



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: 18 March 2024**  
**RFQ No.: HBAC-A-2024-03-1199**  
**PR No.: 2024-02-1603**

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

**Jose R. Reyes Memorial Medical Center**, through its Hospital Bids and Awards Committee (HBAC), intends to procure **One (1) unit Abraham YAG Iridotomy lens** 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 25 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
 Chairperson, HBAC-A1 *ju 3/18*

**INSTRUCTIONS:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

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

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/UNIT	TOTAL
Abraham YAG Iridotomy lens				40,000.00	1 unit		

**Chairperson:** Dr. Melito Antonio P. Ramos \_\_\_\_\_  
**Vice-Chairperson:** Ms. Geraldine Mendoza – Fernandez \_\_\_\_\_  
**Members:**  
 Ms. Amita Tiquis – Templo \_\_\_\_\_  
 Dr. Ryan Rainier Siscar \_\_\_\_\_  
 Dr. Cynthia V. Verzosa \_\_\_\_\_



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**REQUEST FOR QUOTATION**

**PR No.: 2024-02-1603 (Ophthalmology)**

**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*

**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) working days** from the date of the receipt of Purchase Order/ Job Order.
3. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
4. Award of the contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest-rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
5. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
6. The item/s shall be delivered according to the requirements specified in the Technical Specifications (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

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

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

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



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**REQUEST FOR QUOTATION**

Date: 18 March 2024  
RFQ No.: **HBAC-A-2024-03-1198**  
PR No.: 2024-02-1686

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 **Various Dental Supplies** in accordance with section **53.9** of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

Please quote your **best offer** for this item described herein, subject to the Terms and Conditions provided at last page of this RFQ. Submit your quotation duly signed by you or your duly authorized representative **not later than 25 March 2024**.

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**MELITO ANTONIO P. RAMOS, MD, FPOA**  
Chairperson, HBAC-A1 *at 3/18*

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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:

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/UNIT	TOTAL
Dental Needle short (sterile, non-toxic non-pyrogenic in unopened, undamaged package G27 with bevel indicator (100 pieces/box) at least 2 years expiration				500.00	3 boxes		
Disposable dappen dish small				15.00	25 pieces		
Etchant 12 grams (35% phosphoric acid) at least 1 year expiration date				400.00	1 piece		
Head cover disposable				5.00	130 pieces		
Isopropyl Alcohol 70%, 3.78L				400.00	3 gallons		
Matrix band (12 pieces / pack				100.00	2 pieces		
Mouth mirror (no handle size 5 mirror only)				60.00	30 pieces		

Chairperson: Dr. Melito Antonio P. Ramos \_\_\_\_\_  
Vice-Chairperson: Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
Members:  
Ms. Amita Tiquis - Temple \_\_\_\_\_  
Dr. Ryan Rainier Siscar \_\_\_\_\_  
Dr. Cynthia V. Verzosa \_\_\_\_\_



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**REQUEST FOR QUOTATION**

N-95 mask, particulate respirator healthcare setting			100.00	100 pieces		
Suture, absorbable surgical suture round 3.0 with round needle non-cutting			500.00	3 boxes		
Tip saliva ejector thick should retain its shape when bend (100's/pack)			300.00	2 packs		
Toothpaste, at least 8.2oz / equivalent			150.00	1 tube		

**PR No.: 2024-02-1686 (Dental-OPD)**

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

Terms/ Deferred Payment

Cheque upon Delivery (COD)

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

**Chairperson:** Dr. Melito Antonio P. Ramos \_\_\_\_\_

**Vice-Chairperson:** Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_

**Members:**

Ms. Amita Tiquis - Templo \_\_\_\_\_

Dr. Ryan Rainier Siscar \_\_\_\_\_

Dr. Cynthia V. Verzosa \_\_\_\_\_

**DELIVERY PERIOD:** *As called for*

**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) working days** from the date of the receipt of Purchase Order/ Job Order.
- Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
- Award of the contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest-rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
- Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
- The item/s shall be delivered according to the requirements specified in the Technical Specifications (item description).
- JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
- The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

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

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

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



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**REQUEST FOR QUOTATION**

**Date: 18 March 2024**  
**RFQ No.: HBAC-A-2024-03-1197**  
**PR No.: 2024-02-1716**

**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 **Twenty (20) pieces Tube and chamber kit with included single heated circuit, elbow and chamber compatible with existing high flow oxygen machine - Airvo2; for Adult/Pediatric use** 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 25 March 2024**.

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**MELITO ANTONIO P. RAMOS, MD, FPOA**  
 Chairperson, HBAC-A1 *at 3/18*

**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.

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

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/UNIT	TOTAL
Tube and chamber kit with included single heated circuit, elbow and chamber compatible with existing high flow oxygen machine - Airvo2; for Adult/Pediatric use				10,200.00	20 pieces		

**Chairperson:** Dr. Melito Antonio P. Ramos \_\_\_\_\_  
**Vice-Chairperson:** Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
**Members:**  
 Ms. Amita Tiquis - Templo \_\_\_\_\_  
 Dr. Ryan Rainier Siscar \_\_\_\_\_  
 Dr. Cynthia V. Verzosa \_\_\_\_\_



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**REQUEST FOR QUOTATION**

**PR No.: 2024-02-1716 (IM-Pulmonary Unit)**

**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*

**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) working days** from the date of the receipt of Purchase Order/ Job Order.
3. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
4. Award of the contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest-rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
5. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
6. The item/s shall be delivered according to the requirements specified in the Technical Specifications (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

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

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

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



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**REQUEST FOR QUOTATION**


Date: 18 March 2024  
 RFQ No.: **HBAC-A-2024-03-1196**  
 PR No.: 2024-03-1889

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 **Sixty (60) pieces Ureteral Double Pigtail Stent French 6 x 24 cm set pigtail stent, guidewire, pusher** 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 25 March 2024**.

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**MELITO ANTONIO P. RAMOS, MD, FPOA**  
 Chairperson, HBAC-A1 *at 3/18*

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3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

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

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Ureteral Double Pigtail Stent French 6 x 24 cm set pigtail stent, guidewire, pusher				2,500.00	60 pieces		

**Chairperson:** Dr. Melito Antonio P. Ramos \_\_\_\_\_  
**Vice-Chairperson:** Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
**Members:**  
 Ms. Amita Tiquis - Templo \_\_\_\_\_  
 Dr. Ryan Rainier Siscar \_\_\_\_\_  
 Dr. Cynthia V. Verzosa \_\_\_\_\_



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**REQUEST FOR QUOTATION**

**PR No.: 2024-03-1889 (Urology Department)**

**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*

**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) working 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**





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BIDS AND AWARDS COMMITTEE

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

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**REQUEST FOR QUOTATION**

Date: 18 March 2024  
RFQ No.: **HBAC-A-2024-03-1195**  
PR No.: 2024-02-1715

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 **Various Medical Supplies** in accordance with section **53.9** of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

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Chairperson, HBAC-A1 *aw 3/18*

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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:

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/UNIT	TOTAL
Heat and Moisture Exchanger (HME) – remains in-line during mechanical ventilation, even during aerosol treatments (twisted type); Allows for the delivery of SVN or MDI aerosols; Reduces the need to routinely interrupt ventilation				500.00	300 pieces		
Non-rebreathing mask, low-resistance check valve, natural rubber latex, prevents rebreathing and allows gas to escape; adjustable nose clip for comfortable fit, with 750mL, reservoir bag, complete with at least 7-ft oxygen supply tubing				100.00	150 pieces		

Chairperson: Dr. Melito Antonio P. Ramos \_\_\_\_\_  
Vice-Chairperson: Ms. Geraldine Mendoza – Fernandez \_\_\_\_\_  
Members:  
Ms. Amita Tiquis – Templo \_\_\_\_\_  
Dr. Ryan Rainier Siscar \_\_\_\_\_  
Dr. Cynthia V. Verzosa \_\_\_\_\_



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**REQUEST FOR QUOTATION**

**PR No.: 2024-02-1715 (IM-Pulmonary Unit)**

**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*

**TERMS AND CONDITIONS:**

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

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

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

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



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BIDS AND AWARDS COMMITTEE

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

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**REQUEST FOR QUOTATION**

Date: 18 March 2024  
RFQ No.: HBAC-A-2024-03-1194  
PR No.: 2024-02-1604

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 **Various Medical Supplies** in accordance with section **53.9** of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

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**MELITO ANTONIO P. RAMOS, MD, FPOA**  
Chairperson, HBAC-A1 *at 3/18*

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4. Failure to follow these instructions will disqualify your entire quotation.

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

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
C3F8 Gas				14,000.00	4 canisters		
SF6 gas				14,000.00	4 canisters		
Indocyanine green angiography dye				9,000.00	10 pieces		
Glaucoma Drainage Device, valved				30,000.00	6 units		
Glaucoma Drainage Device, non-valved				27,000.00	6 units		

Chairperson: Dr. Melito Antonio P. Ramos \_\_\_\_\_  
Vice-Chairperson: Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
Members:  
Ms. Amita Tiquis - Templo \_\_\_\_\_  
Dr. Ryan Rainier Siscar \_\_\_\_\_  
Dr. Cynthia V. Verzosa \_\_\_\_\_



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BIDS AND AWARDS COMMITTEE

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**REQUEST FOR QUOTATION**

**PR No.: 2024-02-1604 (Ophthalmology)**

**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*

**TERMS AND CONDITIONS:**

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2. Price quotation/s must be valid for a period of **Thirty (30) working 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  
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**BIDS AND AWARDS COMMITTEE**

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jrrmmc\_bacsec@yahoo.com

**REQUEST FOR QUOTATION**

**Date: 18 March 2024**  
**RFQ No.: HBAC-A-2024-03-1193**  
**PR No.: 2024-02-1718**

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 **Two Hundred (200) pieces Mask, particulate filter respirator, NIOSH-approved, 4 layer construction, soft inner lining, 100% natural rubber latex free, available with safety seal, respirators healthcare settings; size: small** 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 25 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
Chairperson, HBAC-A1 *av 3/18*

**INSTRUCTIONS:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

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

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Mask, particulate filter respirator, NIOSH-approved, 4 layer construction, soft inner lining, 100% natural rubber latex free, available with safety seal, respirators healthcare settings; size: small				70.00	200 pieces		

Chairperson: Dr. Melito Antonio P. Ramos \_\_\_\_\_  
Vice-Chairperson: Ms. Geraldine Mendoza – Fernandez \_\_\_\_\_  
Members:  
Ms. Amita Tiquis – Templo \_\_\_\_\_  
Dr. Ryan Rainier Siscar \_\_\_\_\_  
Dr. Cynthia V. Verzosa \_\_\_\_\_



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**

**PR No.: 2024-02-1718 (IM-Pulmonary Unit)**

**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*

**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) working days** from the date of the receipt of Purchase Order/ Job Order.
3. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
4. Award of the contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest-rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
5. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
6. The item/s shall be delivered according to the requirements specified in the Technical Specifications (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

\_\_\_\_\_  
**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: 18 March 2024  
RFQ No.: **HBAC-A-2024-03-1192**  
PR No.: 2024-02-1724

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 **Thirty Thousand (30,000) pieces Cap, disposable, surgical, bouffant, corrugated thick with double elastic band, securely wraps over head, not easily torn 100's/pack** 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 25 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
Chairperson, HBAC-A1 *3/18*

**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:

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Cap, disposable, surgical, bouffant, corrugated thick with double elastic band, securely wraps over head, not easily torn 100's/pack				2.00	30,000 pieces		

Chairperson: Dr. Melito Antonio P. Ramos \_\_\_\_\_  
Vice-Chairperson: Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
Members:  
Ms. Amita Tiquis - Templo \_\_\_\_\_  
Dr. Ryan Rainier Siscar \_\_\_\_\_  
Dr. Cynthia V. Verzosa \_\_\_\_\_



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**

**PR No.: 2024-02-1724 (Nursing / CSSD)**

**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*

**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) working days** from the date of the receipt of Purchase Order/ Job Order.
3. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
4. Award of the contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest-rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
5. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
6. The item/s shall be delivered according to the requirements specified in the Technical Specifications (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

\_\_\_\_\_  
**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: 18 March 2024  
 RFQ No.: **HBAC-A-2024-03-1191**  
 PR No.: 2024-02-1721

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 **Forty (40) pieces Bulb rubber, BP with valve, for Adult, individually packed** 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 25 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **[bacsec@jrrmmc.gov.ph](mailto:bacsec@jrrmmc.gov.ph)**.

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
 Chairperson, HBAC-A1 *3/18*

**INSTRUCTIONS:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

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

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Bulb rubber, BP with valve, for Adult, individually packed				132.00	40 pieces		

Chairperson: Dr. Melito Antonio P. Ramos \_\_\_\_\_  
 Vice-Chairperson: Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
**Members:**  
 Ms. Amita Tiquis - Templo \_\_\_\_\_  
 Dr. Ryan Rainier Siscar \_\_\_\_\_  
 Dr. Cynthia V. Verzosa \_\_\_\_\_



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**

**PR No.: 2024-02-1721 (Nursing / CSSD)**

**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*

**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) working days** from the date of the receipt of Purchase Order/ Job Order.
3. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
4. Award of the contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest-rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
5. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
6. The item/s shall be delivered according to the requirements specified in the Technical Specifications (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

\_\_\_\_\_  
**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: 18 March 2024  
 RFQ No.: HBAC-A-2024-03-1190  
 PR No.: 2024-02-1503

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 **Four (4) kits Thyroid Receptor Antibody (TRAb) 60 tests / kit** 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 25 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at [bacsec@jrrmmc.gov.ph](mailto:bacsec@jrrmmc.gov.ph).

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
 Chairperson, HBAC-A1

**INSTRUCTIONS:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

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

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Thyroid Receptor Antibody (TRAb) 60 tests / kit				25,500.00	4 kits		

Chairperson: Dr. Melito Antonio P. Ramos \_\_\_\_\_  
 Vice-Chairperson: Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
**Members:**  
 Ms. Amita Tiquis - Templo \_\_\_\_\_  
 Dr. Ryan Rainier Siscar \_\_\_\_\_  
 Dr. Cynthia V. Verzosa \_\_\_\_\_



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**

**PR No.: 2024-02-1503 (Nuclear Medicine)**

**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*

**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) working days** from the date of the receipt of Purchase Order/ Job Order.
3. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
4. Award of the contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest-rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
5. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
6. The item/s shall be delivered according to the requirements specified in the Technical Specifications (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

\_\_\_\_\_  
**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: 05 March 2024  
RFQ No.: HBAC-A-2024-03-1100  
PR No.: 2024-02-1585

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 Various Medical Supplies in accordance with section 53.9 of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

Please quote your **best offer** for this item described herein, subject to the Terms and Conditions provided at last page of this RFQ. Submit your quotation duly signed by you or your duly authorized representative **not later than 12 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
Chairperson, HBAC

**INSTRUCTIONS:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

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

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	ABC/UNIT	QTY	BID OFFER/ UNIT	TOTAL
Syringe, Single Angiography Syringe kit (200ml) One 200ml disposable syringe with fill tube, One 60 inches coiled line (300 psi) compatible with existing power injector		1,800.00	100 kits		
Syringe, Medical Syringe Kit, 200/100 ml pack with 1 Y-Set Check Valve, 1 J-Tube, compatible with existing power syringe injector machine		1,800.00	20 kits		

**TERMS OF PAYMENT:**

- Check upon Delivery / Pick-up  
 Terms/ Deferred Payment

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

**DELIVERY PERIOD:** As called for

Chairperson: Dr. Melito Antonio P. Ramos \_\_\_\_\_  
Vice-Chairperson: Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
Members:  
Ms. Amita Tiquis - Templo \_\_\_\_\_  
Dr. Ryan Rainier Siscar \_\_\_\_\_  
Dr. Cynthia V. Verzosa \_\_\_\_\_



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**

**PR No.: 2024-02-1585 (Radiology - CT Scan)**

**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 (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

\_\_\_\_\_  
**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: 05 March 2024  
RFQ No.: HBAC-A-2024-03-1099  
PR No.: 2024-02-1562

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 **Two (2) pieces Industrial salt** 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 12 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
Chairperson, HBAC

**INSTRUCTIONS:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

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

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	ABC/UNIT	QTY	BID OFFER/ UNIT	TOTAL
Industrial salt, 50 kg, high sodium chloride content, chunky crystals, low impurities		850.00	2 pieces		

**TERMS OF PAYMENT:**

- Check upon Delivery / Pick-up  
 Terms/ Deferred Payment

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

Chairperson: Dr. Melito Antonio P. Ramos \_\_\_\_\_  
Vice-Chairperson: Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
Members:  
Ms. Amita Tiquis - Templo \_\_\_\_\_  
Dr. Ryan Rainier Siscar \_\_\_\_\_  
Dr. Cynthia V. Verzosa \_\_\_\_\_

**DELIVERY PERIOD:** As called for



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**

**PR No.: 2024-02-1562 (Nursing / CSSD)**

**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 (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

\_\_\_\_\_  
**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: 01 March 2024**  
**RFQ No.: HBAC-A-2024-03-1020**  
**PR No.: 2024-02-1470**

**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 **Sixty (60) sets Pigtail Nephrostomy Drainage Catheter** 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 07 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
Chairperson, HBAC

**INSTRUCTIONS:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

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

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	ABC/UNIT	QTY	BID OFFER/ UNIT	TOTAL
Pigtail Nephrostomy Drainage Catheter Set1 2-way, 1Lunderquist Guidewire, 1 2-part Puncture Needle, 4 Fascial Dilator w/ Peel-Away Sheet, 1 Scalpel F10		6,000.00	60 sets		

**TERMS OF PAYMENT:**

- Check upon Delivery / Pick-up  
 Terms/ Deferred Payment

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

**DELIVERY PERIOD:** As called for

**Chairperson:** Dr. Melito Antonio P. Ramos \_\_\_\_\_  
**Vice-Chairperson:** Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
**Members:**  
Ms. Amita Tiquis - Templo \_\_\_\_\_  
Dr. Ryan Rainier Siscar \_\_\_\_\_  
Dr. Cynthia V. Verzosa \_\_\_\_\_



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**

**PR No.: 2024-02-1470 (Urology Department)**

**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 (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

\_\_\_\_\_  
**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: 01 March 2024  
 RFQ No.: **HBAC-A-2024-03-1017**  
 PR No.: 2024-02-1417

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 **Various Catheters** 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 07 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

  
**MELITO ANTONIO P. RAMOS, MD, FPOA**  
 Chairperson, HBAC *3/01*

**INSTRUCTIONS:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

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

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	ABC/UNIT	QTY	BID OFFER/ UNIT	TOTAL
Catheter, Intrajugular, Temporary, Double Lumen, Fr. 13.5 x 16cm, laser cut side slots, Polyurethane Material, Curved extension		4,200.00	100 pieces		
Catheter, Femoral at least 13.5Fr. x 24cm, Dual Lumen w/ side slots, symmetrical tip design, depth markings, straight		6,480.00	20 pieces		
Catheter, Permanent, at least 14.5Fr. x 19/36cm, with side slots & symmetrical tip		16,320.00	20 pieces		

**TERMS OF PAYMENT:**

- Check upon Delivery / Pick-up  
 Terms/ Deferred Payment

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

**DELIVERY PERIOD:** As called for

Chairperson: Dr. Melito Antonio P. Ramos \_\_\_\_\_  
 Vice-Chairperson: Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
 Members:  
 Ms. Amita Tiquis - Templo \_\_\_\_\_  
 Dr. Ryan Rainier Siscar \_\_\_\_\_  
 Dr. Cynthia V. Verzosa \_\_\_\_\_



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**

**PR No.: 2024-02-1417 (Dialysis Center)**

**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 (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

\_\_\_\_\_  
**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: 01 March 2024**  
**RFQ No.: HBAC-A-2024-03-1016**  
**PR No.: 2024-02-1405**

**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 **Thirty Five (35) pieces Filter, Endotoxins** 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 07 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
 Chairperson, HBAC

**INSTRUCTIONS:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

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

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	ABC/UNIT	QTY	BID OFFER/ UNIT	TOTAL
Filter, Endotoxins		5,800.00	35 pieces		

**TERMS OF PAYMENT:**

- Check upon Delivery / Pick-up  
 Terms/ Deferred Payment

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

**DELIVERY PERIOD: As called for**

**Chairperson:** Dr. Melito Antonio P. Ramos \_\_\_\_\_  
**Vice-Chairperson:** Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
**Members:**  
 Ms. Amita Tiquis - Templo \_\_\_\_\_  
 Dr. Ryan Rainier Siscar \_\_\_\_\_  
 Dr. Cynthia V. Verzosa \_\_\_\_\_



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**

**PR No.: 2024-02-1405 (Dialysis Center)**

**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 (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

\_\_\_\_\_  
**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: 01 March 2024  
RFQ No.: HBAC-A-2024-03-1015  
PR No.: 2024-02-1406

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 **Six (6) bottles Hardness Test Strip** 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 07 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
Chairperson, HBAC

**INSTRUCTIONS:**

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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.

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

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	ABC/UNIT	QTY	BID OFFER/ UNIT	TOTAL
Hardness Test Strip		1,200.00	6 bottles		

**TERMS OF PAYMENT:**

- Check upon Delivery / Pick-up  
 Terms/ Deferred Payment

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

**DELIVERY PERIOD:** As called for

**Chairperson:** Dr. Melito Antonio P. Ramos \_\_\_\_\_  
**Vice-Chairperson:** Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
**Members:**  
Ms. Amita Tiquis - Templo \_\_\_\_\_  
Dr. Ryan Rainier Siscar \_\_\_\_\_  
Dr. Cynthia V. Verzosa \_\_\_\_\_



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**

**PR No.: 2024-02-1406 (Dialysis Center)**

**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 (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

\_\_\_\_\_  
**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: **01 March 2024**  
RFQ No.: **HBAC-A-2024-03-1013**  
PR No.: **2024-02-1410**

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 **Sixteen (16) pieces Solenoid Valve** 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 07 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
Chairperson, HBAC

**INSTRUCTIONS:**

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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.

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

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	ABC/UNIT	QTY	BID OFFER/ UNIT	TOTAL
Solenoid Valve, ¼ npt, 220V		1,000.00	16 pieces		

**TERMS OF PAYMENT:**

- Check upon Delivery / Pick-up  
 Terms/ Deferred Payment

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

**DELIVERY PERIOD:** As called for

Chairperson: Dr. Melito Antonio P. Ramos \_\_\_\_\_  
Vice-Chairperson: Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
Members:  
Ms. Amita Tiquis - Templo \_\_\_\_\_  
Dr. Ryan Rainier Siscar \_\_\_\_\_  
Dr. Cynthia V. Verzosa \_\_\_\_\_



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**

**PR No.: 2024-02-1410 (Dialysis Center)**

**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 (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

\_\_\_\_\_  
**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: 01 March 2024  
RFQ No.: HBAC-A-2024-03-1010  
PR No.: 2024-02-1416

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 **Eight (8) boxes Electrodes, Body Composition Monitor** 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 07 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
Chairperson, HBAC

**INSTRUCTIONS:**

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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.

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

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	ABC/UNIT	QTY	BID OFFER/ UNIT	TOTAL
Electrodes, Body Composition Monitor 40pcs per box		1,600.00	8 boxes		

**TERMS OF PAYMENT:**

- Check upon Delivery / Pick-up  
 Terms/ Deferred Payment

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

**DELIVERY PERIOD:** As called for

Chairperson: Dr. Melito Antonio P. Ramos \_\_\_\_\_  
Vice-Chairperson: Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
Members:  
Ms. Amita Tiquis - Templo \_\_\_\_\_  
Dr. Ryan Rainier Siscar \_\_\_\_\_  
Dr. Cynthia V. Verzosa \_\_\_\_\_



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**

**PR No.: 2024-02-1416 (Dialysis Center)**

**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 (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

\_\_\_\_\_  
**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: 01 March 2024  
 RFQ No.: HBAC-A-2024-03-1009  
 PR No.: 2024-01-0854

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 **Four (4) pieces Surgical Handpiece** 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 07 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
 Chairperson, HBAC *at 2/24*

**INSTRUCTIONS:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

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

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	ABC/UNIT	QTY	BID OFFER/ UNIT	TOTAL
<b>Surgical Handpiece</b> 45 angle SKU: 899, triple water jet connect to NSK coupling optic handpieces, Speed: 380,000-450,000 min push button chuck titanium body 45° angle head ceramic bearing clean head system		47,000.00	4 pieces		

**TERMS OF PAYMENT:**

- Check upon Delivery / Pick-up  
 Terms/ Deferred Payment

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

**DELIVERY PERIOD:** As called for

**Chairperson:** Dr. Melito Antonio P. Ramos \_\_\_\_\_  
**Vice-Chairperson:** Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
**Members:**  
 Ms. Amita Tiquis - Templo \_\_\_\_\_  
 Dr. Ryan Rainier Siscar \_\_\_\_\_  
 Dr. Cynthia V. Verzosa \_\_\_\_\_



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**

**PR No.: 2024-01-0854 (Dental - OPD)**

**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 (item description).
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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**



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: 01 March 2024  
RFQ No.: HBAC-A-2024-03-1008  
PR No.: 2024-02-1390

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 **Thirty Thousand (30,000) pieces** Syringe, tuberculin, disp, ½ inch needle, gauge 26-27 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 07 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
Chairperson, HBAC

**INSTRUCTIONS:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

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

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	ABC/UNIT	QTY	BID OFFER/ UNIT	TOTAL
Syringe, tuberculin, disp, ½ inch needle, gauge 26-27		2.00	30,000 pieces		

**TERMS OF PAYMENT:**

- Check upon Delivery / Pick-up  
 Terms/ Deferred Payment

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

**DELIVERY PERIOD:** As called for

**Chairperson:** Dr. Melito Antonio P. Ramos \_\_\_\_\_  
**Vice-Chairperson:** Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
**Members:**  
Ms. Amita Tiquis - Templo \_\_\_\_\_  
Dr. Ryan Rainier Siscar \_\_\_\_\_  
Dr. Cynthia V. Verzosa \_\_\_\_\_



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**

**PR No.: 2024-02-1390 (Nursing / CSSD)**

**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 (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

\_\_\_\_\_  
**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: 01 March 2024  
RFQ No.: HBAC-A-2024-03-1007  
PR No.: 2024-02-1409

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 **Six Hundred (600) pieces Online Bloodlines, durable, single use** 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 07 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
Chairperson, HBAC

**INSTRUCTIONS:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

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

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	ABC/UNIT	QTY	BID OFFER/ UNIT	TOTAL
Online Bloodlines, durable, single use (priming set w/ needle-less access port and Y-injection site bonded to arterial line, viral-retentive transducers, with substitution line)		330.00	600 pieces		

**TERMS OF PAYMENT:**

- Check upon Delivery / Pick-up  
 Terms/ Deferred Payment

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

Chairperson: Dr. Melito Antonio P. Ramos \_\_\_\_\_  
Vice-Chairperson: Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
Members:  
Ms. Amita Tiquis - Templo \_\_\_\_\_  
Dr. Ryan Rainier Siscar \_\_\_\_\_  
Dr. Cynthia V. Verzosa \_\_\_\_\_

**DELIVERY PERIOD: As called for**



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**

**PR No.: 2024-02-1409 (Dialysis Center)**

**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 (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

\_\_\_\_\_  
**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**

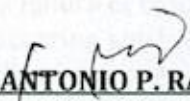
**Date: 01 March 2024**  
**RFQ No.: HBAC-A-2024-03-1005**  
**PR No.: 2024-02-1391**

**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 **Ten (10) pieces** Pad, Kelly, rubber, thick, not brittle, easily inflatable and with bulb 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 07 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

  
**MELITO ANTONIO P. RAMOS, MD, FPOA**  
 Chairperson, HBAC

**INSTRUCTIONS:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

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

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	ABC/UNIT	QTY	BID OFFER/ UNIT	TOTAL
Pad, Kelly, rubber, thick, not brittle, easily inflatable and with bulb		1,000.00	10 pieces		

**TERMS OF PAYMENT:**

- Check upon Delivery / Pick-up  
 Terms/ Deferred Payment

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

**Chairperson:** Dr. Melito Antonio P. Ramos \_\_\_\_\_  
**Vice-Chairperson:** Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
**Members:**  
 Ms. Amita Tiquis - Templo \_\_\_\_\_  
 Dr. Ryan Rainier Siscar \_\_\_\_\_  
 Dr. Cynthia V. Verzosa \_\_\_\_\_

**DELIVERY PERIOD:** *As called for*



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**

**PR No.: 2024-02-1391 (Nursing / CSSD)**

**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 (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

\_\_\_\_\_  
**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: 01 March 2024**  
**RFQ No.: HBAC-A-2024-03-1004**  
**PR No.: 2024-02-1412**

**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 **Two (2) gallons Povidone Iodine 10% topical antiseptic** 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 07 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
 Chairperson, HBAC

**INSTRUCTIONS:**

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3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

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

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	ABC/UNIT	QTY	BID OFFER/ UNIT	TOTAL
Povidone Iodine 10% topical antiseptic		720.00	2 gallons		

**TERMS OF PAYMENT:**

- Check upon Delivery / Pick-up  
 Terms/ Deferred Payment

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

**Chairperson:** Dr. Melito Antonio P. Ramos \_\_\_\_\_  
**Vice-Chairperson:** Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_  
**Members:**  
 Ms. Amita Tiquis - Templo \_\_\_\_\_  
 Dr. Ryan Rainier Siscar \_\_\_\_\_  
 Dr. Cynthia V. Verzosa \_\_\_\_\_

**DELIVERY PERIOD:** As called for



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**

**PR No.: 2024-02-1412 (Dialysis Center)**

**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 (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

\_\_\_\_\_  
**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: 01 March 2024  
 RFQ No.: **HBAC-A-2024-03-1003**  
 PR No.: 2024-02-1498

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 **Various Dental Supplies** in accordance with section **53.9** of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

Please quote your **best offer** for this item described herein, subject to the Terms and Conditions provided at last page of this RFQ. Submit your quotation duly signed by you or your duly authorized representative **not later than 07 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
 Chairperson, HBAC

**INSTRUCTIONS:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

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

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	ABC/UNIT	QTY	BID OFFER/ UNIT	TOTAL
Forcep #150		5,000.00	4 pieces		
Forcep #65		5,000.00	4 pieces		
Forcep #69		5,000.00	4 pieces		
Forcep #18L		5,000.00	4 pieces		
Forcep #18R		5,000.00	4 pieces		
Forcep #151		5,000.00	4 pieces		
Forcep #44		5,000.00	4 pieces		
Forcep #16		5,000.00	4 pieces		
Forcep #17		5,000.00	4 pieces		
Elevator #301		5,000.00	4 pieces		
Elevator #302		5,000.00	4 pieces		
Elevator #303		5,000.00	4 pieces		



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

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jrrmmc\_bacsec@yahoo.com

REQUEST FOR QUOTATION

Elevator #304		5,000.00	4 pieces		
Elevator: Curved (Right and Left)		5,000.00	4 pieces		
Root Top Pick Left		4,000.00	4 pieces		
Root Top Pick Right		4,000.00	4 pieces		
Chromic Catgut Sterile 4-0 round 1/2 circle (sutur material 12)		800.00	4 boxes		
Blade Handle #3		600.00	4 pieces		
Surgical Mallet		900.00	4 pieces		
Iris Scissor STR		300.00	4 pieces		
Bone Curret		400.00	4 pieces		
Tissue Forcep		300.00	4 pieces		
Molt 9 Periosteal Elevator		1,000.00	4 pieces		
Hemostat Curved		300.00	4 pieces		
Hemostat Straight		300.00	4 pieces		
Chisel		1,000.00	4 pieces		
Periosteal elevator		1,000.00	4 pieces		

**TERMS OF PAYMENT:**

- Check upon Delivery / Pick-up  
 Terms/ Deferred Payment

*Note: No Clearing time before the delivery*

**DELIVERY PERIOD:** *As called for*

**Chairperson:** Dr. Melito Antonio P. Ramos \_\_\_\_\_

**Vice-Chairperson:** Ms. Geraldine Mendoza - Fernandez \_\_\_\_\_

**Members:**

Ms. Amita Tiquis - Templo \_\_\_\_\_

Dr. Ryan Rainier Siscar \_\_\_\_\_

Dr. Cynthia V. Verzosa \_\_\_\_\_





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**

**PR No.: 2024-02-1498 (Dental NCGH)**

**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 (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

\_\_\_\_\_  
**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: 01 March 2024  
 RFQ No.: HBAC-A-2024-03-1002  
 PR No.: 2024-02-1482

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

Jose R. Reyes Memorial Medical Center, through its Hospital Bids and Awards Committee (HBAC), intends to procure **One Hundred Sixty (160) sets CTT set** 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 07 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
 Chairperson, HBAC

**INSTRUCTIONS:**

- 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:

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	ABC/UNIT	QTY	BID OFFER/ UNIT	TOTAL
CTT set, consists of 1 Liter bottle glass, 2 holes rubber footing and 2 pieces of glass tubing (1 piece is 4 inches and 1 piece at least 9 inches in length)		350.00	160 sets		

**TERMS OF PAYMENT:**

- Check upon Delivery / Pick-up  
 Terms/ Deferred Payment

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

**DELIVERY PERIOD:** As called for

Chairperson: Dr. Melito Antonio P. Ramos \_\_\_\_\_  
 Vice-Chairperson: Ms. Geraldine Mendoza – Fernandez \_\_\_\_\_  
 Members:  
 Ms. Amita Tiquis – Templo \_\_\_\_\_  
 Dr. Ryan Rainier Siscar \_\_\_\_\_  
 Dr. Cynthia V. Verzosa \_\_\_\_\_



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**

**PR No.: 2024-02-1482 (Nursing / CSSD)**

**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 (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

\_\_\_\_\_  
**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: **01 March 2024**  
RFQ No.: **HBAC-A-2024-03-1001**  
PR No.: **2024-01-0626**

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 **Various Dental Supplies** in accordance with section **53.9** of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

Please quote your **best offer** for this item described herein, subject to the Terms and Conditions provided at last page of this RFQ. Submit your quotation duly signed by you or your duly authorized representative **not later than 07 March 2024**.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

**MELITO ANTONIO P. RAMOS, MD, FPOA**  
Chairperson, HBAC *2/3/24*

**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:

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	ABC/UNIT	QTY	BID OFFER/ UNIT	TOTAL
<b>Dental Handpiece Highspeed:</b> Specification coupling type, Rotation: 360,000-430,000 min-1, Water spray: quattro spray standard head, Power: 20W, Head Size: 12.1 x H13.3 mm, Body: material stainless Features: cellular glass optics / ceramic bearing / clean head system / push button chuck / interchangeable cartridge		9,000.00	4 pieces		
<b>Light Cure Machine</b> Specification: internally- mounted super-cool fan for continuous duty. 75 watts, 12V tungsten halogen lamp, accurately calibrated automatic timer allows preselection of cure time from 10 to 60 seconds. Cycle interrupt capability ergonomically designed "pistol grip" for maximum comfort, autoclavable fiber optic probe, full 360 degree rotation for easy access. A thermal switch safety shuts the unit off if overheating, Input: 115/230V 50/60HZ AC, Dimensions: at least W160 x D125 x H80mm,		20,000.00	4 units		



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**

Weight: 2.2kg, Accessories: control unit, handpiece, handpiece rest, fiber optic probe, cable, eye protection shield, instructions, handpiece rest screw.					
<b>Autoclave Steam Sterilizer</b> Specification: with cycle temperature gauge displaying both chamber temperature and sterilization pressure, with stainless steel boiler chamber and sterilization box provide long lasting durability, with safety thermostat control automatically prevent unit from overheating, with double pressure adjustment can auto-vent excessive internal pressure, with audible tone followed by auto shutdown when sterilization program is complete, with back drain valve design allows for easy cleaning and maintenance, Chamber Capacity: at least 23cm x 39cm (depth), Interior Capacity: at least 16.20(L) Exterior Capacity: at least 47cm x 33cm x 41cm, Sterilize Temperature: at least highest 127°C, including under temperature, Sterilize Pressure: at least highest 1.5kg/cm <sup>2</sup> , including under pressure, Sterilize Time: at least 30 minutes, Heater: at least 1,000W Material Quality: stainless steel SUS #304, Warranty: 1year part and service from the date of delivery (excluding the heating element)		40,000.00	2 units		
<b>Dental Lab High Speed Cutting Polishing Lathe Motor Machine Drilling</b> Specification: Voltage 220 volts Item Weight 14 kilograms Maximum Rotational Speed 2800 RPM Style Pencil Quick-change chuck is easily mounted on right side Standard dental taper shafts with chuck removers will accommodate all types of chucks Industrial grade, sealed ball bearings never need lubrication portable with removable glass / acrylic plastic cover		40,000.00	1 unit		

**TERMS OF PAYMENT:**

- Check upon Delivery / Pick-up
- Terms/ Deferred Payment

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

**DELIVERY PERIOD:** As called for

<b>Chairperson:</b> Dr. Melito Antonio P. Ramos _____ <b>Vice-Chairperson:</b> Ms. Geraldine Mendoza - Fernandez _____ <b>Members:</b> Ms. Amita Tiquis - Templo _____ Dr. Ryan Rainier Siscar _____ Dr. Cynthia V. Verzosa _____
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**REQUEST FOR QUOTATION**

**PR No.: 2024-01-0626 (Dental - OPD)**

**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 (item description).
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

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

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

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

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