PHILIPPINE CHILDREN'S MEDICAL CENTER



Quezon Avenue, Quezon City
ALTERNATIVE MODE

REQUEST FOR QUOTATION No. RFO- 2023-685

Date: Name of Supplier: Address: Telephone No.			140. P	Cr Q- <u>2023</u>	-003			
Neg	otiated	Procu	lowest price as per specifications per item I Negotiated Procurement - SMALL VALUE (Jotation at 8-588-9997 / 8-9240840 or ema	on or before	October 16, 20	023.		IF7
ITE M NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER	UNIT COST	TOTAL COST
1	2	рс	Catheter, Berenstein F4 (1.35mm), 0.38", 100cm, Open end, 0 sideholes, Max.1200psi Berenstein II Catheter, Berenstein F5 (1.65mm), 0.38",	1,500.00	3,000.00			
2	2	рс	100cm, Open end, 0 sideholes, Max. 1200psi	1,500.00	3,000.00			
3	5	рс	Diagnostic Guidewire 0.035", Fixed Core, PTFE coated, straight tip 150cm, 5's Angled	1,150.00	5,750.00			
4	5	рс	Diagnostic Guidewire 0.035", Fixed Core, PTFE coated, straight tip 260cm, 5's Angled	1,400.00	7,000.00			
5	5	рс	Diagnostic Guidewire 0.035", STD, PTFE coated, J-tip 150cm, 5's	1,150.00	5,750.00			
6	7	рс	Femoral Introducer Sheath Kit 4F, 0.035,11cm with needle	1,500.00	10,500.00			
7	10	рс	Femoral Introducer Sheath kit 5F,.021, 7.5cm Peds 5s with needle	1,400.00	14,000.00			
8	4	рс	Femoral Introducer Sheath, 5F, 11cm std w/ Mini GW	1,500.00	6,000.00			
9	2	рс	Microcath	15,500.00	31,000.00			
			OTAL ABC 86,000.00					
	MC Relivery			Please indicate below your delivery period in number of days.				
	Terms a Supplier Stagger Docume Nego. P PhilGEP Mayor's PhilGEP ITR [for	entary larco (53 Ref Nos/ Business Reg. I	ditions: delivered should have at least one (1) year and leavery and Staggered Payment for CY-2023 Requirements: 9) - Small Value 0.:	. 1	2-10/16/2	3	()máa	
			ted Name					

*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.

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