



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.: SVP2025-03-001

Date: March 12, 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 March 17, 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. **Original and 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 March 17, 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:

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.:	

3. Mother Envelope:

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

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	Catalase Reagent 30%			
	30mL per bottle			
	at least 1 year expiry			
9	Oral Glucose Tolerance Test (OGTT) solution			
	75g			
	at least 1 year expiry			

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/UOM	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	Catalase Reagent 30%, 30mL per bottle, with at least 1 year expiry	2 / bottle	Unit Price: ₱ 1,300.00 Total Price: ₱ 2,600.00			
9	Oral Glucose Tolerance Test (OGTT) solution, 75g, with at least 1 year expiry	150 / bottle	Unit Price: ₱ 150.00 Total Price: ₱ 22,500.00			
TOTAL AMOUNT:			Fifty-Three Thousand Two Hundred Pesos only <u>(₱53,200.00)</u>	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