

Republic of the Philippines

City Government of Muntinlupa

National Road Putatan Muntinlupa City

BIDS and AWARDS COMMITTEE

www.muntinlupacity.gov.ph

	Date: //11/2025				
	Quotation No:2025-0387				
Company Name:	AR WAY				
Address:					
TIN					

Approved Budget for the Contract (ABC)

PhilGEPS Registration No.(required):___ The City Government of Muntinlupa, through its Bids and Awards Committee, intends to procure Supply & Delivery of Blood Bank

Screening, HBA1C Reagent Tie up, Typing Sera & Rapid Test Kits, 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. Omnibus Sworn Statement (original)	5.Certificate of Registration (Certified True Copy)		
3. Latest Income Tax (Certified True Copy)	6. 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:

TIN:

- (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.

Procurement Project

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

Trocarement Project		Approved budget for the contract (ABC)					
Supply &	Supply & Delivery <mark>of Blood</mark> Bank <mark>Scree</mark> ning, HBA1C Reagent Tie up, Typing Sera & Rapid Test Kits		Eight Hundred Seventy Seven Thousand Seven Hundred Eighty Pesos				
42	15 10 10	0					
QTY	UNIT OF ISSUE	ITEM DESCRIPRION	Compliance		REMARKS		
۵.,	OIIII OI ISSOE		Yes	No			
BLOOD BA	ANK SCREENING, H	BA1C REAGENT TIE UP, TYPING SERA & F	RAPID TES	T KITS			
TERMS/C	ONDITIONS:						
	MUST BE ACC	OMPANIED WITH FREE USE OF THE MA	ACHINES	COMPAT	TBLE WITH THE		
1	REAGENTS/COMSUMABLES TO BE PROCURED UNTIL ITEMS ARE FULLY CONSUMED OR WITHIN A						
	YEAR, WHICHE	VER COMES FIRST					
	INSTALLATION	, PREVENTIVE MAINTENANCE, AND RE	PAIRS SH	HOUD BE	SHOULDERED BY THE		
2	WINNING PAR	TY					
	WINNING BIDE	DER MUST BE ABLE TO PRESENT PROP	ER MACH	IINE/EQL	JIPMENT EVALUATION THRU		
3	3 DEMONSTRATION WITHIN THREE (3) WORKING DAYS AFTER THE OPEN BID & MUST PASSED END-						
	USER'S EVALUA	ATION					
	EXPIRATION D	ATE OF EACH REAGENT MUST BE AT L	EAST ON	E YEAR L	JPON DELIVERY AND MUST		
4	PROVIDE RETU	IRN POLICY LETTER JUST IN CASE THE	FXPIRATI	ON ARF	LESS THAN 12 MONTHS		



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LIMITED TIME OF SIX MONTHS					
HEDULED PREVENTIVE					
STITUTION.					
CONSUMABLES, DISTILLED IVITY FEE TO HOSPITAL I (LIS). EXTRA REAGENT L REAGENTS FOR FREE IN CASE					
THE REQUIRED NUMBER OF					
ACHINE BREAKDOWN; SENDING AILURE TO FIX THE MACHINE					
BE REPLACE BY THE EXISTING					
•					
rography.					
S S, C, D, AND E					
ASSAY TIME					
AP REMOVAL					
TIME.					
STANDARDIZATION					
IUTES BATTERY BACKUP.					
LIS READY AND CAN STORE UP TO 10,000 RESULTS					
/DILUENT, WHOLE BLOOD					



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20	VIAL	TYPING SERA, ANTI-D, LIQUID RGT, 10ML/VL			/	2
10	вох	URINE STRIPS, 11 PARAMETERS 100/BOX			/4	
10	вох	DENGUE NS1, 30S, BOX				
					1 20 8	8
				A STATE OF THE PARTY OF THE PAR	A TOO TOO	And Profession Line
					D 50 2	and the same of th
	Sun	nmary of Approved Budget	ALC: N	OFFEI	RED QUOTATION	
QTY	UNIT OF ISSUE	ITEM DESCRIPTION	QTY	UNIT OF	ITEM DESCRIPTION	TOTAL PRICE
BLOOD B	ANK SCREE	NING, HBA1C REAGENT TIE UP, TYPING	SERA &	RAPID T	EST KITS	
TERMS/C	ONDITIONS					
1	REAGENTS,	CCOMPANIED WITH FREE USE OF THE M COMSUMABLES TO BE PROCURED UNTIL CHEVER COMES FIRST				
2	INSTALLAT WINNING I	ION, PREVENTIVE MAIN <mark>TENAN</mark> CE, A <mark>ND R</mark> PARTY	EPAIRS SI	HOUD BE	SHOULDERED BY THE	
3		BIDDER M <mark>ust be able to</mark> present prof Ration within three (3) working da ^v Aluation				
4		N DATE OF EACH REAGENT MUST BE AT I ETURN POLICY LETTER JUST IN CASE THE				
5	STAGGEREI OR UPON I	D DELIVERY ON THE DISCRESION OF THE REQUEST.	END USE	R FOR A L	IMITED TIME OF SIX MONTHS	
6		D AFTER SALES SERVICE ON-CALL SERVIC NCE OF MACHINE	CE, PERFO	RMS SCH	EDULED PREVENTIVE	
7	THE SYSTEM MUST BE INSTALLED IN AT LEAST 5-10 WELL-KNOWN INSTITUTION.					
8	WITH VALI	D BFAD CPR FOR ALL REAGENTS TEST KIT	S AND LT	O.		
9	WATER (EN INFORMAT STORAGE N	OUNT COVERS ALL REAGENTS, CONTROL TIRE MATERIALS NEEDED TO RUN ALL TE ION SYSTEM (HIS) VIA LABORATORY INFO MUST BE PROVIDED, SUPPLIER MUST PRO RED NUMBER OF TESTS ARE NOT MET.	STS) & CO	ONNECTIV SYSTEM	VITY FEE TO HOSPITAL (LIS). EXTRA REAGENT	
10	SUPPLIER N TESTS ARE	MUST PROVIDE ADDITIONAL REAGENTS F NOT MET	OR FREE	IN CASE T	HE REQUIRED NUMBER OF	



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11	SERVICE UNIT MUST BE PROVIDED WITHIN 24 HOURS IN CASE OF MACHINE BREAKDOWN; SENDING OUT OF SAMPLES MUST BE CATERED BY THE SUPPLIER IN CASE OF FAILURE TO FIX THE MACHINE						
12	ALL REAGENTS AND CONSUMABLES UTILIZED DURING REPAIR MUST BE REPLACE BY THE EXISTING SUPPLIER						
SPECIFIC	ATIONS OF	THE BLOOD SCREENING MACHINE.				43.6	
НВА1С А	NALYSER S	PECIFICATION				1 3	
1	TESTING P	RINCIPLE MUST BE HIGH PERFORMANC	E LIQUID CI	HROMAT	OGRAPHY.	-	
2	WITH BUIL	T-IN PRINTER. THERMAL PAPER MUST B	E PROVIDE	D.	A TOPA VED	No. of Street, or other Persons and Person	
3	REPORTAE	BILITY REULTS IN THE PRESENCE OF HEM	OGLOBIN \	/ARIANT	S S, C, <mark>D, AND</mark> E	a particular to the same of th	
4	MUST BE I	EASY TO OPERATE, MAXIMUM OF 3 MIN	UTES PER S	AMPLE-A	ASSAY TIME		
5	SAMPLE V	OLUME MUST BE 2 ML, NO SAMPLE MIX	ing or sa	MPLE CA	P REMOVAL		
6	AUTO SAN	MPLE CAPABLE, CAN LOAD AND PROCES	S 10 SAMPI	ES AT A	TIME.		
7	MUST HAVE CERTIFICATION BY NATIONAL GLYCOHEMOGLOBIN STANDARDIZATION PROGRAM (NGSP).						
8	THE SYSTE	M SHOULD BE SUPPLIED WITH SUITABL	E UPS WITH	1 30 MIN	UTES BATTERY BACKUP.		
9	LIS READY	AND CAN STORE UP TO 10,000 RESULTS	S	- S - S - S - S - S - S - S - S - S - S			
10	PACKAGING INCLUDE BUFFER, ANALYTICAL CARTRIDGE CALIBRATOR/DILUENT, WHOLE BLOOD PRIMER AND SAMPLE VIALS						
	1	**************************************	and the same of th				
2	BOX	HBA1C KIT, 400TESTS/BOX					
10	VIAL	TYPING SERA, ANTI-A, LIQUID RGT, 10ML/VL					
10	VIAL	TYPING SERA, ANTI-b, LIQUID RGT, 10ML/VL					
20	VIAL	TYPING SERA, ANTI-D, LIQUID RGT, 10ML/VL					
10	вох	URINE STRIPS, 11 PARAMETERS 100/BOX					
10	ВОХ	DENGUE NS1, 30S, BOX					
			₱877,	780.00	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