



**Acknowledgement and Return Slip  
 REQUEST FOR QUOTATION**

6451

DATE: \_\_\_\_\_

Item & Description: CALIBRATION OF CANTERY MACHINE

PR Number: 20-08-0242 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 03, 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.

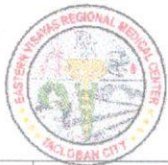
**ENGR. GUY NESTOR A. ALCANTARA**  
Chairman, Bids & Awards Committee B (BAC B)

1. All entries must be printed.
2. Delivery Period \_\_\_\_\_.

Item No.	Item & Description	Unit	Qty.	Unit Price	Total
1	<b>Calibration of Cautery Machine, Defibrillator, Baby Incubator, Infant Warmer, Infusion Pump, Syringe Pump, Phototherapy, and Centrifuge.</b>  <b>Item Name: Cautery Machine</b> <b>Technical Spec: Geister; Covidien; Wem; Yesng; Harmonic</b>  <b>Item Name: Defibrillator</b> <b>Technical Spec: Progett; Mindray; Mediana; Biphasic; G.E.; Zoll</b>  <b>Item Name: Baby Incubator</b> <b>Technical Spec: Mediprima; Channelmed</b>	service	17  23  12		



<p><b>Item Name: Infant Warmer</b> <b>Technical Spec: MTTs; Phototherapy-2000; Ambia</b></p>		25		
<p><b>Item Name: Infusion Pump</b> <b>Technical Spec: Bluesky; Top</b></p>		39		
<p><b>Item Name: Syringe Pump</b> <b>Technical Spec: Bluesky; Meditech; Mindray</b></p>		21		
<p><b>Item Name: Phototherapy</b> <b>Technical Spec: Phoenix; MTTs</b></p>		17		
<p><b>Item Name: Centrifuge</b> <b>Technical Spec: Gemmyco; Hettich</b></p>		6		
<p><b>TERMS AND CONDITIONS:</b></p>				
<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. Conduct minor repair works, labor only, spare parts should be provided by the client.</li> <li>4. All works in accordance with ISO safety guidelines. Highly trained and certified calibration engr. With ISO "Guide to Uncertainty training Certificate".</li> <li>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.</li> </ol>				



<p>6. Supply of NCII technician to support highly trained calibration Engineers.</p> <p>7. Submit Service report indicating status of equipment and calibration Report/Certificate with valid traceability.</p> <p>8. Submit qualitative check list of individual equipment using software.</p> <p>9. Any consumables replacement and corrective maintenance will be approved first before working/outsourcing at client's preference.</p> <p>10. 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.</p> <p>11. 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.</p> <p><b>DATE OF COMPLETION/DELIVERY PERIOD:</b> <b>*30 days upon receipt of P.O.</b></p> <p><b>ABC: Php855, 000.00</b> <b>Dept./Unit/Section: M. AGNER /Head- BIOMEDICAL SECTION</b></p>				
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**EASTERN VISAYAS REGIONAL MEDICAL CENTER**  
Tacloban City, Philippines 6500

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.

ABAYOG, 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.