



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: 3/19/2024
Quotation No: 2024-00133

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 **Hemoglobin Monitoring System Analyzer-Blood Bank Machine 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.

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. Accomplished and Notarized Omnibus Sworn Statement (Original)	5. Certificate of Registration (Certified True Copy)
3. Latest Income Tax (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)
Tire Replacement for RV3 & RV4	Three Hundred Forty Six Thousand Five Hundred Pesos

Technical Specifications:

QTY	UNIT OF ISSUE	ITEM DESCRIPTION	Compliance		REMARKS
			Yes	No	
		HEMOGLOBIN MONITORING SYSTEM - BLOOD BANK MACHINE REAGENT TIE-UP SPECIFICATIONS OF THE HEMOGLOBIN MONITORING SYSTEM ANALYZER.			



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		MUST BE ACCOMPANIED WITH FREE USE OF THE MACHINES COMPATIBLE WITH THE REAGENTS/CONSUMABLES TO BE PROCURED UNTIL ITEMS ARE FULLY CONSUMED OR WITHIN A YEAR, WHICHEVER COMES FIRST.			
		INSTALLATION, PREVENTIVE MAINTENANCE, AND REPAIRS SHOULD BE SHOULDERS 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.			
		SERVICE UNIT MUST BE PROVIDED WITHIN 24 HOURS IN CASE OF MACHINE BREAKDOWN.			
		MUST YIELD ACCURATE QUANTITATIVE MEASUREMENT OF HEMOGLOBIN & HEMATOCRIT IN CAPILLARY OR VENOUS BLOOD.			



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		SYSTEM MUST USE AN OPTICAL METHOD/PHOTOMETRIC PRINCIPLE OF IN-VITRO DIAGNOSTIC DEVICE.				
		FREE CONTROL SOLUTIONS/MATERIALS & BLOOD LANCETS MUST BE PROVIDED.				
		CAPABLE OF CHECKING THE INTEGRITY OF MATERIALS & REAGENTS. VERIFICATION OF REAGENTS' BATCH COMPATIBILITY & EXPIRY CONTROL				
		SERVICE UNIT MUST BE PROVIDED WITHIN 24 HOURS, IN CASE OF MACHINE BREAKDOWN.				
		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.				
		REAGENTS MUST HAVE CERTIFICATE OF PRODUCT REGISTRATION..				
150	canister	HEMOGLOBIN/HEMATOCRIT STRIP (50'S)				
QTY	UNIT OF ISSUE	ITEM DESCRIPTION	QTY	UNIT OF ISSUE	ITEM DESCRIPTION	TOTAL PRICE
		HEMOGLOBIN MONITORING SYSTEM - BLOOD BANK MACHINE REAGENT TIE-UP SPECIFICATIONS OF THE HEMOGLOBIN MONITORING SYSTEM ANALYZER.				



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		MUST YIELD ACCURATE QUANTITATIVE MEASUREMENT OF HEMOGLOBIN & HEMATOCRIT IN CAPILLARY OR VENOUS BLOOD.				
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		THE SYSTEM MUST BE INSTALLED IN AT LEAST 5-10 WELL-KNOWN INSTITUTION.				
		REAGENTS MUST HAVE CERTIFICATE OF PRODUCT REGISTRATION..				
150	canister	HEMOGLOBIN/HEMATOCRIT STRIP (50'S)				
			346,500.00	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 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