telephone/ Fax Number**

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**Email address/es**



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

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**REQUEST FOR QUOTATION**

Date: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1173**

NAME OF COMPANY: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

TAX IDENTIFICATION NO.: \_\_\_\_\_

PHILGEPS REGISTRATION NO. (if applicable): \_\_\_\_\_

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

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

PR. No.: 2023-05-4290 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Ipratropium + Salbutamol Resp. Soln.: 500mcg ipratropium + 2.5mg salbutamol (as base) x 2.5ml for nebulization				32.50	5000 respules		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery. (COD)

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

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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**REQUEST FOR QUOTATION**

**Date: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1173**

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**Signature over Printed Name**

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**REQUEST FOR QUOTATION**

Date: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1174**

NAME OF COMPANY: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

TAX IDENTIFICATION NO.: \_\_\_\_\_

PHILGEPS REGISTRATION NO. (if applicable): \_\_\_\_\_

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

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PR. No.: 2023-05-4260 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Phenoxyethyl Penicillin (penicillin V) (as potassium salt) 250mg capsule				12.25	100 capsules		

TERMS OF PAYMENT: (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

Note: No Clearing time before the delivery

DELIVERY PERIOD: **AS CALLED FOR**

NOTE: **MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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Department of Health  
JOSE R. REYES MEMORIAL MEDICAL CENTER  
**BIDS AND AWARDS COMMITTEE**

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

jrrmmc\_bacsec@yahoo.com

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**REQUEST FOR QUOTATION**

**Date: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1174**

**TERMS AND CONDITIONS:**

1. 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.
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**

---

**Position/ Designation**

---

**Office Telephone/ Fax Number**

---

**Email address/es**



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: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1175**

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 6 June 2023**.

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

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	To be submitted together with this RFQ	

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](mailto:jrrmmc_bacsec@yahoo.com).

*Emelito Valdez-Tan*  
**EMELITO VALDEZ-TAN, M.D.**  
 Chairman, HBAC-A-2  
 2023/30

**INSTRUCTIONS:**

- Accomplish this RFQ correctly and accurately.
- Do not alter the contents of this form in any way.
- All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 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:

**PR. No.:** 2023-05-4259 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Calcitriol 0.25 microgram capsule				24.00	100 capsules		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

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

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1175**

**TERMS AND CONDITIONS:**

1. 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.
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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**





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: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1176**

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 6 June 2023**.

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

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	To be submitted together with this RFQ	

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](mailto:jrrmmc_bacsec@yahoo.com).

*Fx. [Signature]*  
**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

**INSTRUCTIONS:**

- Accomplish this RFQ correctly and accurately.
- Do not alter the contents of this form in any way.
- All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 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:

PR. No.: 2023-05-4228 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Clindamycin Inj.: 150mg/ml, 2ml (IM,IV)				198.00	200 ampules		

TERMS OF PAYMENT: (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

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

DELIVERY PERIOD: **AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1176**

**TERMS AND CONDITIONS:**

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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**



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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: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1177**

NAME OF COMPANY: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

TAX IDENTIFICATION NO.: \_\_\_\_\_

PHILGEPS REGISTRATION NO. (if applicable): \_\_\_\_\_

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Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	To be submitted together with this RFQ	

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**.

*FN: [Signature]*  
**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2 *20/5/23*

**INSTRUCTIONS:**

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- All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 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:

PR. No.: 2023-05-4227 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Co-Amoxiclav, 875mg Amoxicillin + 125mg Potassium Clavulanate per tablet				12.10	1000 tablets		

TERMS OF PAYMENT: (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

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

DELIVERY PERIOD: **AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1177**

**TERMS AND CONDITIONS:**

1. Bidders shall provide correct and accurate information required in this form.
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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**



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: 30 May 2023

RFQ No.: HBAC-A2-2023-05-1178

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 6 June 2023**.

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

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	To be submitted together with this RFQ	

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

**INSTRUCTIONS:**

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- 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:

PR. No.: 2023-05-4225 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Cefuroxime Inj.: 750mg vial				90.00	2000 vials		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

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

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1178**

**TERMS AND CONDITIONS:**

1. Bidders shall provide correct and accurate information required in this form.
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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**



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: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1179**

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 6 June 2023**.

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

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	To be submitted together with this RFQ	

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](mailto:jrrmmc_bacsec@yahoo.com).

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

**INSTRUCTIONS:**

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- All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 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:

PR. No.: 2023-05-4224 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Ceftazidime Inj.: 1g vial				210.00	1600 vials		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

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

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1179**

**TERMS AND CONDITIONS:**

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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**





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: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1180**

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 6 June 2023**.

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

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	To be submitted together with this RFQ	

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](mailto:jrrmmc_bacsec@yahoo.com).

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

**INSTRUCTIONS:**

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- Do not alter the contents of this form in any way.
- All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 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:

PR. No.: 2023-05-4222 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Ibuprofen 200mg tablet (in blister pack)				3.80	200 tablets		

**TERMS OF PAYMENT:** (Please check one)

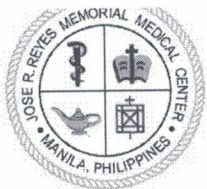
Terms/ Deferred Payment

Cheque upon Delivery (COD)

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

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1180**

**TERMS AND CONDITIONS:**

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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**



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: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1181**

NAME OF COMPANY: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

TAX IDENTIFICATION NO.: \_\_\_\_\_

PHILGEPS REGISTRATION NO. (if applicable): \_\_\_\_\_

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Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	To be submitted together with this RFQ	

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](mailto:jrrmmc_bacsec@yahoo.com).

**E MELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

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- Do not alter the contents of this form in any way.
- All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 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:

PR. No.: 2023-05-4220 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Linezolid 2mg/mL (600mg/300mL), solution for infusion (IV)				4,152.50	40 bags		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

*Note: No Clearing time before the delivery*

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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

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**REQUEST FOR QUOTATION**

**Date: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1181**

**TERMS AND CONDITIONS:**

1. 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.
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**

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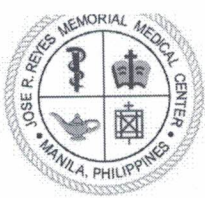
**Position/ Designation**

---

**Office Telephone/ Fax Number**

---

**Email address/es**



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: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1182**

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 6 June 2023**.

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

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	To be submitted together with this RFQ	

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](mailto:jrrmmc_bacsec@yahoo.com).

*[Signature]*  
**EDELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

**INSTRUCTIONS:**

- Accomplish this RFQ correctly and accurately.
- Do not alter the contents of this form in any way.
- All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 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:

PR. No.: 2023-05-4216 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Dydrogesterone 10mg tablet				47.59	280 tablets		

**TERMS OF PAYMENT:** (Please check one)

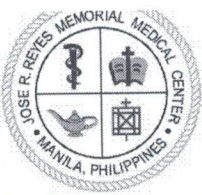
Terms/ Deferred Payment

Cheque upon Delivery (COD)

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

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1182**

**TERMS AND CONDITIONS:**

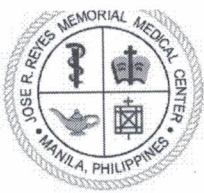
1. Bidders shall provide correct and accurate information required in this form.
2. Price quotation/s must be valid for a period of **thirty (30) calendar days** from the date of the receipt of Purchase Order/ Job Order.
3. Price quotation/s, to be denominated in Philippine peso shall include all taxes, 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.
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**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**



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: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1183**

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 6 June 2023**.

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

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	To be submitted together with this RFQ	

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](mailto:jrrmmc_bacsec@yahoo.com).

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

**INSTRUCTIONS:**

- Accomplish this RFQ correctly and accurately.
- Do not alter the contents of this form in any way.
- All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 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:

PR. No.: 2023-05-4215 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Tetanus Toxoid 40iu/0.5ml				80.00	600 ampules		

TERMS OF PAYMENT: (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

Note: No Clearing time before the delivery

DELIVERY PERIOD: **AS CALLED FOR**

NOTE: **MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1183**

**TERMS AND CONDITIONS:**

1. 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.
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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.

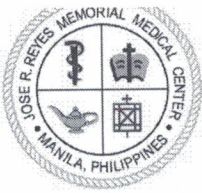
\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**





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: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1184**

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 6 June 2023**.

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

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	To be submitted together with this RFQ	

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](mailto:jrrmmc_bacsec@yahoo.com).

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

**INSTRUCTIONS:**

- Accomplish this RFQ correctly and accurately.
- Do not alter the contents of this form in any way.
- All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 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:

PR. No.: 2023-05-4191 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Ampicillin (as sodium salt) Inj.: 1g vial (IM,IV)				48.00	400 vials		

TERMS OF PAYMENT: (Please check one)

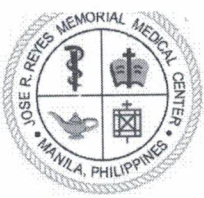
Terms/ Deferred Payment

Cheque upon Delivery (COD)

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

DELIVERY PERIOD: **AS CALLED FOR**

NOTE: **MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1184**

**TERMS AND CONDITIONS:**

1. 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.
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6. The item/s shall be delivered according to the requirements specified in the Technical Specifications.
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**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**



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: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1185**

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 6 June 2023**.

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

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	To be submitted together with this RFQ	

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](mailto:jrrmmc_bacsec@yahoo.com).

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

**INSTRUCTIONS:**

- Accomplish this RFQ correctly and accurately.
- Do not alter the contents of this form in any way.
- All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 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:

PR. No.: 2023-05-4188 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Morphine Sulfate Inj.: 10mg/ml, 1ml ampule				70.00	200 ampules		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

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

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1185**

**TERMS AND CONDITIONS:**

1. 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.
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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**



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: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1186**

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 6 June 2023**.

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

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	To be submitted together with this RFQ	

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](mailto:jrrmmc_bacsec@yahoo.com).

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

**INSTRUCTIONS:**

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- Do not alter the contents of this form in any way.
- All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 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:

PR. No.: 2023-05-4120 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Ephedrine Sulfate Inj.: 50mg/ml, 1ml ampule				101.75	200 ampules		

TERMS OF PAYMENT: (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

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

DELIVERY PERIOD: **AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1186**

**TERMS AND CONDITIONS:**

1. 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.
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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**



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: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1187**

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 6 June 2023**.

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

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	To be submitted together with this RFQ	

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](mailto:jrrmmc_bacsec@yahoo.com).

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

**INSTRUCTIONS:**

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- Do not alter the contents of this form in any way.
- All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 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:

PR. No.: 2023-05-4119 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Carboxymethylcellulose eye drops, 0.5%, 15ml				442.00	40 bottles		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

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

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1187**

**TERMS AND CONDITIONS:**

1. 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.
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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.
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**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**





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: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1188**

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 6 June 2023**.

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

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	To be submitted together with this RFQ	

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](mailto:jrrmmc_bacsec@yahoo.com).

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

**INSTRUCTIONS:**

- Accomplish this RFQ correctly and accurately.
- Do not alter the contents of this form in any way.
- All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 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:

PR. No.: 2023-05-4117 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Sugammadex 100mg/ml, 2ml vial				5,782.70	60 vials		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

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

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1188**

**TERMS AND CONDITIONS:**

1. 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.
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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**



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: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1189**

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 6 June 2023**.

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

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	To be submitted together with this RFQ	

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](mailto:jrrmmc_bacsec@yahoo.com).

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

**INSTRUCTIONS:**

- Accomplish this RFQ correctly and accurately.
- Do not alter the contents of this form in any way.
- All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 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:

PR. No.: 2023-05-4091 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Calcium Folate (Leucovorin Calcium) 10mg/ml, 5ml ampule				180.00	220 ampules		

TERMS OF PAYMENT: (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

Note: No Clearing time before the delivery

DELIVERY PERIOD: **AS CALLED FOR**

NOTE: **MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1189**

**TERMS AND CONDITIONS:**

1. 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.
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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

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**Office Telephone/ Fax Number**

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**Email address/es**



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

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

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**REQUEST FOR QUOTATION**

Date: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1190**

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 6 June 2023**.

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

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	To be submitted together with this RFQ	

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](mailto:jrrmmc_bacsec@yahoo.com).

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

**INSTRUCTIONS:**

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- 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:

PR. No.: 2023-05-4295 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Heparin Sodium Inj.: 5000IU/ml, 5ml vial				228.07	200 vials		

TERMS OF PAYMENT: (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

Note: No Clearing time before the delivery

DELIVERY PERIOD: **AS CALLED FOR**

NOTE: **MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1190**

**TERMS AND CONDITIONS:**

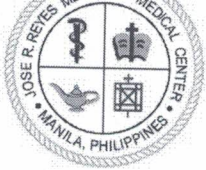
1. Bidders shall provide correct and accurate information required in this form.
2. Price quotation/s must be valid for a period of **thirty (30) calendar days** from the date of the receipt of Purchase Order/ Job Order.
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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**



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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: **30 May 2023**

RFQ No.: **HBAC-A2-2023-05-1191**

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.

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

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

PR. No.: 2023-05-4294 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Heparin Sodium Inj.: 1000IU/ml, 5ml vial				135.00	1000 vials		

**TERMS OF PAYMENT:** (Please check one)

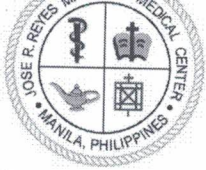
Terms/ Deferred Payment

Cheque upon Delivery (COD)

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

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 30 May 2023**

**RFQ No.: HBAC-A2-2023-05-1191**

**TERMS AND CONDITIONS:**

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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

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**Office Telephone/ Fax Number**

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**Email address/es**