



REPUBLIC OF THE PHILIPPINES  
Department of Health  
**NATIONAL CENTER FOR MENTAL HEALTH**  
Nueve de Febrero Street, Mandaluyong City, Philippines  
**BIDS AND AWARDS COMMITTEE**



Telephone No. 531-9001 loc. 242

Telefax No. 5318318

E-mail: bac@ncmh.gov.ph

Website: www.ncmh.gov.ph

SOLICITATION NO: NCMH-Small Value Procurement  
Preventive Maintenance and Calibration of Various Medical Equipment CY 2023

## REQUEST FOR QUOTATION

September 5, 2023

Dear Sir/Madame:

Please quote your lowest price on the items herewith attached, subject to the General Conditions, and stating the shortest time of delivery. Submit your **sealed quotation** using this form duly signed by your authorized representative together with the documentary requirements not later than **September 11, 2023, 4:00 PM**. Kindly transact / address directly at the BAC Secretariat Office. For inquiries, you may call 8531-9001 local 239 or 8531-8318.

Respectfully yours,

**-SGD-**  
**RUSSELLE SP. OLASO, MPA**  
*Administrative Officer V*  
*BAC Secretariat*

### General Conditions:

1. Bid offer must meet the minimum technical specifications.
2. Delivery period shall be within a maximum period of Seven (7) calendar days upon receipt of approved Purchase Order (PO) / Notice to Proceed (NTP)
3. Price validity and payment terms shall be for a minimum period of thirty (30) calendar days.
4. Documentary requirements:
  - a. Current and Valid Mayor's / Business Permit (Attached Official Receipt)
  - b. Current and Valid PhilGEPS Registration Number
  - c. Latest Annual Income Tax Return
  - d. Omnibus Sworn Statement  
(For Corporation – Attached Corporate Secretary Certificate)  
(For Sole Proprietorship – Attached Special Power of Attorney)
5. Failure to comply with the stated general conditions constitutes a disqualification.
6. The NATIONAL CENTER FOR MENTAL HEALTH reserves the right to reject any or all bids, to waive any defect, and accept such bids advantageous to the government, and that it reserves the right to rescind the contract and debar the dealer from entering in future bidding's of the center.

### Notes:

- **All documents must be Certified True Copy (CTC).** Bidder's certification is acceptable.
- On documents (licenses, certificates and/or registrations) for renewal, bidders are required to attach Official Receipt (OR) as proof of payment.

- Documentary requirements must be arranged in the above sequence/order & placed in a folder. **This form (RFQ) must be in a sealed envelope.** Both folder (documentary requirements) and envelope (price quotation) should be placed on an envelope of any color with proper label as shown below. Bidder may opt to use their own company letterhead using the format below.

## MARKING / LABEL OF PRICE QUOTATION

### 1. Sealed Price Quotation Envelope:

<p style="text-align: center;"><b>Request for Quotation</b> <b>Procurement of Preventive Maintenance and Calibration of Various Medical Equipment CY 2023</b></p> <p style="text-align: center;"><b>Item/s bidded:</b></p> <p>1. _____ 2. _____</p> <p style="text-align: center;"><b>Name of Company / Bidder:</b> <b>Tel. no.:</b> <b>Fax no.:</b></p>
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### 2. Documentary Requirements Folder:

<p style="text-align: center;"><b>Request for Quotation</b> <b>Procurement of Preventive Maintenance and Calibration of Various Medical Equipment CY 2023</b></p> <p style="text-align: center;"><b>Item/s bidded:</b></p> <p>1. _____ 2. _____</p> <p style="text-align: center;"><b>Name of Company / Bidder:</b> <b>Tel. no.:</b> <b>Fax no.:</b></p>
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### Mother Envelope:

<p style="text-align: center;"><b>Request for Quotation</b> <b>Procurement of Preventive Maintenance and Calibration of Various Medical Equipment CY 2023</b></p> <p style="text-align: center;"><b>Name of Company / Bidder:</b> <b>Tel. no.:</b> <b>Fax no.:</b></p> <p style="text-align: center;"><b>DO NOT OPEN ON OR BEFORE: (indicate closing date PhilGEPS)</b></p>
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**Procurement of Preventive Maintenance and Calibration of Various Medical Equipment CY 2023**

QTY.	UNIT OF MEASURE	ITEM SPECIFICATION	BIDDER'S SPECIFICATION	APPROVED BUDGET OF THE CONTRACT	BIDDER'S OFFER
		<b><i>Annual Preventive Maintenance and Calibration of:</i></b>		<b>UNIT PRICE:</b>	<b>UNIT PRICE</b>
1	Unit	<i>Cryostat, Leica CM 1850 SN# 2068</i>		<b>Php21,000.00</b>	
1	Unit	<i>Microtome, Leica RM 2125RT SN# 11981</i>		<b>Php23,000.00</b>	
1	Unit	<i>Tissue Processor, Automatic Leica TP 1020 SN# 4258</i>		<b>Php19,000.00</b>	
		<b><i>(Please refer to the attached Terms of Reference/Scope of Works)</i></b>		<b>TOTAL PRICE: Php63,000.00</b>	<b>TOTAL PRICE:</b> <input type="text" value="₱"/>
<b>GRAND TOTAL PRICE:</b>				<b>₱ 63,000.00</b>	

Brand and model: \_\_\_\_\_

Delivery period: \_\_\_\_\_ Max of 7 working days

Warranty: \_\_\_\_\_ Min of 3 months (supplies)

\_\_\_\_\_ Min of 1 year (equipment)

Price validity: \_\_\_\_\_ Min of 30 Calendar Days

Payment terms: \_\_\_\_\_ Min of 30 Calendar Days

\_\_\_\_\_

SUBMITTED AND CONFORMED BY:

\_\_\_\_\_  
COMPANY NAME

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

\_\_\_\_\_  
PRINTED NAME AND SIGNATURE OF REPRESENTATIVE

\_\_\_\_\_  
DESIGNATION

\_\_\_\_\_  
CONTACT NUMBER/S



**NATIONAL CENTER FOR MENTAL HEALTH  
FACILITIES & EQUIPMENT MAINTENANCE SECTION  
PREVENTIVE MAINTENANCE/CALIBRATION REQUEST FORM**

FEMS PM  
Calibration  
Request  
Rev. 0  
17 Jul 2023

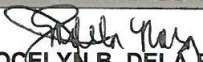


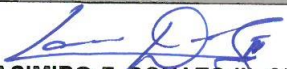
CALIBRATION PARAMETERS <i>(Quantitative inspection)</i>			PREVENTIVE MAINTENANCE <i>(Qualitative Inspection)</i>															
(1) = ELECTRICAL SAFETY TESTING (2) = VOLUME (3) = FLOW/PRESSURE (4) = SPEED (5) = TEMPERATURE			(1) = PHYSICAL INSPECTION (2) = MECHANICAL INSPECTION (3) = OPERATIONAL/FUNCTIONALITY INSPECTION (4) = ELECTRICAL COMPONENT INSPECTION (5) = CLEANING INTERIOR AND EXTERIOR EXPONENT															
QUANTITY	UNIT OF ISSUE	EQUIPMENT DESCRIPTION/ DETAILS	CALIBRATION PARAMETERS (Quantitative) Scope of Works					PREVENTIVE MAINTENANCE (Qualitative) Scope of Works					SERVICE FREQUENCY					
			1	2	3	4	5	OTHERS (please specify)	1	2	3	4		5	OTHERS (please specify)			
1	Unit	Cyostat, Leica" CM1850 SN#2068	✓				✓						✓	✓	✓	✓	✓	Annual
1	Unit	Microtome "Leica" RM2125RT SN#11981					<b>Qualitative Inspection Only</b>	✓	✓	✓		✓						Annual
1	Unit	Tissue Processor, Automatic "Leica" TP1020 SN#4258	✓				✓						✓	✓	✓	✓		Annual

**ADDITIONAL DETAILS FOR SCOPE OF WORKS**

- Perform preventive maintenance Including qualitative evaluation, adjustment, system performance test, software and hardware updates and replacement of PM parts/kit if necessary. Any consumables to be used during the test will be provided by the service provider such as reagents/solutions/ machine supplies (e.g. Isoflurane/sevoflurane /films/patch/lubricants etc.)
- Perform Calibration/verification which include quantitative evaluation using calibrated test equipment/tools
- Cleaning, lubricating and perform minor hardware or software repair if necessary
- Application of preventive maintenance and calibration stickers which indicates PM and calibration date and due date

**TERMS OF REFERENCE**

- Service provider must have an existing physical calibration facility / laboratory in the Philippines
- All service shall be done at the National Center for Mental Health facilities
- General Scope of Works for Preventive Maintenance and/or Calibration Services should applies to all medical equipment
- Service provider should coordinate with Medical Equipment Maintenance Unit before and after the preventive maintenance and other services
- Medical equipment found defective prior to the preventive maintenance and calibration procedure will not be included in the payment
- Service provider must have full-time certified biomedical technicians with NCII certificates of Biomedical Equipment Servicing or engineer with PRC license
- Service engineers/technicians must have training certificates from the manufacturer of the equipment and the company/bidder must have available or access to spare parts for the equipment.
- Service provider shall provide the following:
  - Current, valid and National Institute of Standards and Technology (NIST) traceable certificate of calibration or other international standards for the test/calibration equipment to be used.
  - FOUR (4) copies of completed Service Report for minor repair or for the medical equipment may found defective.
  - FOUR (4) copies of completed Preventive Maintenance Report and Calibration Certificate for each equipment which includes qualitative and quantitative.
  - Current and Valid Training Certificates of technicians/engineers who performed the services
  - Proof of ownership for the test/calibration equipment.

<p><b>REQUESTED BY</b></p>  <p><b>JOCELYN B. DELA ROSA, RMT, MPA</b> End User, Anatomic Laboratory</p> <p><b>REQUESTING OFFICER</b></p>	<p><b>NOTED BY</b></p>  <p><b>ROMIL M. AGUIRRE, MD, FPSP, MMHoA</b> Chief, Anatomic Laboratory</p> <p><b>CHIEF OF SECTION</b></p>
<p><b>CHECKED AND EVALUATED BY</b></p>  <p><b>JOHN WEIL Q. DE LEON</b></p> <p><b>MEDICAL EQUIPMENT MAINTENANCE UNIT</b></p>	<p><b>APPROVED BY</b></p>  <p><b>CASIMIRO F. DONATO III, CE</b></p> <p><b>OIC, FACILITIES AND EQUIPMENT MAINTENANCE SECTION</b></p>