Republic of the Philippines

City Government of Muntinlupa

National Road Putatan Muntinlupa City

BIDS and AWARDS COMMITTEE

www.muntinlupacity.gov.ph

REQUEST FOR QUOTATION

Date: 5/18/2023

Quotation No:2023-0214

*Company Name:*_____

*Address:*_____

*Business Permit No.:*_____

*TIN:*_____

PhilGEPS Registration No.(required):_____

The **City Government of Muntinlupa**, through its Bids and Awards Committee, intends to procure "**Purchase of Hematology & Coagulation Reagent Tie-Up to be used to Identify Patients CBC include RBC WBC Hemoglobin & Platelet Count"**, which will be undertaken in accordance with **Section 53.9** of the 2016 Revised Implementing Rules and Regulations of Republic Act No.9184.

Please quote your **best offer** for the item/s described herein, subject to the Terms and Conditions provided.
A copy of the following documents are also required to be submitted along with your quotation/proposal:

1. Mayor's/Business Permit: (Certified True Copy)	**4. PhilGEPS Registration (Certified True Copy)**
2. Latest Income Tax (Certified True Copy)	**5.Certificate of Registration (Certified True Copy**
3. Tax Clearance (Certified True Copy)	

Quotations/Proposals must be submitted to the BAC Office of the City Government of Muntinlupa for checking & validation.

For any clarification, you may contact **Bids & Awards Committee** at telephone no.(02)8861-1127

INSTRUCTIONS:
(2) Do not alter the contents of this in any way.
(3) technical specifications with asterisks(*) are mandatory. Failure to comply with any of the mandatory requirements will disqualify your
(4) Failure to follow these instructions will disqualify your entire quotation.

After having carefully read and accepted the Terms and Conditions, I/we submit our quotation/s for the item/s as follows:

Procurement Project	**Approved Budget for the Contract (ABC)**
Purchase of Hematology & Coagulation Reagent Tie-Up to be used to Identify Patients CBC include RBC WBC Hemoglobin & Platelet Count	Six Hundred nineteen Thousand One Hundred Fifty Seven Pesos

Technical Specifications:

QTY	UNIT OF ISSUE	ITEM DESCRIPRION	Compliance		REMARKS
			Yes	No	
		TERMS/ CONDITIONS:			
		MUST BE ACCOMPANIED WITH FREE USE OF THE MACHINES COMPATIBLE WITH THE REAGENTS/COMSUMABLES TO BE PROCURED UNTIL ITEMS ARE FULLY CONSUMED OR WITHIN A YEAR, WHICHEVER COMES FIRST.			

		INSTALLATION, PREVENTIVE MAINTENANCE, AND REPAIRS SHOUD BE SHOULDERED BY THE WINNING PARTY			
		WINNING BIDDER MUST BE ABLE TO PRESENT PROPER MACHINE/EQUIPMENT EVALUATION THRU DEMONSTRATION WITHIN THREE (3) WORKING DAYS AFTER THE OPEN BID & MUST PASSED END-USER'S EVALUATION.			
		EXPIRATION DATE OF EACH REAGENT MUST *BE AT LEAST 10 MONTHS UPON DELIVERY* AND MUST PROVIDE RETURN POLICY LETTER JUST IN CASE THE EXPIRATION ARE LESS THAN 12 MONTHS.			
		STAGGARD DELIVERY ON THE DISCRESION OF THE END USER FOR A LIMITED TIME OF SIX MONTHS OR UPON REQUEST.			
		WITH GOOD AFTER SALES SERVICE. ON-CALL SERVICE, PERFORMS SCHEDULED PREVENTIVE MAINTENANCE OF MACHINE.			
		THE SYSTEM MUST BE INSTALLED IN AT LEAST 5-10 WELL-KNOWN INSTITUTION.			
		WITH VALID BFAD CPR FOR ALL REAGENTS TEST KITS AND LTO.			
		TOTAL AMOUNT COVERS ALL REAGENTS, CONTROLS, CALIBRATORS, CONSUMABLES, DISTILLED WATER (ENTIRE MATERIALS NEEDED TO RUN ALL TESTS) & CONNECTIVITY FEE TO HOSPITAL INFORMATION SYSTEM (HIS) VIA LABORATORY INFORMATIN SYSTEM (LIS). EXTRA REAGENT STORAGE MUST BE PROVIDED. SUPPLIER MUST PROVIDE ADDITIONAL REAGENTS FOR FREE IN CASE THE REQUIRED NUMBER OF TESTS ARE NOT MET.			
		SUPPLIER MUST PROVIDE ADDITIONAL REAGENTS FOR FREE IN CASE THE REQUIRED NUMBER OF TESTS ARE NOT MET.			
		SERVICE UNIT MUST BE PROVIDED WITHIN 24 HOURS IN CASE OF MACHINE BREAKDOWN.			
		HEMATOLOGY ANALYZER MACHINE SPECIFICATIONS:			

		FULLY-AUTOMATED 6 PARTS HEMATOLOGY ANALYZER, DIFFERENTIAL COUNT, INCLUDING IMMATURE GRANULOCYTES, BODY FLUIDS & EXTENDED WBC COUNT FOR LEUKOCYTOPENIC SAMPLES THROUGH AUTOMATED SAMPLER & MANUAL CLOSED TUBE, UNEXPOSED PROBE ANALYSIS.			
		PRINCIPLES & TECHNOLOGIES: RBC/PLATELET- DIRECT CURRENT (DC) METHOD W/ HYDRODYNAMIC FOCUSING *HEMOGLOBIN- CYNANIDE FREE SLS* HEMOGLOBIN HCT: CUMULATIVE PULSE HEIGHT DETECTION (DIRECT MEASUREMENT WBC- FLUORESCENCE FLOW CYTOMETRY			
		FULLY-AUTOMATED INSTRUMENT, WITH AT LEAST 33 STANDARD PARAMETERS.			
		THROUGHPUT OF UP TO 70 SAMPLES /HOUR FOR WHOLE BLOOD AND 30 SAMPLES/HOUR FOR BODY FLUIDS			
		SAMPLE ASPIRATION VOLUME OF 25UL FOR WHOLE BLOOD & <80UL FOR OTHER BODY FLUID ANALYSIS.			
		CAPABLE FOR ANALYSIS OF WHOLE BLOOD , CAPILLARY BLOOD AND BODY FLUIDS (CSF, PERITONEAL, PLEURAL FLUIDS)			
		WITH AUTO-LOADER MODE & MANUAL MODE. RANDOM ACCESS CAPABLE.			
		CAN STORE AT LEAST 100,000 SAMPLES INCLUDING PATIENT INFORMATION AND REAGENT REPLACEMENT HISTORY UP TO 5,000 RECORDS.			
		MUST BE EQUIPPED OF AUTOMATIC VALIDATION, AUTO-DILUTION & RE-RUN WHENEVER YIELDED RESULT IS BEYOND THE LINEARITY LIMIT.			
		QUALITY CONTROL: TRI-LEVEL QC MATERIAL FOR ALL PARAMETERS.			

		QUALITY CONTROL MANAGEMENT: AUTOMATIC QC, WITH LEVY-JENNINGS CHARTS & WESTGARD RULES APPLICATION.			
		MUST YIELD EXCELLENT EQAS/RIQAS RESULTS.			
		EQUIPPED WITH A MECHANICAL STOP SWITCH FOR USE IN THE EVENT OF EMERGENCY.			
		WITH BUILT-IN PRINTER. THERMAL PAPER MUST BE PROVIDED.			
		THE SYSTEM SHOULD BE SUPPLIED WITH SUITABLE EXTERNAL PRINTER FOR PATIENTS' RESULTS (PROGRAMMED ACCORDING TO LABORATORY FORMAT)			
		SYSTEM SHOULD HAVE SEPARATE DEDICATED PC SYSTEM, SYSTEM COMPATIBLE, WINDOWS BASED SOFTWARE INTERFACE, BI-DIRECTIONAL CONNECTION TO HOST INTERFACE CAPABILITY.			
		THE SYSTEM SHOULD BE SUPPLIED WITH SUITABLE UPS WITH 30 MINUTES BATTERY BACKUP.			
		SERVICE UNIT MUST BE PROVIDED WITHIN 24 HOURS, IN CASE OF MACHINE BREAKDOWN.			
		TOTAL AMOUNT COVERS ALL REAGENTS, CONTROLS, CALIBRATORS, CONSUMABLES, DISTILLED WATER (ENTIRE MATERIALS NEEDED TO RUN ALL TESTS) & CONNECTIVITY FEE TO HOSPITAL INFORMATION SYSTEM (HIS) VIA LABORATORY INFORMATIN SYSTEM (LIS). EXTRA REAGENT STORAGE MUST BE PROVIDED. SUPPLIER MUST PROVIDE ADDITIONAL REAGENTS FOR FREE IN CASE THE REQUIRED NUMBER OF TESTS ARE NOT MET.			
		CONTROL MATERIALS ARE GOOD FOR 6 MONTHS CONSUMPTION.			
		SYSTEM SHOULD HAVE THE ABILITY TO PERFORM AUTOMATIC RE-RUNS WITH INCREASED, DECREASED OR DILUTED SAMPLE VOLUME.			

		SYSTEM SHOULD HAVE AUTO START/SHUTDOWN FACILITY.			
		IT SHOULD HAVE SAMPLE BARCODE READING FACILITY, IN PREPARATION TO LABORATORY INFORMATION SYSTEM (LIS).			
		COAGULATION ANALYZER SPECIFICATIONS:			
		FULLY AUTOMATED COAGULATION ANALYZER CAPABLE OF PERFORMING ANALYSIS OF THE FOLLOWING ASSAY: PROTHROMBIN TIME (PT), ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT), FIBRINOGEN (Fbg), THROMBIN TIME (TT), PROTEIN C COAGULOMETRIC (PCcl), BATROXOBIN TIME (BXT), LUPUS ANTICOAGULANT (LA1,LA2), FACTOR ASSAYS (II,V,VIII,IX,X,XI,XIII) ANALYSIS.			
		SAMPLE THROUPUT OF 60 TESTS/HOUR (PT)			
		HAS A BUILT-IN THERMAL PRINTER THAT PRINTS OUT ANALYSIS DATA & GRAPHIC PRINTS.			
		ANALYSIS PRINCIPLE SHOULD BE BASED ON PHOTO-OPTICAL CLOT DETECTION METHOD.			
		CAN SIMULTANEOUSLY PERFORM 5 DIFFERENT PARAMETERS AT THE SAME TIME.			
		PREVIOUS RESULTS/STORED DATA MAY BE VIEWED WHILE ANALYSIS IS ON-GOING AND CAN STORE NOT LESS THAN 3000 ANALYSIS DATA.			
		THE PROBE SHOULD BE EQUIPPED WITH LIQUID SURFACE SENSOR TO QUANTITATIVELY ASPIRATE PLASMA/REAGENTS.			

		CAN ACCOMMODATE A MIXTURE OF DIFFERENT SAMPLE CONTAINERS (TUBES/SAMPLE CUPS) IN ONE RUN.			
		THE PROTHROMBIN TIME REAGENT SHOULD BE HUMAN-ORIGIN THROMBOPLASTIN & WITH A ISI VALUE OF 1.0+/-0.05.			
		ONLY ONE CUVETTE IS USED PER TEST AND CUVETTE SHOULD COME IN SINGLES TO ELIMINATE UNNECESSARY WASTAGE WHICH MAY BE ENCOUNTERED WHEN USING ROTORS AND CASSETTES.			
		MAXIMUM SAMPLE VOLUME REQUIRED FOR PT,APTT AND TT SHOULD BE 50 Ul, Fbg-30 Ul , FACTOR ASSAYS- 10 Ul.			
		SYSTEM SHOULD HAVE SEPARATE DEDICATED PC SYSTEM, SYSTEM COMPATIBLE, WINDOWS BASED SOFTWARE INTERFACE, BI-DIRECTIONAL CONNECTION TO HOST INTERFACE CAPABILITY.			
		TOTAL AMOUNT COVERS ALL REAGENTS, CONTROLS, CALIBRATORS, CONSUMABLES, DISTILLED WATER (ENTIRE MATERIALS NEEDED TO RUN ALL TESTS) & CONNECTIVITY FEE TO HOSPITAL INFORMATION SYSTEM (HIS) VIA LABORATORY INFORMATIN SYSTEM (LIS)			
		IT SHOULD HAVE SAMPLE BARCODE READING FACILITY, IN PREPARATION TO LABORATORY INFORMATION SYSTEM (LIS).			
12	BOX	DIFFERENTIAL COUNT LYZER, (LYSERCELL WDF) 2L			
2	BOX	DIFFERENTIAL STAIN REAGENT, (FLUOROCELL WDF) 22ML X 2			
13	BOX	DILUENT, 20L, (CELLPACK DCL)			
1	BOT	WASHING SOLUTION HEMA (CELL CLEAN) 120 ML			
1	BOX	ABNORMAL CONTROL (COAGULATION TEST), AT LEAST 200 TESTS/BOX			
2	BOT	CA CLEANER I FOR COAGULATION, 50ML			
1	BOX	PROTIME RGT (THROMBOREL S), *3,000TESTS/BOX*			

1	BOX	PTT RGT (ACTIN FSL), 400 TESTS/BOX				
1	BOX	REACTION TUBES (COAGULATION TEST), 3000/PK,				
QTY	UNIT OF ISSUE	ITEM DESCRIPTION	QTY	UNIT OF ISSUE	ITEM DESCRIPTION	TOTAL PRICE
		TERMS/ CONDITIONS:				
		MUST BE ACCOMPANIED WITH FREE USE OF THE MACHINES COMPATIBLE WITH THE REAGENTS/COMSUMABLES TO BE PROCURED UNTIL ITEMS ARE FULLY *CONSUMED OR WITHIN A YEAR, WHICHEVER* COMES FIRST.				
		INSTALLATION, PREVENTIVE MAINTENANCE, AND REPAIRS SHOUD BE SHOULDERED BY THE WINNING PARTY				
		WINNING BIDDER MUST BE ABLE TO PRESENT PROPER MACHINE/EQUIPMENT EVALUATION THRU DEMONSTRATION WITHIN THREE (3) WORKING DAYS AFTER THE OPEN BID & MUST PASSED END-USER'S *EVALUATION.*				
		EXPIRATION DATE OF EACH REAGENT MUST BE AT LEAST 10 MONTHS UPON DELIVERY AND MUST PROVIDE RETURN POLICY LETTER JUST IN CASE THE EXPIRATION ARE LESS THAN 12 MONTHS.				
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		WITH GOOD AFTER SALES SERVICE. ON-CALL SERVICE, PERFORMS SCHEDULED PREVENTIVE MAINTENANCE OF MACHINE.				
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		WITH VALID BFAD CPR FOR ALL REAGENTS TEST KITS AND LTO.				
		TOTAL AMOUNT COVERS ALL REAGENTS, CONTROLS, CALIBRATORS, CONSUMABLES, DISTILLED WATER (ENTIRE MATERIALS NEEDED TO RUN ALL TESTS) & CONNECTIVITY FEE TO HOSPITAL INFORMATION SYSTEM (HIS) VIA LABORATORY INFORMATIN SYSTEM (LIS)				
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		PRINCIPLES & TECHNOLOGIES: RBC/PLATELET- DIRECT CURRENT (DC) METHOD W/ HYDRODYNAMIC FOCUSING HEMOGLOBIN- CYNANIDE FREE SLS HEMOGLOBIN HCT: CUMULATIVE PULSE HEIGHT DETECTION (DIRECT MEASUREMENT WBC- FLUORESCENCE FLOW CYTOMETRY				
		FULLY-AUTOMATED INSTRUMENT, WITH AT LEAST 33 STANDARD PARAMETERS.				

		THROUGHPUT OF UP TO 70 SAMPLES /HOUR FOR WHOLE BLOOD AND 30 SAMPLES/HOUR FOR BODY FLUIDS				
		SAMPLE ASPIRATION VOLUME OF 25UL FOR WHOLE BLOOD & <80UL FOR OTHER BODY FLUID ANALYSIS.				
		CAPABLE FOR ANALYSIS OF WHOLE BLOOD , CAPILLARY BLOOD AND BODY FLUIDS (CSF, PERITONEAL, PLEURAL FLUIDS)				
		WITH AUTO-LOADER MODE & MANUAL MODE. RANDOM ACCESS CAPABLE.				
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		SAMPLE THROUPUT OF 60 TESTS/HOUR (PT)				
		HAS A BUILT-IN THERMAL PRINTER THAT PRINTS OUT ANALYSIS DATA & GRAPHIC PRINTS.				

		ANALYSIS PRINCIPLE SHOULD BE BASED ON PHOTO-OPTICAL CLOT DETECTION METHOD.				
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		THE PROTHROMBIN TIME REAGENT SHOULD *BE HUMAN-ORIGIN THROMBOPLASTIN &* WITH A ISI VALUE OF 1.0+/-0.05.				
		ONLY ONE CUVETTE IS USED PER TEST AND CUVETTE SHOULD COME IN SINGLES TO ELIMINATE UNNECESSARY WASTAGE WHICH MAY BE ENCOUNTERED WHEN USING ROTORS AND CASSETTES.				
		MAXIMUM SAMPLE VOLUME REQUIRED FOR PT,APTT AND TT SHOULD BE 50 Ul, Fbg-30 Ul , FACTOR ASSAYS- 10 Ul.				

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		IT SHOULD HAVE SAMPLE BARCODE READING FACILITY, IN PREPARATION TO LABORATORY INFORMATION SYSTEM (LIS).				
12	BOX	DIFFERENTIAL COUNT LYZER, (LYSERCELL WDF) 2L				
2	BOX	DIFFERENTIAL STAIN REAGENT, (FLUOROCELL WDF) 22ML X 2				
13	*BOX*	*DILUENT, 20L, (CELLPACK DCL)*				
1	BOT	WASHING SOLUTION HEMA (CELL CLEAN) 120 ML				
1	BOX	ABNORMAL CONTROL (COAGULATION TEST), AT LEAST 200 TESTS/BOX				

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2	BOT	CA CLEANER I FOR COAGULATION, 50ML				
1	BOX	PROTIME RGT (THROMBOREL S), 3,000TESTS/BOX				
1	BOX	PTT RGT (ACTIN FSL), 400 TESTS/BOX				
1	BOX	REACTION TUBES (COAGULATION TEST), 3000/PK,				
			619,157.00		Total Offered quotation (in Php)	Php_____

TERMS AND CONDITIONS:

1. Bidders shall provide correct and accurate information required in this form.
2. Bidders must quote for all or all the items.
3. Price quotation/s must be valid for a period of thirty (30) calendar days from the date of submission.
4. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
5. Quotations exceeding the Approved Budget for the contract shall be rejected.
6. Award of contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
7. Any interlineations, erasures overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
8. The Item/s shall be delivered according to the requirements specified in the Technical Specifications.
9. The GSO/Engineering Office shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.

_____

Signature over Printed Name

_____

Position/Designation

Office Telephone No.

Mobile Phone No./Fax No.

_____

Email address/es