



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ- 2024-596

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 (53.9) on or before October 09, 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	1000	pc	Blood agar plate (TSA, Sheeps blood)10 plates/pk	50.00	50,000.00			
2	2450	pc	Capillary Tube, non heparinized 100s	1.28	3,136.00			
3	1100	pc	Chocolate agar (Sheeps Blood)with supplement (polyvitex or isovitalex) 10 plates/pk	60.00	66,000.00			
4	300	pc	Container, stool specimen with spoon, 60 mL 56x42x42 (sterile & transparent)	7.85	2,355.00			
5	3000	pc	Coverglass 22x22mm thin, 1000s	0.64	1,920.00			
6	2600	pc	Evacuated tube blue top 3.2% buffered sodium citrate 1.8ml plastic screw cap	6.00	15,600.00			
7	200	pc	Evacuated tube, lavender top K2EDTA 4mL 100s, Plastic	4.00	800.00			
8	10	pc	Fecal Hemoscreen for occult blood	27.00	270.00			
9	65	bt	Glucose Beverage, 75g 240mL	60.00	3,900.00			
10	6	bx	Hematology Stain Set	2,790.00	16,740.00			
11	1	bx	Iron Test 90T	5,000.00	5,000.00			
12	1600	pc	Mac Conkey Agar plate, 10 plates/pk	45.00	72,000.00			
13	15000	pc	Microscope Glass Slides (Frosted)	1.46	21,900.00			
14	7900	pc	Microtube Amber	11.00	86,900.00			
15	8000	pc	Microtube K2EDTA for automated process	31.00	248,000.00			
16	27000	pc	Pipette Tips, Blue 1000uL	0.18	4,860.00			
TOTAL ABC					599,381.00			

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 or longer expiry

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref No. :

Mayor'/Business Permit:

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 50k]

Signature over Printed Name

Name of Supplier _____

MS 10/4

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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