



BIDS AND AWARDS COMMITTEE

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SOLICITATION NO.: NCMH-Small Value Procurement
Supply, Delivery, Commissioning, and Testing of Clinical Laboratory Equipment
(Hemoglobinometer and Agglutination Viewer)
Date: October 18, 2024

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, Delivery, Commissioning, and Testing of Clinical Laboratory Equipment (Hemoglobinometer and Agglutination Viewer) CY 2024** 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 October 25, 2024, 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 60 sixty calendar days upon receipt of approved Notice to Deliver (NTD).
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)
- e. Certificate from the manufacturer or distributor stating that the equipment is brand new, unused, and not a discontinued model or was listed in the market recall.
- f. The machine should have an FDA approval.
- g. Certification that the bidder/supplier shall provide a one (1) year warranty for parts and services that includes corrective maintenance, preventive maintenance, and/or calibration. The warranty shall commence upon the acceptance of the end-user.
- h. Bidder must provide preventive maintenance and/or calibration schedule within warranty period.
- i. Certification that the supplier/bidder shall provide applications training for the users and maintenance personnel of the hospital.
- j. Certification to provide manuals; Two (2) sets of service manual in English Language and Two (2) sets of user manual in English language upon delivery of the equipment.
- k. Certification that the supplier will be responsible for the notification, transportation to the site, delivery, installation and testing on the site (hospital/health facility) expenses for such will be on the account of the supplier.
- l. Delivery period – 60 calendar days

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 **October 28, 2024**, 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 / BROCHURE** 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 <u>Supply, Delivery, Commissioning, and Testing of Clinical Laboratory Equipment</u> <u>(Hemoglobinometer and Agglutination Viewer) CY 2024</u> | |
| Item/s bid: | |
| 1. | _____ |
| 2. | _____ |
| Name of Company / Bidder: | |
| Tel. no.: | |
| Fax no.: | |

2. Documentary Requirements Folder:

| | |
|--|-------|
| Request for Quotation <u>Supply, Delivery, Commissioning, and Testing of Clinical Laboratory Equipment</u> <u>(Hemoglobinometer and Agglutination Viewer) CY 2024</u> | |
| Item/s bid: | |
| 1. | _____ |
| 2. | _____ |
| Name of Company / Bidder: | |
| Tel. no.: | |
| Fax no.: | |

3. Mother Envelope:

| | |
|---|--|
| Request for Quotation <u>Supply, Delivery, Commissioning, and Testing of Clinical Laboratory</u> <u>Equipment</u> <u>(Hemoglobinometer and Agglutination Viewer) CY 2024</u> | |
| 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, Delivery, Commissioning, and Testing of Clinical Laboratory Equipment (Hemoglobinometer and Agglutination Viewer) CY 2024 | | | | |
|--|--|-----|----|----------------------------|
| ITEM DESCRIPTION | | YES | NO | OFFER / REMARKS / BRAND |
| 1 | HEMOGLOBINOMETER | | | |
| | Specifications: | | | |
| | 1. Compact and lightweight | | | |
| | 2. Portable | | | |
| | 3. With digital display | | | |
| | 4. Finger prick, spot testing analyzer with micro cuvette technology | | | |
| | 5. Should have LED/LCD display of hemoglobin in g/l or g/dl | | | |
| | 6. Instrument should be able to work in hot climate - as per manufacturer's standard | | | |
| | 7. The winning bidder shall provide startup kits for at least 50 tests | | | |
| 2 | AGGLUTINATION VIEWER | | | |
| | Specifications: | | | |
| | 1. Designed for use in blood typing, crossmatching, prothrombin time, kahn and other agglutination, flocculation, and serodiagnostic test. | | | |
| | 2. Illuminates test tube contents through the use of at least 5-watt bulb from above and a magnifying mirror from below. | | | |
| | 3. Flexible neck allows for easy manipulation of light source. | | | |
| | 4. Include Bulb, magnifying mirror, Flexible mirror, side mounted on/off switch, flexible neck, mainly operator. | | | |
| | 5. Hertz: 50/60Hz | | | |
| | 6. Voltage: 220v | | | |
| | 7. Weight: 3kg | | | |
| | 8. Amps: 36mA | | | |
| | 9. Temperature: 18C to 33C | | | |

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. In addition, all offered unit prices and total prices must be rounded to **two decimal points**.

| SUMMARY OF APPROVED BUDGET | | | OFFERED QUOTATION | | |
|--|-----|---|---|-----|-------------------------|
| Supply, Delivery, Commissioning, and Testing of Clinical Laboratory Equipment (Hemoglobinometer and Agglutination Viewer) CY 2024 | Qty | Approved Budget for the Contract | Supply, Delivery, Commissioning, and Testing of Clinical Laboratory Equipment (Hemoglobinometer and Agglutination Viewer) CY 2024 | Qty | Total Offered Quotation |
| HEMOGLOBINOMETER Specifications: 1. Compact and lightweight 2. Portable 3. With digital display 4. Finger prick, spot testing analyzer with micro cuvette technology 5. Should have LED/LCD display of hemoglobin in g/l or g/dl 6. Instrument should be able to work in hot climate - as per manufacturer's standard 7. The winning bidder shall provide startup kits for at least 50 tests | 1 | Unit Price: Php80,000.00 Total Price: Php80,000.00 | | | |
| AGGLUTINATION VIEWER Specifications: 1. Designed for use in blood typing, crossmatching, prothrombin time, kahn and other agglutination, flocculation, and serodiagnostic test. 2. Illuminates test tube contents through the use of at least 5-watt bulb from above and a magnifying mirror from below. 3. Flexible neck allows for easy manipulation of light source. 4. Include Bulb, magnifying mirror, Flexible mirror, side mounted on/off switch, flexible neck, mainly operator. 5. Hertz: 50/60Hz 6. Voltage: 220v 7. Weight: 3kg 8. Amps: 36mA 9. Temperature: 18C to 33C | 1 | Unit Price: Php45,000.00 Total Price: Php45,000.00 | | | |
| TOTAL: | | Php125,000.00 | TOTAL: | | |

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