



Republic of the Philippines  
**City Government of Muntinlupa**  
National Road Putatan Muntinlupa City  
**BIDS and AWARDS COMMITTEE**  
[www.muntinlupacity.gov.ph](http://www.muntinlupacity.gov.ph)

**REQUEST FOR QUOTATION**

Date: 5/18/2023  
Quotation No:2023-0215

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 Clinical Chemistry Reagent Tie-Up", 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:

<b>Procurement Project</b>	<b>Approved Budget for the Contract (ABC)</b>
Purchase of Clinical Chemistry Reagent Tie-Up	Four Hundred Twenty Nine Thousand Two Hundred Thirty Five Pesos

**Technical Specifications:**

QTY	UNIT OF ISSUE	ITEM DESCRIPTION	Compliance		REMARKS
			Yes	No	
		SYSTEM SHOULD HAVE PROVISION TO STORE MULTIPLE REFERENCE RANGES.			
		SYSTEM SHOULD HAVE SEPARATE DEDICATED PC SYSTEM, SYSTEM COMPATIBLE, WINDOWS BASED SOFTWARE INTERFACE, BI-DIRECTIONAL CONNECTION TO HOST INTERFACE CAPABILITY.			



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		SYSTEM SHOULD HAVE THE ABILITY TO PERFORM AUTOMATIC RE-RUNS WITH INCREASED, DECREASED OR DILUTED SAMPLE VOLUME.			
		SYSTEM SHOULD ALLOW PROGRAMMING OF UP TO 15 DIFFERENT SET PANELS OF TESTS.			
		SYSTEM SHOULD HAVE AUTO START/SHUTDOWN FACILITY.			
		IT SHOULD HAVE SAMPLE BARCODE READING FACILITY, IN PREPARATION TO LABORATORY INFORMATION SYSTEM (LIS).			
		IT SHOULD HAVE HALOGEN TUNGSTEN LIGHT SOURCE WITH MINIMUM 1000 HOURS SERVICE LIFE.			
		QUALITY CONTROL MANAGEMENT: AUTOMATIC QC, WITH LEVY-JENNINGS CHARTS & WESTGARD RULES APPLICATION.			
		MUST YIELD EXCELLENT EQAS/RIQAS RESULTS.			
		THE ANALYZER/MACHINE SHOULD BE ABLE TO PERFORM SERIAL DILUTION FOR CALIBRATION.			
		THE SOFTWARE SHOULD HAVE PROVISION TO STORE REACTION & CALIBRATION CURVES. RAW DATA CAN BE VIEWED & PRINTED IN TABLE OR GRAPH FORMAT.			
		LOGS: REAGENT, YIELDED VALUES FOR QC, CALIBRATIONS, MAINTENANCE, SEQUENCING, FLAGS & ALARMS.			
		SHOULD HAVE AT LEAST 20,000 PATIENT RESULTS STORAGE. COMPLETE BACK UP OF THE SYSTEM DATABASE MUST BE AVAILABLE, FOR CALIBRATION CONTROL & PATIENTS SAMPLE RESULTS.			
		THE SYSTEM SHOULD BE SUPPLIED WITH SUITABLE UPS WITH 30 MINUTES BATTERY BACKUP.			
		THE SYSTEM SHOULD BE SUPPLIED WITH SUITABLE EXTERNAL PRINTER FOR PATIENTS' RESULTS (PROGRAMMED ACCORDING TO LABORATORY FORMAT)			



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		SYSTEM MUST BE LABORATORY INFORMATION SYSTEM (LIS) READY.			
		THE SYSTEM MUST BE INSTALLED IN AT LEAST 5-10 WELL-KNOWN INSTITUTION.			
2	BOX	ALT RGT, AT LEAST 1000 TESTS/BOX			
2	BOX	AST RGT, AT LEAST 1000 TESTS/BOX			
3	BOX	CREATININE, ENZYMATIC RGT, AT LEAST 900 TESTS/BOX			
250	carbox	DISTILLED WATER, 5GAL carbox			
2	BOX	HDL, DIRECT RGT, AT LEAST 900 TESTS/BOX			
1	BOX	LIPASE RGT, AT LEAST 200 TESTS/BOX			
2	BOX	MAGNESIUM RGT, AT LEAST 1000 TESTS/BOX			
10	VIAL	NORMAL CONTROL FOR CHEMISTRY 5 mL			
10	VIAL	ABNORMAL CONTROL FOR CHEMISTRY 5 mL			
2	BOX	PHOSPHOROUS RGT, AT LEAST 1000 TESTS/BOX			
2	BOX	TOTAL BILIRUBIN RGT, AT LEAST 800 TESTS/BOX			
2	BOX	TOTAL PROTEIN RGT, AT LEAST 1000 TESTS/BOX			
20	BOX	MACHINE DETERGENT, 2L			





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QTY	UNIT OF ISSUE	ITEM DESCRIPTION	QTY	UNIT OF ISSUE	ITEM DESCRIPTION	TOTAL PRICE
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		SYSTEM SHOULD ALLOW PROGRAMMING OF UP TO 15 DIFFERENT SET PANELS OF TESTS.				
		SYSTEM SHOULD HAVE AUTO START/SHUTDOWN FACILITY.				
		IT SHOULD HAVE SAMPLE BARCODE READING FACILITY, IN PREPARATION TO LABORATORY INFORMATION SYSTEM (LIS).				
		IT SHOULD HAVE HALOGEN TUNGSTEN LIGHT SOURCE WITH MINIMUM 1000 HOURS SERVICE LIFE.				
		QUALITY CONTROL MANAGEMENT: AUTOMATIC QC, WITH LEVY-JENNINGS CHARTS & WESTGARD RULES APPLICATION.				
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2	BOX	TOTAL PROTEIN RGT, AT LEAST 1000 TESTS/BOX				
20	BOX	MACHINE DETERGENT, 2L				
			429,235.00	Total Offered quotation (in Php)	Php	

**TERMS AND CONDITIONS:**

- Bidders shall provide correct and accurate information required in this form.
- Bidders must quote for all or all the items.
- Price quotation/s must be valid for a period of thirty (30) calendar days from the date of submission.
- Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
- Quotations exceeding the Approved Budget for the contract shall be rejected.
- 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.
- Any interlineations, erasures overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
- The Item/s shall be delivered according to the requirements specified in the Technical Specifications.
- 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