



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2023-610

Date: _____

Name of Supplier: _____

Address: _____

Telephone No. _____

Please quote your lowest price as per specifications per item listed below thru Alternative Mode of Procurement - **Negotiated Procurement - SMALL VALUE on or before September 26, 2023.**

Please fax your quotation at 8-588-9997 / 8-9240840 or email at pcmcproc@gmail.com c/o MARY ROSE P. ESTOR

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER	UNIT COST	TOTAL COST
1	100	pc	Bag, plastic pouch for Anaerobic 20's	395.00	39,500.00			
2	4	pc	Cartridge with Sealant	1,308.00	5,232.00			
3	30	bt	Diluent, 0.45% Sodium Chloride 500mL (0.45%NaCL)	900.00	27,000.00			
4	1000	kt	Drug Test screening reagent for Methamphetamine & Tetrahydrocannabinoid (Met/THC)	32.00	32,000.00			
5	2	bt	Glucose Beverage 100g 240mL	60.00	120.00			
6	3	bt	Glucose Beverage 50g 240mL	60.00	180.00			
7	1	bt	Hydrochloric Acid, HCL 37% 2.5L	1,500.00	1,500.00			
8	6	bt	Methanol 99.8% 2.5L, Glass amber	1,000.00	6,000.00			
9	35	kt	Rapid Gram Stain Test (100ml/bt 4s per kit)	1,900.00	66,500.00			
10	2	ctg	Sensitivity Disc,taxo-A/ bacitracin .04 IU/IE 50s	807.00	1,614.00			
11	10	bt	Sodium Dibasic	1,270.00	12,700.00			
12	10	bt	Sodium Monobasic	1,745.00	17,450.00			
13	2	kt	TPPA(Treponema Palidum Agglutination Test)	10,000.00	20,000.00			
14	1	bx	Urine Toxicology Control Negative level	24,000.00	24,000.00			
	1	bx	Urine Toxicology Control Positve level	24,000.00	24,000.00			
TOTAL ABC					277,796.00			

PCMC Requirement:	<i>Please indicate below your delivery period in number of days.</i>
Delivery Period:	

Terms and Conditions:

- > Supplies to be delivered should have at least one (1) year and longer expiry
- > Staggered delivery/payment

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref No. : _____

Mayor's/ Business Permit

PhilGEPS Reg. No

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 500k]

Signature over Printed Name

Name of Supplier _____

For Certificate of Creditable Tax Withheld at Source (BIR Form N. 2307) and Certificate of Final Tax Withheld at Source (BIR Form No. 2306) please submit your latest/updated **BIR Certificate of Registration (BIR Form N. 2303) together with your quote.*

PDAL-PCMC-RQF3

050422 Rev 2

CHK
9-21-2023