PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City
ALTERNATIVE MODE

REQUEST FOR QUOTATION No. RFO- 2023-652

			No. RFQ-	2023-652				
Date:								
Name of Supplier: _ Address:								
Telephone No.								
Plea	se quot	e your	lowest price as per specifications per item	listed below thru Alternative Mode of Procurement				
Neg	otiated	Procu	rement - SMALL VALUE on or before Octo	ber 11, 2023.				
Please fax your quotation at 8-588-9997 / 8-9240840 or email at pcmcproc@gmail.com c/o MARY ROSE P. ESTOR								R
M NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER	UNIT COST	TOTAL COST
1	1	kt	Anti-nuclear Antibody test	38,000.00	38,000.00			
2	700	рс	Capillary Tube, non-heparinized 100s	1.28	896.00			
3	1,500	рс	Container, stool specimen with spoon, 60 mL 56x42x42 (sterile & transparent)	7.85	11,775.00			
4	1100	рс	Coverglass 22xmm thin, 1000s	0.64	704.00			
5	1100	рс	Embedding Tissue Cassette	2.59	2,849.00	y		Water Control
6	3000	рс	Evacuated tube, red top 3-4ml plastic tube screw cap	3.75	11,250.00			
7	16000	рс	Evacuated tube, yellow top 3-4ml plastic tube screw cap	5.00	80,000.00			
8	10	рс	Fecal Hemoscreen for occult blood	27.00	270.00			
9	52	bt	Glucose Beverage, 75g 240mL	59.80	3,109.60			
10	8	ml	Hematology stain set (500ml per bottle)	2,500.00	20,000.00			
11	2	bt	Ion Exchange Decalcifying Solution 1L	8,500.00	17,000.00			
12	14000	рс	Microtube Amber	11.00	154,000.00			
			TOTAL ABC	339,853.60				
PC	MC Re	quire	ment:	Please indicate below your delivery period in number of days.				
Del	ivery F	eriod	:					
	> Suppli > Stagge Docume Nego. Pr PhilGEPS Mayor's, PhilGEPS ITR [for A	ies to be ered de intary I roc (53. 5 Ref N / Busin 5 Reg. N ABC ab	nditions: de delivered should have at least one (1) year are elivery/payment Requirements: 9) - Small Value 0. : ess Permit No ove 500k] In Statement [for ABC above 500k]	nd longer expiry			PMV	

*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 <u>BIR Certificate of Registration (BIR Form No. 2303)</u> together with your quote.

PDAL-PCMC-RQF3 050422 Rev 2

Name of Supplier

Signature over Printed Name