



REPUBLIC OF THE PHILIPPINES
Department of Health

NATIONAL CENTER FOR MENTAL HEALTH



BIDS AND AWARDS COMMITTEE

Telephone No. 8531-9001 loc. 239

Telefax No. 8531-8318

E-mail: bac@ncmh.gov.ph

Website: www.ncmh.gov.ph

RFQ NO.: SVP2025-02-006

Date: February 24, 2025


REQUEST FOR QUOTATION

Company/Business Name: _____
Address: _____
Business/Mayor's Permit No.: _____
TIN: _____
PhilGEPS Registration Number: _____

The **National Center for Mental Health (NCMH)**, through its Bids and Awards Committee (BAC), intends to procure the **Supply and Delivery of Various Clinical Laboratory Supplies and Reagents CY 2025 (Line Item)** through **Section 53.9 (Negotiated Procurement – Small Value Procurement)** of the 2016 Revised Implementing Rules and Regulations under Republic Act No. 9184.

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 *February 27, 2025, 4:00 PM.*** Kindly transact / address directly at the BAC Secretariat Office. For inquiries, you may call 8531-9001 local 239 or 1823.

Respectfully yours,


RUSSELLE SP. OLASO, MPA
Head, BAC Secretariat

General Conditions:

1. Bid offer must meet the minimum technical specifications.
2. Delivery period shall be within a maximum of *Seven (7) calendar days* upon receipt of approved Notice to Deliver (NTD) – Staggered Delivery.
3. *Price validity and payment terms* shall be for a minimum period of *thirty (30) calendar days*.
4. Documentary requirements **current** and **valid**:
 - a. **Mayor's / Business Permit** (Note: A recently **expired** Mayor's/Business permit together with the **Official Receipt** as proof that the prospective bidder has applied for renewal within the period prescribed by the concerned local government unit, shall be *accepted*. Section 24.1 of RA 9184 and its revised 2016 IRR.)

- b. **PhilGEPS Registration Number or PhilGEPS Certificate**
- c. **Annual Income Tax / Business Tax Return** (with corresponding eFPS Filing Reference Number and successful payment page or its equivalent proof of payment, if applicable)
- d. **Notarized 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 biddings 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.
- The sealed envelope must be submitted to the Procurement Section/BAC Office of the National Center for Mental Health (NCMH) on or before February 27, 2025, or in case the deadline for each activity falls on a **non-working day (i.e. Saturday and Sunday), legal holiday, or special non-working holiday, or other nonworking days duly declared by the President, Governor, Mayor or other Government Official authorized to make such declaration, the deadline shall be the next working day.** (Sec. 38.2 of RA 9184 and its 2016 revised IRR)
- **SAMPLE** must be provided within five (5) calendar days upon request of the End-User.

MARKING / LABEL OF PRICE QUOTATION

- 1. Sealed Price Quotation Envelope:

| | |
|---|--------------------|
| Request for Quotation | |
| Supply and Delivery of Various Clinical Laboratory Supplies and Reagents | |
| CY 2025 (Line Item) | |
| | Item/s bid: |
| 1. | _____ |
| 2. | _____ |
| Name of Company / Bidder: | |
| Tel. no.: | |
| Fax no.: | |

2. Documentary Requirements Folder:

| | |
|--|--|
| <p>Request for Quotation Supply and Delivery of Various Clinical Laboratory Supplies and Reagents CY 2025 (Line Item)</p> | |
| <p>Item/s bid:</p> | |
| 1. | |
| 2. | |
| <p>Name of Company / Bidder: Tel. no.: Fax no.:</p> | |

3. Mother Envelope:

| | |
|--|--|
| <p>Request for Quotation Supply and Delivery of Various Clinical Laboratory Supplies and Reagents CY 2025 (Line Item)</p> | |
| <p>Name of Company / Bidder: Tel. no.: Fax no.:</p> | |
| <p>DO NOT OPEN ON OR BEFORE: (indicate closing date PhilGEPS)</p> | |

After having carefully read and accepted the General Conditions, I/we submit our quotation/s for the item/s below:

INSTRUCTION:

1. Review each item in the list provided below.
2. **Check the "Yes" box** if you comply with the NCMH specification for that item. If you do not comply, **check the "No" box**.
3. In the "Offer/Remarks" section, **input the brand and any other specifications of your offered item**.
4. If the item is not applicable or not available, indicate "N/A" in the "Offer/Remarks" section.

| Supply and Delivery of Various Clinical Laboratory Supplies and Reagents CY 2025 (Line Item) | | | | | |
|---|--------------------------------|-----|----|---------------------------|--|
| ITEM DESCRIPTION | | YES | NO | REMARKS / OFFER/ BRAND | |
| 1 | Cefinase/Beta lactamase | | | | |
| | 50/cartridge | | | | |
| | at least 1 year expiry | | | | |
| 2 | Polymyxin B | | | | |
| | 50/cartridge | | | | |
| | at least 1 year expiry | | | | |

| | | | | |
|----|--|--|--|--|
| 3 | Quinupristin/dalfopristin | | | |
| | 50/cartridge | | | |
| | at least 1 year expiry | | | |
| 4 | Trimethoprim | | | |
| | 50/cartridge | | | |
| | at least 1 year expiry | | | |
| 5 | Triple Sugar Iron | | | |
| | 500 gms/bottle | | | |
| | at least 2-year expiry | | | |
| 6 | Trehalose Agar | | | |
| | 500 gms/bottle | | | |
| | at least 2-year expiry | | | |
| 7 | Mannose Agar | | | |
| | 500 gms/bottle | | | |
| | at least 2-year expiry | | | |
| 8 | Haemophilus Test Medium Base | | | |
| | 500 gms/bottle | | | |
| | at least 1 year expiry | | | |
| 9 | Catalase Reagent 30% | | | |
| | 30mL per bottle | | | |
| | at least 1 year expiry | | | |
| 10 | Oral Glucose Tolerance Test (OGTT) solution | | | |
| | 75g | | | |
| | at least 1 year expiry | | | |
| 11 | LIS- Barcode Sticker with carbon | | | |
| | 2.125"x0.75" | | | |
| | satin | | | |
| | 1" core | | | |
| | 3470 pcs/roll | | | |
| | with wax ribbon | | | |
| | must be compatible with brand and model of existing barcode printer (Zebra GK420t) | | | |

| | | | | |
|----|--|--|--|--|
| 12 | LIS- Barcode Sticker with carbon | | | |
| | 4"x 2" | | | |
| | satin | | | |
| | 1" core | | | |
| | 3470 pcs/roll | | | |
| | with wax ribbon | | | |
| | must be compatible with brand and model of existing barcode printer (Zebra ZD220/ ZD230) | | | |

FINANCIAL OFFER:

Please quote your **lowest/best offer** for the items below. Please do not leave blank items. Indicate "N/A" if the item is Not Applicable/Available.

| SUMMARY OF APPROVED BUDGET | | | OFFERED QUOTATION | | |
|--|---------------|--|--|----------|-------------------------|
| Supply and Delivery of Various Clinical Laboratory Supplies and Reagents CY 2025 (Line Item) | Qty / UOM | Approved Budget for the Contract | Supply and Delivery of Various Clinical Laboratory Supplies and Reagents CY 2025 (Line Item) | Qty/U OM | Total Offered Quotation |
| 1 Cefinase/Beta lactamase, 50/cartridge, with at least 1 year expiry | 5 / cartridge | Unit Price: ₱ 450.00 Total Price: ₱ 2,250.00 | | | |
| 2 Polymyxin B, 50/cartridge, with at least 1 year expiry | 5 / cartridge | Unit Price: ₱ 450.00 Total Price: ₱ 2,250.00 | | | |
| 3 Quinupristin/dalfopristin , 50/cartridge, with at least 1 year expiry | 3 / cartridge | Unit Price: ₱ 450.00 Total Price: ₱ 1,350.00 | | | |

| | | | | | | |
|----|--|---------------|---|--|--|--|
| 4 | Trimethoprim, 50/cartridge, with at least 1 year expiry | 5 / cartridge | Unit Price: ₱ 450.00 Total Price: ₱ 2,250.00 | | | |
| 5 | Triple Sugar Iron, 500 gms/bottle with at least 2-year expiry | 2 / bottle | Unit Price: ₱ 2,500.00 Total Price: ₱ 5,000.00 | | | |
| 6 | Trehalose Agar, 500 gms/bottle with at least 2-year expiry | 1 / bottle | Unit Price: ₱ 7,500.00 Total Price: ₱ 7,500.00 | | | |
| 7 | Mannose Agar, 500 gms/bottle with at least 2-year expiry | 1 / bottle | Unit Price: ₱ 7,500.00 Total Price: ₱ 7,500.00 | | | |
| 8 | Haemophilus Test Medium Base, 500 gms/bottle with at least 1 year expiry | 2 / bottle | Unit Price: ₱ 8,500.00 Total Price: ₱ 17,000.00 | | | |
| 9 | Catalase Reagent 30%, 30mL per bottle, with at least 1 year expiry | 2 / bottle | Unit Price: ₱ 1,300.00 Total Price: ₱ 2,600.00 | | | |
| 10 | Oral Glucose Tolerance Test (OGTT) solution, 75g, with at least 1 year expiry | 150 / bottle | Unit Price: ₱ 150.00 Total Price: ₱ 22,500.00 | | | |
| 11 | LIS- Barcode Sticker with carbon, 2.125"x0.75", satin, 1" core, 3470 pcs/roll with wax ribbon, must be compatible with brand and model of existing barcode printer (Zebra GK420t). | 80 / roll | Unit Price: ₱ 850.00 Total Price: ₱ 68,000.00 | | | |

| | | | | | |
|----------------------|--|----------|--|----------------------|--|
| 12 | LIS- Barcode Sticker with carbon, 4"x 2", satin, 1" core, 3470 pcs/roll with wax ribbon, must be compatible with brand and model of existing barcode printer (Zebra ZD220/ ZD230). | 4 / roll | Unit Price: ₱ 850.00 Total Price: ₱ 3,400.00 | | |
| TOTAL AMOUNT: | | | One Hundred Forty-One Thousand Six Hundred Pesos only (₱141,600.00) | TOTAL AMOUNT: | |

Brand and model: _____

Delivery period: _____

Max of 7 Calendar 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:

PRINTED NAME AND SIGNATURE OF REPRESENTATIVE

POSITION/DESIGNATION

CONTACT NUMBER/S

EMAIL ADDRESS