



## Bid Notice Abstract

### Request for Quotation (RFQ)

**Reference Number** 6645830  
**Procuring Entity** DEPARTMENT OF TOURISM  
**Title** Procurement of Medicines, Supplies and Equipment for the DOT Medical Clinic  
**Area of Delivery**

<b>Solicitation Number:</b> 2019-11-0304 <b>Trade Agreement:</b> Implementing Rules and Regulations <b>Procurement Mode:</b> Negotiated Procurement - Small Value Procurement (Sec. 53.9) <b>Classification:</b> Goods <b>Category:</b> Medical Supplies and Laboratory Instrument <b>Approved Budget for the Contract:</b> PHP 87,850.00 <b>Delivery Period:</b> <b>Client Agency:</b>	<b>Status</b>	Pending
	<b>Associated Components</b>	3
	<b>Bid Supplements</b>	0
	<b>Document Request List</b>	0
	<b>Date Published</b>	13/11/2019
	<b>Last Updated / Time</b>	12/11/2019 15:19 PM
	<b>Closing Date / Time</b>	18/11/2019 14:00 PM
	<b>Contact Person:</b> John Paulo Samonte Francisco Administrative Officer I 351 Sen. Gil Puyat Avenue Makati City Metro Manila Philippines 1200 63-02-4595200 Ext.425 63-02-4595200 psfrancisco.logistics@yahoo.com	

#### Description

TECHNICAL SPECIFICATIONS  
 MEDICINES, SUPPLIES AND EQUIPMENT FOR THE DOT MEDICAL CLINIC

#### I. SPECIFICATIONS:

##### A. MEDICINES

- Lot No. Name Unit Quantity
- 1 Tobramycin Eye Drops 5ml/bottle bottle 5
  - 2 Amlodipine 10mg/tab tab 3000
  - 3 Mefenamic Acid 500mg/tab tab 1000
  - 4 Paracetamol 500mg/tab tab 1000
  - 5 N Acetylcysteine 600mg/tab tab 100
  - 6 Aluminum Hydroxide 178mg + Magnesium Hydroxide 233mg + Simeticone 30 mg tab tab 500
  - 7 Loperamide 2mg/cap cap 1000
  - 8 Cetirizine 10mg/tab tab 1000
  - 9 Eye Drops bottle 5
  - 10 Multivitamins with Iron tab. tab 1000
  - 11 Ascorbic Acid 500 mg/tab tab 1500
  - 12 Losartan 100 mg tab 2000
  - 13 Vitamin B complex tab 1000
  - 14 Carbocisteine 500 mg cap 1000
  - 15 Meloxicam 15 mg tab 1000

##### B. MEDICAL SUPPLIES AND EQUIPMENT

- Lot No. Name Unit Quantity
- 1 Gauze Pad 2 x 2/ box (100 pcs) box 1
  - 2 Gloves (non-sterile)/ box (100 pcs) box 3

- 3 Face mask (50pcs/box) box 4
- 4 Elastic bandage 2 in. pc. 20
- 5 Aneroid BP apparatus with wheels pc. 1
- 6 BP cuff with Valve (Adult size) pc. 2
- 7 BP cuff with Valve (Extra-large size) pc. 2
- 8 Pulse Oximeter pc. 3

**NOTE:**

• Partial bids are allowed. All goods are grouped in lots listed above. Bidders shall have the option of submitting a proposal on any or all lots and evaluation and contract award will be undertaken on a per lot basis. Lots shall not be divided further in to sub-lots for the purpose of bidding, evaluation and contract award.

**DELIVERY REQUIREMENTS:**

**For Medicines:**

- Delivery of medicines to DOT Main Office at Makati City
- Supplier of medicines should be FDA registered; medicines should have FDA certifications.
- Expiration dates of the purchased medicines should be at least two (2) years after the delivery date

**For Medical Supplies/Equipment:**

- Medical equipment (BP Apparatus/Pulse Oximeter) should have 1 year warranty Delivery of Medical supplies/equipment to DOT Main Office at Makati City

**II. PAYMENT PROCEDURE:** Memorandum of Agreement  
Procedure – Send Bill Arrangement

**III. BUDGET ESTIMATE:** P 87,850.00

**IV. CONTACT PERSON:** DR. RAUL S. ALCANTARA/Mr. ALVIN RECELLA  
Tel. No. (02) 4595200 Local # 220  
DOT Medical Clinic – Main

Note: The winning bid shall be determined based on the proposal with the most advantageous financial package cost provided that the amount of the bid does not exceed the above total budget.

Kindly submit your quotation for the purchase of the above requirement, indicating our Solicitation Number & your Company Name in a SEALED ENVELOPE, addressed to Mr. John Paulo S. Francisco at DOT Bldg., 4th Floor, Procurement Management Division, 351 Sen. Gil Puyat Avenue, Makati City

**PLEASE SUBMIT THE FOLLOWING DOCUMENTS:**

1. Current Mayor's/Business Permit/BIR Certification of Registration (Individual) (In case of recently expired Mayor's/Business permit, submission of the expired Mayor's/Business permit together with the Official Receipt (renewal) shall be accepted.
2. Philgeps Registration Number
3. Latest Income/Business Tax Return (For ABCs above Php500K)
4. Original or Certified True copy of Duly Notarized Omnibus Sworn Statement (see attached form)

Deadline for the submission of Quotation: on or before November 18, 2019 at 2:00 pm

**Created by** John Paulo Samonte Francisco

**Date Created** 12/11/2019

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