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

BIDS AND AWARDS COMMITTEE



SOLICITATION NO: CS-SVP-2025-04-001
Procurement of Semi-Annual Preventive Maintenance and Calibration for the Automated Immuno-Analyzer (Cobas E411) CY 2025

REQUEST FOR QUOTATION

April 9, 2025

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 **April 14, 2025 (Monday), 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,


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 period of Seven (7) calendar days (see attached Terms of Reference (TOR) for references) upon receipt of approved Notice to Proceed (NTP).
3. Price validity and payment terms shall be for a minimum period of thirty (30) calendar days.
4. Documentary requirements current and valid:
 - a. **PhilGEPS Registration Number or PhilGEPS Certificate**
 - b. **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.)

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) and

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.
- The sealed envelope must be submitted in the Procurement Section/BAC Office of the National Center for Mental Health (NCMH) on or before the deadline.
- 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;">Request for Quotation</p> <p style="text-align: center;">Procurement of Semi-Annual Preventive Maintenance and Calibration for the Automated Immuno-Analyzer (Cobas E411) CY 2025</p> <p style="text-align: center;">Item/s bidden:</p> <p>1. _____</p> <p>2. _____</p> <p style="text-align: center;">Name of Company / Bidder: Tel. no.: Fax no.:</p>
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2. Documentary Requirements Folder:

<p style="text-align: center;">Request for Quotation</p> <p style="text-align: center;">Procurement of Semi-Annual Preventive Maintenance and Calibration for the Automated Immuno-Analyzer (Cobas E411) CY 2025</p> <p style="text-align: center;">Item/s bidden:</p> <p>1. _____</p> <p>2. _____</p> <p style="text-align: center;">Name of Company / Bidder: Tel. no.: Fax no.:</p>
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Mother Envelope:

<p style="text-align: center;">Request for Quotation</p> <p style="text-align: center;">Procurement of Semi-Annual Preventive Maintenance and Calibration for the Automated Immuno-Analyzer (Cobas E411) CY 2025</p> <p style="text-align: center;">Name of Company / Bidder: Tel. no.: Fax no.:</p> <p style="text-align: center;">DO NOT OPEN ON OR BEFORE: (indicate closing date PhilGEPS)</p>

Procurement of Semi-Annual Preventive Maintenance and Calibration for the Automated Immuno-Analyzer (Cobas E411) CY 2025

QTY.	UNIT OF MEASURE	ITEM SPECIFICATION	BIDDER'S SPECIFICATION	APPROVED BUDGET OF THE CONTRACT	BIDDER'S OFFER
1	Unit	Procurement of Semi-Annual Preventive Maintenance and Calibration for the Automated Immuno-Analyzer (Cobas E411) CY 2025 <i>(Please refer to the attached Terms of Reference/Scope of Works)</i>		UNIT PRICE: <div style="text-align: right;"> Php93,500.00 _____ X 2 Php187,000.00 </div> TOTAL PRICE: Php187,000.00	UNIT PRICE TOTAL PRICE: <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
GRAND TOTAL PRICE:				PHP187,000.00	

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

Annex "A": TECHNICAL SPECIFICATIONS



REPUBLIC OF THE PHILIPPINES
Department Of Health



National Center for Mental Health

PREVENTIVE MAINTENANCE AND/OR CALIBRATION OF MEDICAL EQUIPMENT

(CLINICAL LABORATORY EQUIPMENT)

General Policy Statement:

The Department of Health and Joint Commission International require that, for patient safety, all equipment should be maintained and calibrated, and this should be done on a regular basis.

APPROVED BUDGET

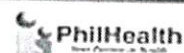
NCMH offers to prospective service provider for Preventive Maintenance of Medical Equipment for the Clinical Laboratory with an Approved Budget for Contract (ABC) of One hundred eighty-seven thousand pesos (Php 187,000.00).

TERMS OF REFERENCE

1. All service shall be done at the National Center for Mental Health facilities
2. Conduct performance verification of laboratory equipment
3. Service provider should coordinate with Medical Equipment Maintenance Unit before and after the preventive maintenance and other services
4. Medical equipment found defective prior to the preventive maintenance and calibration procedure will not be included in the payment
5. Service provider must have full-time certified biomedical technicians with NCII certificates of Biomedical Equipment Servicing or engineer with PRC license
6. Service provider shall provide the following:
 - 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 data. Seven (7) days after service
 - Current and Valid Training Certificates of technicians/engineers who performed the services
 - Current and Valid Certificate of Exclusive service provider performing preventive and/or calibration
 - Current and Valid Certificate of Exclusive Distributorships

"There is no Health without Mental Health"

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REPUBLIC OF THE PHILIPPINES
Department Of Health

National Center for Mental Health



SCOPE OF WORK

CALIBRATION PARAMETERS (Quantitative Inspection)							PREVENTIVE MAINTENANCE (Qualitative Inspection)										
(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										
DIRECT CONTRACTING – CLINICAL LABORATORY																	
QTY	UNIT OF ISSUE	EQUIPMENT DESCRIPTION	CALIBRATION PARAMETERS (Quantitative) Scope of Works						PREVENTIVE MAINTENANCE (Qualitative) Scope of Works						SERVICE FREQUENCY	UNIT COST	TOTAL COST
			1	2	3	4	5	OTHERS (please specify)	1	2	3	4	5	OTHERS (please specify)			
1	Unit	Automated Immuno Analyzer (Cobas e411)	✓	✓	✓		✓								Semi Annual	93,500	187,000
							Measuring unit adjustment Mixer assembly adjustment Internal memory back up adjustment										
TOTAL																187,000.00	

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Management System
ISO 9001:2015





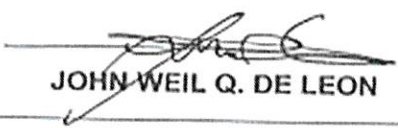
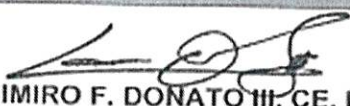
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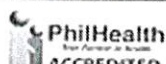
ADDITIONAL DETAILS FOR SCOPE OF WORKS

1. 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.)
2. Perform Calibration/verification which include quantitative evaluation using calibrated test equipment/tools
3. Cleaning, lubricating and perform minor hardware or software repair if necessary
4. Application of preventive maintenance and calibration stickers which indicates PM and calibration date and due date

CHECKED AND EVALUATED BY	APPROVED BY
 JOHN WEIL Q. DE LEON	 CASIMIRO F. DONATO III, CE, MMHoA
MEDICAL EQUIPMENT MAINTENANCE UNIT	CHIEF, FACILITIES AND EQUIPMENT MAINTENANCE SECTION

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Management
System
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