



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: CS-SVP-2025-06-005
Quarterly Preventive Maintenance and Calibration for GE Versana Premiere Ultrasound Machines(SN/s: 6041439WX0 & 6041646WX0) CY 2025

REQUEST FOR QUOTATION

Date of Issue: June 26, 2025

Dear Sir/Madam,

Please quote your lowest price for the item/s described below using the Price Quotation Form (see Annex "A" of the Request for Quotation), subject to terms and conditions stated in the RFQ, and indicate the shortest delivery time. Submit your sealed quotation using this form, duly signed by your authorized representative, together with the required documentary requirements, not later than **June 30, 2025 (Monday), at 4:00 PM.**

Kindly address your submission directly to the BAC Secretariat Office. For inquiries, you may contact us at (02) 8531-9001 local 239 or (02) 8531-8318.

For further information, please contact:


RUSSELLE SP. OLASO, MPA

Head, BAC Secretariat

Nueve de Febrero St., Brgy. Mauway, Mandaluyong City

Tel: (02) 8531-9001 loc. 239, 240, 242

Telefax: (02) 8531-8318

Email: bacncmh@yahoo.com

Website: www.ncmh.gov.ph

You may also visit the following websites:

- www.philgeps.gov.ph – for the PhilGEPS posting (access through your supplier/bidder account)
- <https://ncmh.gov.ph> – National Center for Mental Health Official Website

Thank you and we look forward to your participation.


JERRY C. RODRIGUEZ, MGM-ESP

Chairperson, BAC for Contract Services and Consultancy Services

General Conditions:

1. Bid offer must meet the minimum technical specifications.
2. Delivery period shall be within 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**
 - 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:

- ✓ This procurement will be conducted in accordance with the implementing Rules and Regulation (IRR) of Republic Act No. 12009 (R.A. 12009), otherwise known as the New Government Procurement Act.
 - ✓ **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 June 30, 2025 (Monday)**, 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. 67.3 of RA 12009).
 - ✓ 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.
7. The National Center for Mental Health complies with the implementation of the green procurement program under Memorandum Order No. 2025-0077, in connection with the Green Procurement Strategy. (Section 73 of the approved IRR of RA 12009) therefore, prospective suppliers are encouraged to use sustainable alternatives in the packaging of their products, whenever applicable.

MARKING / LABEL OF PRICE QUOTATION

1. Sealed Price Quotation Envelope:

<p style="text-align: center;">Request for Quotation</p> <p style="text-align: center;">Quarterly Preventive Maintenance and Calibration for GE Versana Premiere Ultrasound Machines(SN/s: 6041439WX0 & 6041646WX0) CY 2025</p> <p style="text-align: center;">Item/s bidded:</p> <p>1. _____</p> <p>2. _____</p> <p style="text-align: center;">Name of Company / Bidder: Tel. no.: Fax no.:</p>

2. Documentary Requirements Folder:

<p style="text-align: center;">Request for Quotation</p> <p style="text-align: center;">Quarterly Preventive Maintenance and Calibration for GE Versana Premiere Ultrasound Machines(SN/s: 6041439WX0 & 6041646WX0) CY 2025</p> <p style="text-align: center;">Item/s bidded:</p> <p>1. _____</p> <p>2. _____</p> <p style="text-align: center;">Name of Company / Bidder: Tel. no.: Fax no.:</p>

Mother Envelope:

<p style="text-align: center;">Request for Quotation</p> <p style="text-align: center;">Quarterly Preventive Maintenance and Calibration for GE Versana Premiere Ultrasound Machines(SN/s: 6041439WX0 & 6041646WX0) 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>
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Price Quotation Form**Mr. Jerry C. Rodriguez, MGM-ESP**

Chairman, BAC for Contract Services and Consultancy

National Center for Mental Health

Nueve de Febrero St., Mauway, Mandaluyong City

Ma'am/Sir:

Having examined the **Request for Quotation No. CS-SVP-2025-06-005** the receipt of which is hereby duly acknowledged, the undersigned offers the **Quarterly Preventive Maintenance and Calibration for GE Versana Premiere Ultrasound Machines (SN/s: 6041439WX0 & 6041646WX0) CY 2025**, in conformity with the said Request for Quotation for the sums stated hereunder

QTY.	UNIT OF MEASURE	ITEM SPECIFICATION	APPROVED BUDGET OF THE CONTRACT	BIDDER'S SPECIFICATION	BIDDER'S OFFER
2	Units	Quarterly Preventive Maintenance and Calibration for GE Versana Premiere Ultrasound Machines CY 2025 (SN/s: 6041439WX0 & 6041646WX0) Computed as: <div style="display: inline-block; vertical-align: top; margin-left: 20px;"> <div>Php18,750.00</div> <div>X 4 qtrs.</div> <hr style="width: 50px;"/> <div>Php75,000.00</div> <div>X 2 units</div> <hr style="width: 50px;"/> <div>Total: Php150,000.00</div> </div> <i>(Please refer to the attached Terms of Reference/Scope of Works. Annex "B")</i>	UNIT PRICE: (Php75,000.00 X 2 Units) TOTAL PRICE: PHP150,000.00		UNIT PRICE TOTAL PRICE: <div style="border: 1px solid black; padding: 2px; display: inline-block;">P</div>
GRAND TOTAL PRICE:			PHP150,000.00		

By affixing my signature below, I am confirming our compliance with the attached Technical Specifications/Terms of Reference stated (Annex "B"). I further certify that such compliance is true and correct; otherwise, if found to be false either during the bid evaluation or post-qualification, the same shall give rise to automatic disqualification of our bid.

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 "B": TERMS OF REFERENCE



REPUBLIC OF THE PHILIPPINES
Department Of Health

National Center for Mental Health



PREVENTIVE MAINTENANCE AND/OR CALIBRATION OF MEDICAL EQUIPMENT

(RADIOLOGY SECTION 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 with an Approved Budget for Contract (ABC) of One hundred fifty thousand pesos (150 000.00)

TERMS OF REFERENCE AND SCOPE OF WORKS

GE Versana Premiere Ultrasound Machine SN: 6041439WX0 & SN: 6041646WX0 (2 unit)

Scope of Works

- Perform preventive maintenance including qualitative evaluation, adjustment, system performance test, software and hardware updates and replacement of PM parts/ kit's 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 qualitative evaluation using calibrated test equipment
- Reviewing diagnostic and ensuring that the system is operating to the manufacturer's specification
- Cleaning, lubricating and perform minor hardware or software repair if necessary
- Remedial maintenance/ On-site Repair
- Application of preventive maintenance and calibration stickers which indicate PM and calibration date and due date.

Terms of Reference

- All service shall be done at the National Center for Mental Health Facilities.
- Service provider must conduct Preventive Maintenance and Calibration on all listed medical equipment.
- Quarterly visit for preventive maintenance and calibration service as per manufacturers standard
- Service provider should be capable of repair and provide replacement parts and should provide certification.
- 1 month warranty after preventive maintenance service
- Customers shall have priority based on schedule and availability
- System performance software and hardware updates should be Free of Charge.
- Service provider should coordinate with the End-user and Medical Equipment Maintenance Unit before and after the preventive maintenance and other services

"There is no Health without Mental Health"

9 de Pebrero St., Brgy. Mauway, Mandaluyong City 1553
Tel.: (+632) 531 9001 Fax: (+632) 531 8682 www.ncmh.gov.ph





National Center for Mental Health



- Service provider must have full-time certified biomedical technicians with NCH certificates of Biomedical Equipment Servicing or engineer with PRC license to perform corrective, preventive, calibration related to the item listed.
- Service provider must provide the following:
 - Test/Calibration equipment to be used must have current, valid and NIST Traceable certificate of calibration or other internationally accepted standards.
 - Submit FOUR (4) copies of complete Service Report for minor repair or for the medical equipment may found defective.
 - Submit FOUR (4) copies of complete Preventive Maintenance Report and Calibration Certificate for each equipment which includes qualitative and quantitative data and shall be organized in clearly labeled folders and tabs to ensure effortless identification and retrieval of information.
 - Current and Valid Training Certificates of technicians/engineers who performed the services
- Must be an exclusive service provider of **GE Versana Premiere Ultrasound Machine**
- Must be able to access the service menu for the calibration and system check of the **GE Versana Premiere Ultrasound Machine**

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 – RADIOLOGY SECTION																	
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)
2	Unit	GE Versana Premiere Ultrasound Machine SN 6041439WX0 & SN: 6041646WX0	✓						✓	✓	✓	✓	✓		QUARTERLY	75,000.00	150,000.00
TOTAL															150,000.00		

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