



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: 8/01/2023  
Quotation No:2023-0372

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 Blood Culture Broth with ARD Bottle Tie-Up & Antibiotic Susceptibility Antibiotic Disc for Microbiology", which will be undertaken in accordance with Section 53.9 2016

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. Omnibus Sworn Statement (Original)	

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 Blood Culture Broth with ARD Bottle Tie-Up & Antibiotic Susceptibility Antibiotic Disc for Microbiology			Five Hundred Forty Two Thousand Eight Hundred Twenty Eight Pesos		
Technical Specifications:					
QTY	UNIT OF ISSUE	ITEM DESCRIPTION	Compliance		REMARKS
			Yes	No	
		TERMS/CONDITIONS:			



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		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 SHOULD 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.				



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		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 INFORMATION 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.				
		BLOOD CULTURE BROTH W/ARD MACHINE ANALYZER SPECIFICATIONS:				
		MUST YIELD ACCURATE RESULT ON VENOUS BLOOD.				
		SYSTEM MUST USE COLORIMETRY AND CARBONATE SENSOR.				
		MACHINE HAS AN ALARM BY AUDIO, DOOR LIGHT FLASH, AND SCREEN FLASH.				





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		MULTI LAYER POLYMERIC FIBER BOTTLE, LIGHT WEIGH AND UNBREAKABLE, AVOID BIOHAZARD.				
		DELAYED-VIAL-ENTRY CAPABILITIES UP TO 48 HOURS AT ROOM TEMPERATURE.				
		ADOPT CONTINUOUS SWINGING VIBRATION CULTURE MODE.				
		SYSTEM MUST BE BARCODED AND EASY TO OPERATE				
		MUST HAVE CERTIFICATE PRODUCT OF REGISTRATION AND LTO				
505	BT	BHI WITH ANTIBIOTIC REMOVING DEVICE(ADULT) - AEROBIC 25 ml				
504	BT	BHI WITH ANTIBIOTIC REMOVING DEVICE (ARD) FOR ADULT - ANAEROBIC 25 ml				
75	BT	BHI WITH ANTIBIOTIC REMOVING DEVICE (ARD) FOR PEDIATRIC 25ml				
2	CART	AMIKACIN DISC 30mcg, 50S				
2	CART	AMPICILLIN DISC 10mcg, 50S				
2	CART	AZITHROMYCIN DISC 15mcg, 50S				
2	CART	CEFTRIAXONE DISC 30mcg, 50S				
2	CART	CIPROFLOXACIN DISC 5mcg, 50S				
1	CART	CLARITHROMYCIN DISC 1.5mcg, 50S				
2	CART	CLINDAMYCIN DISC 2mcg, 50S				

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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 SHOULD 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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		STAGGARD DELIVERY ON THE DISCRESION OF THE END USER FOR A LIMITED TIME OF SIX MONTHS OR UPON REQUEST.				
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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 INFORMATION 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.				
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		MUST YIELD ACCURATE RESULT ON VENOUS BLOOD.				
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		MACHINE HAS AN ALARM BY AUDIO, DOOR LIGHT FLASH, AND SCREEN FLASH.				
		MULTI LAYER POLYMERIC FIBER BOTTLE, LIGHT WEIGH AND UNBREAKABLE, AVOID BIOHAZARD.				
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		ADOPT CONTINUOUS SWINGING VIBRATION CULTURE MODE.				
		SYSTEM MUST BE BARCODED AND EASY TO OPERATE				
		MUST HAVE CERTIFICATE PRODUCT OF REGISTRATION AND LTO				
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75	BT	BHI WITH ANTIBIOTIC REMOVING DEVICE (ARD) FOR PEDIATRIC 25ml				





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2	CART	CIPROFLOXACIN DISC 5mcg, 50S				
1	CART	CLARITHROMYCIN DISC 1.5mcg, 50S				
2	CART	CLINDAMYCIN DISC 2mcg, 50S				
2	CART	ERYTHROMYCIN DISC 15mcg, 50S				
2	CART	NITROFURANTOIN DISC 300mcg, 50S				
2	CART	NORFLOXACIN DISC 10mcg, 50S				
2	CART	PENICILLIN DISC 10u, 50S				
2	CART	VANCOMYCIN DISC 30mcg, 50S				
2	CART	OXIDASE (TAXO N) 50s				
2	CART	CEFEPIME, 50S				
2	CART	NETILMICIN, 50S				
2	CART	TRIMETHOPRIM SULFAMETHOXAZOLE, 5S				
2	CART	OPTOCHIN DISC, 50S				
1	CART	RIFAMPIN 50S				
			542,828.00	Total Offered quotation (in Php)	Php	



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**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.

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Signature over Printed Name

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Position/Designation

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Office Telephone No.

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Mobile Phone No./Fax No.

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Email address/es