



Republic of the Philippines
PROVINCE OF BENGUET
 La Trinidad



BIDS AND AWARDS COMMITTEE (BeCH)
(DRUGS AND MEDICINES / MEDICAL SUPPLIES)

Bid Solicitation No.: SVP-2022-0046 March 3, 2022
 Purchase Request No.: 2022-01-0001 Date

MEMORANDUM TO:

Mr./Ms.: SALINIA L. CARBONEL
 (Canvasser)

Kindly provide appropriate dealers/ establishments copy of the attached request for quotation and/or solicitation to Bid for the Purchase of Drugs and Medicines with an ABC of 982,752.00 to be used by PHO Their quotation /Bids shall be opened on MARCH 9, 2022

NAME OF ESTABLISHMENT	ADDRESS	RECEIVED		
		Name	Signature	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

[Signature]
ATTY. BRIAN J. CRISPIN
 Chairperson

CERTIFICATION

The undersigned, hereby jointly and severally certify to have given each of the above dealers / establishments a copy of the solicitation / bid papers and that no one, only those indicated above, failed to submit their quotations before the time of opening the same.

CANVASSER/S:

SALINIA L. CARBONEL
Signature over printed name/s



Republic of the Philippines
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 La Trinidad
BIDS AND AWARDS COMMITTEE (BECH)
(DRUGS AND MEDICINES / MEDICAL SUPPLIES)



Purchase Request Number: **2022-01-0001**
 Name of the Project: **Purchase of Drugs and Medicines**
 Location of the Project: **PHO**

Date: **March 3, 2022**
 Quotation No.: **SVP-2022-0046**
 CAFOA No.: _____

REQUEST FOR QUOTATION

Sir/Madam:

Kindly indicate your price quotation/s for the item/s listed below taking into consideration the specifications; submit this document duly signed by you or your authorized representative, to this office not late **9:00 am** on **WEDNESDAY** **MARCH 9, 2022** at the **BAC HEALTH, 1st Floor, Benguet General Hospital, La Trinidad, Benguet.**

Indicate also the shortest delivery period should you opt to. You may fax your quotations through Telefax No. 074-422-55-06 or thru e-mail at begeh.bac@benguet.gov.ph

We may purchase the item/s from your company if the found to be reasonable and advantageous to the Benguet General Hospital, but we reserve the right to accept or reject the offer or all quotations not found in order.

Thank you very much.

[Signature]
ATTY. BRIAN J. CRISPIN
 Chairperson

INSTRUCTIONS:

"PLEASE SEAL YOUR QUOTATIONS"

- All entries must be Typewritten or handwritten (Please write legible and no use of pencil).
- Delivery period within **14** (supplies, drugs and medicines, etc.) / **45** (Equipment) Calendar Days.
- Warranty shall be for a period of **three (3) months** for supplies and materials and **one (1) year** for equipment reckoned from the date of acceptance by procuring entity.
- Price validity shall be for a period of **120 calendar days**.
- Photocopy (Stamp "CERTIFIED TRUE COPY OF THE ORIGINAL" with name and signature)** of the following requirements to be submitted after opening and upon notification from the BAC.
 - Mayor's/ Business Permit.
 - PhilGEPS Registration No. _____
 - Submit original copy of complete (paragraph 1 to 10) Omnibus Sworn Statement (in addition to requirements a and b if the awarded item/s is above Php 50, 000.00).
 - Income / Business Tax Return (in addition to requirements a, b, and c if the awarded item/s is above Php 500, 000).
 - Valid and current Certificate of Product Registration (CPR) issued by FDA of the DOH: if applicable
 - Brochure for Medical equipment: if applicable
 - Material Data Safety Sheet for Laboratories, Reagennts: if applicable
- The procuring entity reserves the right to waive any defects in the tender or offer as the right to accept the bid most advantageous to the provincial
- ALL ERASURES SHOULD BE COUNTERSIGNED.**

Item No.	QTY	UNIT of ISSUE	ABC	ITEM & DESCRIPTION (SPECIFICATIONS)	BRAND/ OFFER/ COMPLIANCE TO SPECIFICATIONS	UNIT PRICE	PRICE VALIDITY	DELIVERY PERIOD	TOTAL AMOUNT
			UNIT PRICE						
13	25	amp	440.00	Amiodarone HCl 50mg/ml, 3mL (150mg/3mL) (IV)					
14	30	amp	270.00	Amino Acids, Crystalline Standard, Inj. 9.12%, 20mL					
19	1,400	amp	70.00	Anti-Tetanus Serum Equine (ATS) 1500 IU					
20	160	amp	12.00	Atropine Sulfate 1mg/mL, 1ml, Inj.					
22	500	amp	120.00	Bupivacaine HCl, Heavy, 0.5% X 4mL (spinal), hyperbaric, polyampule, in clear sterile single package with 8% dextrose					
24	10	amp	480.00	Carboprost 250mcg/ml					
27	400	amp	120.00	Clindamycin Phosphate 150mg/mL, 4mL (IM,IV), individually packed in a box					
31	210	amp	21.00	Diclofenac 25mg/mL, 3mL amp (1M,IV)					
38	100	amp	150.00	Ephedrine Sulfate 50mg/mL, 1mL					
41	25	vl	2,450.00	Hepatitis B Immunglobulin (human) 0.5mL (IM)					
46	100	amp	165.00	Isoxsuprine Injection, 5mg/mL, 2mL (IM,IV)					
54	20	amp	182.00	Mecobalamin 500mcg/ml, 1mL amp, IM, IV, individually packed					
58	60	amp	146.00	Morphine Sulfate 10mg/mL, 1mL					
65	500	vl	10.00	Penicillin G Crystalline Sodium, 1 million units, Inj.					
66	320	vl	18.00	Penicillin G Crystalline Sodium, 5 million units, Inj.					
67	40	amp	1,000.00	Phenobarbital 130mg/mL, 1mL					
71	30	amp	650.00	Pyridoxine HCl 100mg/mL, 10mL (IM,IV)					
73	1,100	amp	5.00	Ranitidine HCl, 25mg/mL, 2mL (IM,IV), in glass ampule					
77	80	vl	250.00	Sodium bicarbonate 1meQ/mL, 50mL (Adult) IV infusion					
82	15	amp	210.00	Verapamil HCl 2.5mg/mL, 2mL (IV)					
85	30	bot	950.00	Aciclovir 200 mg/5mL, 60mL					
90	492	bot	40.00	Aluminum+Magnesium Hydroxide 225mg/200mg/5mL, 120 mL					
95	5,400	tab	1.50	Aspirin, 80mg coated					
104	200	supp	65.00	Bisacodyl 5 mg, Pedia, Rectal					
112	72	bot	20.00	Cefalexin Monohydrate 100mg/mL, powder for suspension, 10mL					
113	288	bot	28.00	Cefalexin Monohydrate 250mg/5mL, powder for suspension, 60mL					
116	5,300	cap	8.00	Cefixime 200mg					
118	230	bot	240.00	Cefuroxime Axetil 250mg/5mL, granules for suspension, 120mL, with flavor, no bitter taste, no after taste, alcohol free					
122	230	bot	24.00	Cetirizine 2.5mg/mL, drops, 10mL					
124	200	tab	2.00	Chlorpheniramine maleate 4mg					
127	138	bot	195.00	Clarithromycin 125mg/5mL granules for suspension, 50mL, strawberry flavor					
132	72	bot	33.00	Cloxacillin Sodium 250mg/5mL, powder for suspension, 60mL					



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**BIDS AND AWARDS COMMITTEE (BEGF)
(DRUGS AND MEDICINES / MEDICAL SUPPLIES)**



Purchase Request Number: **2022-01-0001**

Name of the Project: **Purchase of Drugs and Medicines**

Location of the Project: **PHO**

Date: **March 3, 2022**

Quotation No.: **SVP-2022-0046**

CAFOA No.: _____

137	36	bot	25.00	Cotrimoxazole 200mg/40mg/5ml susp, 70 mL				
139	60	bot	15.00	Dicycloverine 10mg/5mL, 60 mL				
141	1,300	tab	82.00	Dydrogesterone 10mg				
143	20	bot	165.00	Erythromycin Ethyl Succinate 200mg/5mL, granules for susp. 60mL, with flavor, no bitter taste, no after taste, alcohol free				
146	24	bot	21.00	Ferrous salts solution 15mg Elemental iron /0.6 mL, 15 mL				
149	1,000	cap	2.00	Folic Acid 5mg				
154	1,000	tab	1.00	Glibenclamide 5 mg				
155	140	tube	110.00	Hydrocortisone 1%, 10g ointment				
160	500	tab	9.00	Isosorbide mononitrate 60mg				
161	3,600	tab	13.00	Isosorbide mononitrate 30mg				
163	74	tube	47.00	Ketoconazole cream/ointment 3.5 g to 5g				
167	2,500	cap	18.00	Lansoprazole 30 mg				
171	2,400	tab	9.00	Mecobalamin 500mcg				
175	200	tab	9.00	Methylprednisolone 4mg				
179	108	bot	32.00	Multivitamins + Minerals drops, 15mL				
181	1,000	tab	5.00	Naproxen sodium 500 mg				
182	72	bot	230.00	Neomycin+Polymixin B+ Fluocinolone Acetonide ear drops 3.5 mg+10,000 units+ 0.025%/mL, 5mL				
184	100	cap	25.00	Nifedipine 30mg				
187	3,000	sachet	4.00	Oral Rehydration Salt (ORS-75 R) / ,250mL, 25s				
193	1,000	tab	3.00	Prednisone 10 mg				
195	1,200	tab	1.00	Ranitidine 150 mg				
199	72	bot	12.00	Salbutamol Sulfate 2mg/5ml, Syrup, 60mL				
204	1500	tab	12.00	Tamsulosin 200mcg				
				PHO				
								982,752.00

PURPOSE: Drugs and Medicines for the use of 5 District Hospitals for CY 2022 (Revolving Fund).

CANVASSERS:

CERTIFICATION

I hereby certify that I have personally conducted this canvass and that the price/s quoted is/are true and correct and the signature of the Representative of the establishment who submitted the quotation/s is/are genuine.

After having carefully read and accepted your terms and conditions, I hereby submit the above quotations for your appropriate action.

(Name of Establishment per O.R. & address)

(Signature over Printed Name of Owner/Representative)

(Telephone/Cellphone Number or e-mail address)

SALINIA L. CARBONEL

PRINTED NAME & SIGNATURE OF AUTHORIZED CANVASSER

Date