



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ- 2024-376

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 - EMERGENCY on or before July 15, 2024.**

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	60	pc	Conical Tube, with conical bottom compatible with minicap hemoglobin electrophoresis machine	250.00	15,000.00			
3	500	pc	Container sputum 40ml wide mouth with screw cap container	3.50	1,750.00			
4	300	pc	Container, 60ml Polyethylene wide mouth with screw cap for Drug Test	3.75	1,125.00			
5	30	bt	Diluent, 0.45% Sodium Chloride 500mL (0.45%NaCL)	900.00	27,000.00			
6	1	kit	External Quality Control for Urinalysis Abnormal	12,000.00	12,000.00			
7	1	kit	External Quality Control for Urinalysis Normal	12,000.00	12,000.00			
8	600	pc	Filter cards for cytospin (disposable) 200 pcs.	27.00	16,200.00			
9	18	vial	Hemoglobin Normal Control	12,000.00	216,000.00			
10	1	bt	Hydrochloric Acid, HCL 37% 2.5L	858.00	858.00			
11	10	rl	Laboratory Sealing Film, 4 in x 125 ft	1,600.00	16,000.00			
12	5	can	Mounting Medium for Microscopic Preparation 473ml	1,774.00	8,870.00			
13	6000	pc	Safety flow Lancet, 100's/bx	7.00	42,000.00			
14	1	ctg	Sensitivity Disc, Cefotaxime 30ug 50's	190.00	190.00			
15	7500	pc	Single Use Lancing Device	3.95	29,625.00			
16	3	pk	Strip, Anaerobic Indicator 50's	4,200.00	12,600.00			
17	3	kt	TPPA (Treponema Palidum Agglutination Test)	10,000.00	30,000.00			
TOTAL ABC					480,718.00			

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

MAE 7-11-2024

Documentary Requirements:

Nego. Proc (53.2) - Emergency

PhilGEPS Ref No. : **N/A**

Mayor's/ Business Permit

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

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