



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City  
Tel. No. 8588-9900 local 224/226

REQUEST FOR QUOTATION  
No. RFQ-2024-705

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 December 16, 2024

PhilGEPS Reference No. \_\_\_\_\_ posted on December 10, 2024

Please fax your quotation at 8588-9997 or email at danilonrodriguez@gmail.com or pcmcproc@gmail.com c/o Mr. Danny Rodriguez

| QTY |      | UNIT | PCMC REQUIREMENT<br>Item Description  | OFFER TO COMPLY WITH THE REQUIREMENTS |
|-----|------|------|---|---------------------------------------|
| 4   | unit |      | <b>Pneumatic Tourniquet</b>   | <b>BRAND:</b>                         |
|     |      |      |   | <b>MAKE/MODEL:</b>                    |
|     |      |      | ABC per unit : <b>250,000.00</b>  | <b>UNIT COST :</b>                    |
|     |      |      | Total ABC : <b>1,000,000.00</b>   | <b>TOTAL COST :</b>                   |
|     |      |      | <b>A. Specifications of the Main Equipment</b>                                      |                                       |
|     |      | 1    | Meter display pressure, adjusting facility  |                                       |
|     |      | 2    | Pressure can be automatically controlled and kept                                   |                                       |
|     |      | 3    | Working time: 0-99 min  |                                       |
|     |      | 4    | Pressure Control Precision <10mmHg  |                                       |
|     |      | 5    | Initial inflate time: <30s (cuff in non-freedom state)                              |                                       |
|     |      | 6    | CPU Digital control   |                                       |
|     |      | 7    | Degree range of pressure - 0-600mmHg  |                                       |
|     |      | 8    | Maximum sound <55DB   |                                       |
|     |      | 9    | Cuff - 12" 1, 18"a, 34"1  |                                       |
|     |      | 10   | Accurate monitoring of tourniquet time, high convenience for user and patient       |                                       |
|     |      | 11   | The unit will be operated at 230 volts 3-Pin Power Plug/Cable, strictly at 60 hertz |                                       |
|     |      | 12   | Power consumption of the unit must be clearly stipulated                            |                                       |
|     |      | 13   | Mechanical part should be of heavy-duty durable type                                |                                       |
|     |      | 14   | Equipment should be maintainable and serviceable                                    |                                       |
|     |      |      | <b>C. Accessories per unit</b>  |                                       |
|     |      | 1    | With a compatible cart with bracket and lack cable carter wheels                    |                                       |
|     |      | 2    | At least one per size of Cuff:  |                                       |
|     |      |      | XL (1020mm x 140mm)   |                                       |
|     |      |      | L (980mm x 86mm)  |                                       |
|     |      |      | M (750mm x 75mm)  |                                       |
|     |      |      | S (440mm x 62mm)  |                                       |
|     |      |      | <b>D. Warranty:</b>   |                                       |
|     |      |      | At least one (1) Year Warranty on parts, labor and maintenance                      |                                       |
|     |      |      | Semi Annual Preventive Maintenance during warranty period                           |                                       |
|     |      |      | <b>E. Delivery Schedule</b>   |                                       |

PCMC has the right to reject any or all bids without offering any reason, waive any required formality and award the contract to any bidder whose proposals as evaluated by PCMC is the most advantageous to the government.

**Documentary Requirements**

- > Mayor's/Business Permit
- > PhilGEPS Reg. Number
- > Income / Business Tax Return (For ABC's above Php500,000.00)
- > Omnibus Sworn Statement (For ABC's above Php50,000.00) [Use of the Form provided is required]

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|-----|------|--------------------------------------|---------------------------------------|
|-----|------|--------------------------------------|---------------------------------------|

**Documentary Requirements upon delivery of the Goods**

- Original copy of the Supplier's invoice showing Goods' description, quantity, unit price, and total amount
- Original copy of the Manufacturer's and/or Supplier's warranty certificate on parts and services, including accessories starting from final acceptance
- Original copy of Certificate of Calibration, Testing and Adjustment, if applicable
- Original copy of certificate of preventive maintenance during the warranty period
- Original copy of certificate of attendance on conducted training to end-users and Engineering Personnel for proper operation and maintenance of the equipment, if applicable
- Original and two (2) copies in English Language:
  - a. User's Manual (Hard copy)
  - b. Operator's Manual (Hard copy)
  - c. Service Manual with CD Diagram
- Copy of Proof of Payment of Import Duties from Bureau of Customs / Bill of Lading, if imported

**Posting of Warranty Security:**

The obligation for the warranty shall be covered by retention money in an amount equivalent to at least five percent (5%) of the Contract Price deductible to final payment.

The said amount shall only be released after the lapse of the warranty period specified above; provided, however, that the Supplies delivered are free from patent and latent defects and all the conditions imposed under this Contract have been fully met.

HSPR-PCMC-RQF3

170314 Rev 1

\_\_\_\_\_  
Signature over Printed 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 BIR Certificate of Registration together with your quote.*

*Ant*  
12-10-2024