



EASTERN VISAYAS REGIONAL MEDICAL CENTER
 Tacloban City, Philippines 6500

6461

**Acknowledgement and Return Slip
 REQUEST FOR QUOTATION**

DATE: _____

Item & Description: Calibration of Cardiograph

PR Number: 20-08-02A Dated: _____

	SUPPLIER	SIGNATURE over PRINTED NAME	Date & Time Received	Date Returned	Date Received from Proc.
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

IMPORTANT:

To be opened at the BAC office on _____
 Signature of Representative of the _____ Auditor, Requisitioner and bidders

- | | |
|------------------------------|----------------------------|
| 1. ENGR. GUY NESTOR ALCANTRA | 4. ALLAN THOMAS BALANO, MD |
| 2. ARON C. BALAIS, MD | 5. VIRGILIA A. VELASQUEZ |
| 3. ENGR. JOSE M. JOCANO, JR. | 6. ALBERTO A. AGOSTO, MD |

Requisitioner/ End-user: _____



REQUEST FOR QUOTATION

Date: September 01, 2020

Company Name & Contact No.

Address

Please quote your lowest price for the items listed below, subject to the General Conditions on the last page, stating the scheduled time of delivery and submit your quotation duly signed by your representative not later than September, 2020 in the return envelope attached.

ENGR. GUY NESTOR A. ALCANTARA
Chairman, Bids & Awards Committee B (BAC B)

1. All entries must be printed.
2. Delivery Period _____.

Item No.	Item & Description	Unit	Qty.	Unit Price	Total
1	Calibration of Cardiocograph, ECG Machine, Patient Monitor, Fetal Heartbeat Monitor, Vital Signs Monitor and Ultrasonic Doppler.	service			
	Item Name: Cardiocograph Technical Spec: Edan; Bistos		9		
	Item Name: ECG Machine Technical Spec: Edan; BTL; Comen		33		
	Item Name: Patient Monitor Technical Spec: Bluesky; Top		33		
	Item Name: Fetal Heartrate Doppler Technical Spec: Sunray		1		



<p>Item Name: Vital Signs Monitor Technical Spec: Welch Allyn; Edan</p>		4		
<p>Item Name: Ultrasonic Doppler Technical Spec: Edan</p>		2		
<p>TERMS AND CONDITIONS:</p>				
<ol style="list-style-type: none"> 1. The service provider shall perform system check up, performance verification of medical equipment, conduct electrical safety testing and conduct calibration, provision of calibration stickers with participation of hospital technicians on site. 2. Free use of the service provider's patented computerized biomedical asset management software for generating PPM/Calibration schedule, inventory, work order, history of biomedical equipment. 3. Conduct minor repair works, labor only, spare parts should be provided by the client. 4. All works in accordance with ISO safety guidelines. Highly trained and certified calibration engr. With ISO "Guide to Uncertainty training Certificate". 5. Only adequate and calibrated biomedical test tools will be used during calibration and PPM of biomedical equipment and must be able to provide an active calibration certificate of test tools. 6. Supply of NCII technician to support highly trained calibration Engineers. 7. Submit Service report indicating status of equipment and calibration Report/Certificate with valid traceability. 8. Submit qualitative check list of individual equipment using software. 				



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<p>9. <i>Any consumables replacement and corrective maintenance will be approved first before working/outsourcing at client's preference.</i></p> <p>10. <i>Client should provide Operator's Manual, Service Manuals. Passwords, when needed by the service provider if such document is not available from service provider's database.</i></p> <p>11. <i>5 days of 2 MET (Medical Equipment Technicians) at Manila includes Uncertainty Training, proper application of biomedical test tools, visitation of ISO certified hospital in Manila, expenses on the account of the service provider.</i></p> <p>DATE OF COMPLETION/DELIVERY PERIOD: *30 days upon receipt of P.O.</p> <p>ABC: Php434, 500.00 Dept./Unit/Section: M. AGNER /Head- BIOMEDICAL SECTION</p>				
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Delivery Period : _____
Price Validity : _____
Warranty : _____

After having carefully read and accepted your General Conditions, I/We quote you on the item at price noted above.

ABAYOS RUTCHINEL L.

Canvasser
(Printed Name & Signature)

Supplier Printed Name & Signature
Date: _____

Instruction to the Suppliers:

1. Fill-up this RFQ completely and legibly.
2. Bids received in excess of the ABC or beyond the submission period shall be automatically rejected upon opening of quotations.
3. The quotation shall be submitted through sealed envelope or sent thru electronic mail.
4. Period of submission is within 3 calendar days upon receipt of RFQ or posting at the Phil-GEPS website.
5. Information relating to the examination, evaluation & Comparison of price quotation shall be kept confidential & shall not be disclosed to any other party except to the officially concerned until award of contract.
6. Award of contract shall be made to the lowest quotation, or after successful negotiations which complies with the specifications & other terms & conditions stated here on.
7. The procuring entity will validate whether it is entering into a contract with a technically, legally & financially capable suppliers/contractor by requiring in the submission of relevant documents.