



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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 8 April 2024**

**RFQ No.: HBAC-A2-2024-04-1532**

**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 16 April 2024**.

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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](mailto:jrrmmc_bacsec@yahoo.com) & [bacsec@jrrmmc.gov.ph](mailto: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: 8 April 2024**  
**RFQ No.: HBAC-A2-2024-04-1532**

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

**PR. No.:** 2024-03-2212 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Clindamycin Inj.: 150mg/ml, 4ml (IM,IV)				52.89	2000 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: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
Alternate Member: \_\_\_\_\_

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

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

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**Office Telephone/ Fax Number**

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**REQUEST FOR QUOTATION**

**Date: 8 April 2024**  
**RFQ No.: HBAC-A2-2024-04-1532**

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

**PR. No.:** 2024-03-2212 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Clindamycin Inj.: 150mg/ml, 4ml (IM,IV)				52.89	2000 ampules		

**TERMS OF PAYMENT:**

\_\_\_\_\_ Terms/ Deferred Payment

**DELIVERY PERIOD: AS CALLED FOR**

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**NATIVIDAD SARMIENTO** \_\_\_\_\_  
 Alternate Member: \_\_\_\_\_

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

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**RFQ No.: HBAC-A2-2024-04-1533**

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

**PR. No.:** 2024-03-2291 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Salbutamol Resp. Soln.: 1mg/ml, 2.5ml for nebulization				9.25	1800 nebules		

**TERMS OF PAYMENT:**

\_\_\_\_\_ Terms/ Deferred Payment

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Alternate Member: \_\_\_\_\_

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**REQUEST FOR QUOTATION**

**Date: 8 April 2024**

**RFQ No.: HBAC-A2-2024-04-1534**

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

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

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

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

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**REQUEST FOR QUOTATION**

**Date: 8 April 2024**  
**RFQ No.: HBAC-A2-2024-04-1534**

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

**PR. No.:** 2024-03-2290 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Sambong 500mg tablet				5.05	1000 tablets		

**TERMS OF PAYMENT:**

\_\_\_\_\_ Terms/ Deferred Payment

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 Alternate Member: \_\_\_\_\_

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**Signature over Printed Name**

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

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

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

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**RFQ No.: HBAC-A2-2024-04-1535**

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

**PR. No.:** 2024-03-2289 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Cetirizine 10mg tablet				0.39	900 tablets		

**TERMS OF PAYMENT:**

\_\_\_\_\_ Terms/ Deferred Payment

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**REQUEST FOR QUOTATION**

**Date: 8 April 2024**

**RFQ No.: HBAC-A2-2024-04-1536**

**NAME OF COMPANY:** \_\_\_\_\_  
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**TAX IDENTIFICATION NO.:** \_\_\_\_\_  
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BIDS AND AWARDS COMMITTEE

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

jrrmmc\_bacsec@yahoo.com

**REQUEST FOR QUOTATION**

**Date: 8 April 2024**  
**RFQ No.: HBAC-A2-2024-04-1536**

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

**PR. No.:** 2024-03-2297 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Cefepime (as hydrochloride) Inj.: 1g vial (IM,IV)				69.45	520 vials		

**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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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.

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

Chairperson: **EMELITO O. VALDEZ-TAN, MD** \_\_\_\_\_  
Vice Chairperson: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
Alternate Member: \_\_\_\_\_

\_\_\_\_\_  
**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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 8 April 2024**

**RFQ No.: HBAC-A2-2024-04-1537**

**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 16 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](mailto:jrrmmc_bacsec@yahoo.com) & [bacsec@jrrmmc.gov.ph](mailto:bacsec@jrrmmc.gov.ph).

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

**INSTRUCTIONS:**

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2. Do not alter the contents of this form in any way.
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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: 8 April 2024**  
**RFQ No.: HBAC-A2-2024-04-1537**

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

**PR. No.:** 2024-03-2296 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Levetiracetam 100mg/mL oral solution, 300mL bottle				1,730.68	20 bottles		

**TERMS OF PAYMENT:**

\_\_\_\_\_ Terms/ Deferred Payment

**DELIVERY PERIOD: AS CALLED FOR**

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**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: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
Alternate Member: \_\_\_\_\_

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

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

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**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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 8 April 2024**

**RFQ No.: HBAC-A2-2024-04-1538**

**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 16 April 2024**.

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Document	Deadline	Remarks
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❖ If the supplier is not the manufacturer, certification from the manufacturer that the supplier is an authorized distributor/dealer of the product/items		
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**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

**INSTRUCTIONS:**

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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: 8 April 2024**

**RFQ No.: HBAC-A2-2024-04-1538**

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

**PR. No.:** 2024-03-2295 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Levetiracetam 100mg/mL oral solution, 100mL bottle				610.00	10 bottles		

**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: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
Alternate Member: \_\_\_\_\_

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

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

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

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





Republic of the Philippines  
Department of Health  
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BIDS AND AWARDS COMMITTEE

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

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

**REQUEST FOR QUOTATION**

**Date: 8 April 2024**

**RFQ No.: HBAC-A2-2024-04-1539**

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

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

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

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

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

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

**INSTRUCTIONS:**

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Republic of the Philippines  
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**BIDS AND AWARDS COMMITTEE**

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

jrrmmc\_bacsec@yahoo.com

**REQUEST FOR QUOTATION**

**Date: 8 April 2024**  
**RFQ No.: HBAC-A2-2024-04-1539**

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

**PR. No.:** 2024-03-2304 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Colchicine Oral: 500mcg tablet				4.00	160 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)**

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

Chairperson: **EMELITO O. VALDEZ-TAN, MD** \_\_\_\_\_  
 Vice Chairperson: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
 Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
 Alternate Member: \_\_\_\_\_

\_\_\_\_\_  
**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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 8 April 2024**

**RFQ No.: HBAC-A2-2024-04-1540**

**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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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: 8 April 2024**  
**RFQ No.: HBAC-A2-2024-04-1540**

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

**PR. No.:** 2024-03-2303 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Co-Amoxiclav, 875mg Amoxicillin + 125mg Potassium Clavulanate per tablet				10.00	200 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)**

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

Chairperson: **EMELITO O. VALDEZ-TAN, MD** \_\_\_\_\_  
Vice Chairperson: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
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**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
Alternate Member: \_\_\_\_\_

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

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**Position/ Designation**

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**Office Telephone/ Fax Number**

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



Republic of the Philippines  
Department of Health  
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[jrrmmc\\_bacsec@yahoo.com](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 8 April 2024**

**RFQ No.: HBAC-A2-2024-04-1541**

**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

**INSTRUCTIONS:**

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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: 8 April 2024**  
**RFQ No.: HBAC-A2-2024-04-1541**

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

**PR. No.:** 2024-03-2317 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Co-Amoxiclav (Amoxicillin + potassium clavulanate) 400mg amoxicillin (as trihydrate) + 57mg potassium clavulanate per 5mL granules / powder for suspension, 70mL				299.97	20 bottles		

**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: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
 Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
 Alternate Member: \_\_\_\_\_

\_\_\_\_\_  
**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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 8 April 2024**

**RFQ No.: HBAC-A2-2024-04-1542**

**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 16 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](mailto:jrrmmc_bacsec@yahoo.com) & [bacsec@jrrmmc.gov.ph](mailto:bacsec@jrrmmc.gov.ph).

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

**INSTRUCTIONS:**

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BIDS AND AWARDS COMMITTEE

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

jrrmmc\_bacsec@yahoo.com

**REQUEST FOR QUOTATION**

**Date: 8 April 2024**  
**RFQ No.: HBAC-A2-2024-04-1542**

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

**PR. No.:** 2024-03-2316 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Co-Amoxiclav (Amoxicillin + potassium clavulanate) 200mg amoxicillin (as trihydrate) + 28.5mg potassium clavulanate per 5mL granules / powder for suspension, 70mL				142.53	40 bottles		

**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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- 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

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Vice Chairperson: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
Alternate Member: \_\_\_\_\_

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

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

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Republic of the Philippines  
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DC: 8562-5338/ 8711-9491 loc. 245

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

**REQUEST FOR QUOTATION**

**Date: 8 April 2024**

**RFQ No.: HBAC-A2-2024-04-1543**

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

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

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

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

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Document	Deadline	Remarks
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❖ 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)		

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

**INSTRUCTIONS:**

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**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: 8 April 2024**  
**RFQ No.: HBAC-A2-2024-04-1543**

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

**PR. No.:** 2024-03-2315 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Azithromycin 200mg/5mL powder for suspension, 60ml				299.00	20 bottles		

**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: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
 Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
 Alternate Member: \_\_\_\_\_

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

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

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**Email address/es**



Republic of the Philippines  
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**REQUEST FOR QUOTATION**

**Date: 8 April 2024**

**RFQ No.: HBAC-A2-2024-04-1544**

**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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Document	Deadline	Remarks
❖ Updated Certificate of Product Registration (CPR)	To be submitted together with this RFQ	
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❖ If the supplier is not the manufacturer, certification from the manufacturer that the supplier is an authorized distributor/dealer of the product/items		
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**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

**INSTRUCTIONS:**

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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: 8 April 2024**  
**RFQ No.: HBAC-A2-2024-04-1544**

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

**PR. No.:** 2024-03-2314 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Azithromycin 500mg powder vial (IV Infusion) (as dihydrate)				212.34	20 vials		

**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  
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Chairperson: **EMELITO O. VALDEZ-TAN, MD** \_\_\_\_\_  
 Vice Chairperson: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
 Members:  
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**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
 Alternate Member: \_\_\_\_\_

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

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**Position/ Designation**

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**Office Telephone/ Fax Number**

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Republic of the Philippines  
Department of Health  
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BIDS AND AWARDS COMMITTEE

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

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

**REQUEST FOR QUOTATION**

**Date: 8 April 2024**

**RFQ No.: HBAC-A2-2024-04-1545**

**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: 8 April 2024**  
**RFQ No.: HBAC-A2-2024-04-1545**

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

**PR. No.:** 2024-03-2313 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Bisacodyl Oral: 5mg Tablet				8.00	300 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:**

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

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Vice Chairperson: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
Members:  
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**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
Alternate Member: \_\_\_\_\_

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

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**Position/ Designation**

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**REQUEST FOR QUOTATION**

**Date: 8 April 2024**

**RFQ No.: HBAC-A2-2024-04-1546**

**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: 8 April 2024**  
**RFQ No.: HBAC-A2-2024-04-1546**

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

**PR. No.:** 2024-03-2320 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Cefalexin (as monohydrate) 250mg/5ml, syrup 60ml				25.63	10 bottles		

**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

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**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
Alternate Member: \_\_\_\_\_

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

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**Position/ Designation**

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

**REQUEST FOR QUOTATION**

**Date: 8 April 2024**

**RFQ No.: HBAC-A2-2024-04-1547**

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

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❖ 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](mailto:jrrmmc_bacsec@yahoo.com) & [bacsec@jrrmmc.gov.ph](mailto:bacsec@jrrmmc.gov.ph).

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

**INSTRUCTIONS:**

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2. Do not alter the contents of this form in any way.
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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: 8 April 2024**  
**RFQ No.: HBAC-A2-2024-04-1547**

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

**PR. No.:** 2024-03-2319 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Chloramphenicol 500mg capsule				8.00	100 capsules		

**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:**

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.

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

Chairperson: **EMELITO O. VALDEZ-TAN, MD** \_\_\_\_\_  
Vice Chairperson: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
Alternate Member: \_\_\_\_\_

\_\_\_\_\_  
**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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 8 April 2024**

**RFQ No.: HBAC-A2-2024-04-1548**

**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 16 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)		

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**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: 8 April 2024**

**RFQ No.: HBAC-A2-2024-04-1548**

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

**PR. No.:** 2024-03-2318 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Cinnarizine Oral: 25mg tablet				3.00	200 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:**

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

Chairperson: **EMELITO O. VALDEZ-TAN, MD** \_\_\_\_\_  
Vice Chairperson: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
Alternate Member: \_\_\_\_\_

\_\_\_\_\_  
**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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 12 April 2024**

**RFQ No.: HBAC-A2-2024-04-1562**

**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 18 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)		

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**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: 12 April 2024**  
**RFQ No.: HBAC-A2-2024-04-1562**

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

**PR. No.:** 2024-04-2362 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Silver Sulfadiazine Cream: 1% 25g Tube				68.29	60 tubes		

**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: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
 Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
 Alternate Member: \_\_\_\_\_

\_\_\_\_\_  
**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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

Date: **12 April 2024**

RFQ No.: **HBAC-A2-2024-04-1563**

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 18 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	
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❖ If the supplier is not the manufacturer, certification from the manufacturer that the supplier is an authorized distributor/dealer of the product/items		
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**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

**INSTRUCTIONS:**

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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: **12 April 2024**

RFQ No.: **HBAC-A2-2024-04-1563**

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

PR. No.: 2024-04-2354 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Human Recombinant Tissue Type Plasminogen Activator (Alteplase) 50mg powder for I.V. Infusion				36,643.22	10 vials		

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

Chairperson: **EMELITO O. VALDEZ-TAN, MD** \_\_\_\_\_  
Vice Chairperson: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
Alternate Member: \_\_\_\_\_

\_\_\_\_\_  
**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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 12 April 2024**

**RFQ No.: HBAC-A2-2024-04-1564**

**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 18 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)		

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

**INSTRUCTIONS:**

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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: 12 April 2024**  
**RFQ No.: HBAC-A2-2024-04-1564**

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

**PR. No.:** 2024-04-2349 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Vasopressin 20 IU/mL Solution for Injection				1,690.00	90 vials		

**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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- Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
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JOSE R. REYES MEMORIAL MEDICAL CENTER  
 HOSPITAL BIDS AND AWARDS COMMITTEE-A2

Chairperson: **EMELITO O. VALDEZ-TAN, MD** \_\_\_\_\_  
 Vice Chairperson: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
 Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
 Alternate Member: \_\_\_\_\_

\_\_\_\_\_  
**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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

Date: **12 April 2024**

RFQ No.: **HBAC-A2-2024-04-1565**

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 18 April 2024**.

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

**INSTRUCTIONS:**

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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: **12 April 2024**  
RFQ No.: **HBAC-A2-2024-04-1565**

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

PR. No.: 2024-04-2343 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Acetylcysteine Oral: 600mg effervescent tablet				15.00	5000 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:**

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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.

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

Chairperson: **EMELITO O. VALDEZ-TAN, MD** \_\_\_\_\_  
Vice Chairperson: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
Alternate Member: \_\_\_\_\_

\_\_\_\_\_  
**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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

Date: **12 April 2024**

RFQ No.: **HBAC-A2-2024-04-1566**

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 18 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](mailto:jrrmmc_bacsec@yahoo.com) & [bacsec@jrrmmc.gov.ph](mailto:bacsec@jrrmmc.gov.ph).

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

**INSTRUCTIONS:**

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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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 12 April 2024**

**RFQ No.: HBAC-A2-2024-04-1566**

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

**PR. No.:** 2024-04-2341 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Oxymetazoline 0.025% nasal drops solution (as hydrochloride), 10mL bottle				200.00	4 bottles		

**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: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
 Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
 Alternate Member: \_\_\_\_\_

\_\_\_\_\_  
**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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 12 April 2024**

**RFQ No.: HBAC-A2-2024-04-1567**

**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 18 April 2024**.

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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)		

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**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: 12 April 2024**

**RFQ No.: HBAC-A2-2024-04-1567**

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

**PR. No.:** 2024-04-2342 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Oxymetazoline Nasal Spray: 0.05%, 10ml Bottle (adult)				250.00	4 bottles		

**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: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
 Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
 Alternate Member: \_\_\_\_\_

\_\_\_\_\_  
**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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 12 April 2024**

**RFQ No.: HBAC-A2-2024-04-1568**

**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 18 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	
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**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

**INSTRUCTIONS:**

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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: 12 April 2024**

**RFQ No.: HBAC-A2-2024-04-1568**

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

**PR. No.:** 2024-04-2336 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Bisoprolol 5mg tablet				31.00	60 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:**

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

Chairperson: **EMELITO O. VALDEZ-TAN, MD** \_\_\_\_\_  
 Vice Chairperson: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
 Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
 Alternate Member: \_\_\_\_\_

\_\_\_\_\_  
**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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 12 April 2024**

**RFQ No.: HBAC-A2-2024-04-1569**

**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 18 April 2024**.

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

**INSTRUCTIONS:**

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Republic of the Philippines  
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**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: 12 April 2024**

**RFQ No.: HBAC-A2-2024-04-1569**

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

**PR. No.:** 2024-04-2337 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Bisoprolol 2.5mg tablet				14.00	60 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:**

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

Chairperson: **EMELITO O. VALDEZ-TAN, MD** \_\_\_\_\_  
 Vice Chairperson: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
 Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
 Alternate Member: \_\_\_\_\_

\_\_\_\_\_  
**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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 12 April 2024**

**RFQ No.: HBAC-A2-2024-04-1570**

**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

**INSTRUCTIONS:**

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Republic of the Philippines  
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**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: 12 April 2024**  
**RFQ No.: HBAC-A2-2024-04-1570**

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

**PR. No.:** 2024-04-2338 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Biphasic Isophane Human Insulin 70/30 (Recombinant DNA) 70% isophane suspension + 30% soluble insulin in: 100 IU/mL suspension for injection, 10 mL vial				230.00	700 vials		

**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: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
 Members:  
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**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
 Alternate Member: \_\_\_\_\_

\_\_\_\_\_  
**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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 12 April 2024**

**RFQ No.: HBAC-A2-2024-04-1571**

**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 18 April 2024**.

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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](mailto:jrrmmc_bacsec@yahoo.com) & [bacsec@jrrmmc.gov.ph](mailto: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.
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: 12 April 2024**  
**RFQ No.: HBAC-A2-2024-04-1571**

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

**PR. No.:** 2024-04-2339 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Benzathine Benzylpenicillin 1.2M units vial				52.44	40 vials		

**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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- 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: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
 Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
 Alternate Member: \_\_\_\_\_

\_\_\_\_\_  
**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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

Date: **12 April 2024**

RFQ No.: **HBAC-A2-2024-04-1572**

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 18 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)		

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

**INSTRUCTIONS:**

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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.



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: 12 April 2024**  
**RFQ No.: HBAC-A2-2024-04-1572**

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

**PR. No.:** 2024-04-2340 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Carbetocin 100mcg/mL, 1mL				1,200.00	200 ampules / vials		

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

Chairperson: **EMELITO O. VALDEZ-TAN, MD** \_\_\_\_\_  
Vice Chairperson: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
Members:  
**ZHARLAH GULMATICO-FLORES, MD** \_\_\_\_\_  
**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
Alternate Member: \_\_\_\_\_

\_\_\_\_\_  
**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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 12 April 2024**

**RFQ No.: HBAC-A2-2024-04-1573**

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

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

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

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

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

**INSTRUCTIONS:**

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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: **12 April 2024**  
RFQ No.: **HBAC-A2-2024-04-1573**

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

PR. No.: 2024-04-2334 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Bleomycin Sulfate 15iu ampule / vial				2,099.00	100 ampules / vials		

**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

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Vice Chairperson: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
Members:  
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**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
Alternate Member: \_\_\_\_\_

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

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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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 12 April 2024**

**RFQ No.: HBAC-A2-2024-04-1574**

**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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 12 April 2024**

**RFQ No.: HBAC-A2-2024-04-1574**

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

**PR. No.:** 2024-04-2335 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/ UNIT	QTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Brimonidine (as tartrate) Ophthalmic Solution: 0.15%, 5mL bottle				900.00	60 bottles		

**TERMS OF PAYMENT:**

\_\_\_ Terms/ Deferred Payment

**DELIVERY PERIOD: AS CALLED FOR**

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

Chairperson: **EMELITO O. VALDEZ-TAN, MD** \_\_\_\_\_  
 Vice Chairperson: **ARLIE FELVIN GACIAS** \_\_\_\_\_  
 Members:  
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**JOSEPH T. GATCHALIAN, RN** \_\_\_\_\_  
**NATIVIDAD SARMIENTO** \_\_\_\_\_  
 Alternate Member: \_\_\_\_\_

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

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**Position/ Designation**

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