



Republic of the Philippines  
Province of Antique  
**PROVINCIAL BIDS AND AWARDS COMMITTEE FOR HEALTH**  
San Jose de Buenavista

NEGOTIATED PROCUREMENT  
(SMALL VALUE PROCUREMENT)

Standard Form No. SF-GOOD-60  
Revised on May 24, 2004

Date: September 15, 2021  
RFQ No. MM-2021-05-031(m)

Various Suppliers/Contractors  
San Jose, Antique/Iloilo City

Please quote your lowest price on the item/s listed below, subject to the General Conditions stated herein the shortest time of delivery and submit your quotation duly signed by your representative not later than September 22, 2021 at the Room 2, Second Floor, Provincial Health Office Atabay, San Jose, Antique at 2: 00 o' clock p.m. in the return envelope attached herewith.

Sealed canvass papers must be supported with Eligibility documents, *current approved License to Operate and List of Sources with original copy of Certificate of Product Registration* issued by the BFAD-DOH are required under DOH Memorandum Circular No. 9 S 1991 as implemented by COA Memorandum 91-705 dated March 14, 1991. An application for product registration and expired certificate shall not be considered.

**RIC NOEL A. NACIONGAYO, MD, MPA, FPSMS**  
Provincial Health Officer II/BAC Chairman  
(Procurement Officer)

ITEM NO	QTY	UNIT	DESCRIPTION	UNIT COST	TOTAL ABC/UNIT	BRAND OFFERED	BID PRICE/UNIT	TOTAL BID PRICE
			<b>GASTROINTESTINAL MEDICINES/GENITO-URINARY SYSTEM AND SEX HORMONES</b>					
1	221	bottle	Aluminum Hydroxide + Magnesium Hydroxide, 225mg + 200mg/ 5ml, 120ml	42.08	9,299.68			
2	54	bottle	Aluminum Hydroxide + Magnesium Hydroxide, 225mg + 200mg/ 5ml, 60ml	24.75	1,336.50			
3	153	suppository	Bisacodyl 10mg (adult) suppository	20.88	3,194.64			
4	909	tablet	Bisacodyl 5mg	1.45	1,318.05			
5	135	suppository	Bisacodyl 5mg (children) suppository	1.71	230.85			
6	180	tablet	Calcium Carbonate 500mg	1.82	327.60			
7	180	tablet	Dicycloverine HCl 10mg	0.53	95.40			
8	72	bottle	Dicycloverine HCl 10mg/5ml Syrup, 60ml	16.12	1,160.64			
9	2,179	tablet	Domperidone 10mg	1.65	3,595.35			
10	124	bottle	Domperidone Maleate 1mg/ml Suspension, 60ml	108.35	13,435.40			
11	162	tablet	Dydrogesterone 10mg	47.59	7,709.58			
12	316	tablet	Hyoscine-N-Butylbromide 10mg	5.07	1,602.12			
13	126	tablet	Isoxsuprine 10mg	6.79	855.54			
14	241	bottle	Lactulose 3.3g/5ml syrup, 120ml	96.18	23,179.38			
15	271	capsule	Loperamide 2mg	0.62	168.02			
16	226	tablet	Metoclopramide 10mg	2.09	472.34			
17	1,734	capsule	Omeprazole 20mg	0.98	1,699.32			
18	2,343	capsule	Omeprazole 40mg	7.55	17,689.65			
19	45	sachet	Oral Rehydration Salts (ORS 75- replacement) 2.17g	3.04	136.80			
20	154	sachet	Oral Rehydration Salts (ORS 75- replacement) 5.125g	4.13	636.02			
21	1,025	tablet	Ranitidine Hydrochloride 150mg	0.88	902.00			
			<b>GRAND TOTAL ABC:</b>		<b>89,044.88</b>			
			Note:					
			Shelf life of medicines should be atleast 18					
			months (for items with 2 or more years					
			expiration after the manufacturing date) and					
			10 months (for items with 1 year expiration					
			after the manufacturing date) upon delivery					
			and acceptance.					

**TOTAL AMOUNT IN WORDS:**

**GRAND TOTAL BID**

**P**

**TERMS/CONDITIONS AND REQUIREMENTS:**

1. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES AND MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE

**PROCURING ENTITY.**

**2. MAYOR'S PERMIT.**

**3. PhilGEPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION.**

**4. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATION OF THE PRODUCT BEING OFFERED**

**5. OMNIBUS SWORN STATEMENT (COA Circular No. 2012-001 (9.2))**

**6. BRAND NAME SHOULD BE REFLECTED IN THE BID OFFERED, IN CASE NOT AVAILABLE THE MANUFACTURER'S NAME SHOULD BE STATED.**

**7. BRING SAMPLE ONCE REQUIRED DURING POST QUALIFICATION/EVALUATION.**

**8. PARTIAL BID IS NOT ALLOWED.**

**9. INCOME TAX RETURN (ITR)**

**10. CERTIFICATE OF GOOD MANUFACTURING PRACTICE FROM FDA (IF APPLICABLE)**

**11. BATCH RELEASE CERTIFICATE FROM FDA (IF APPLICABLE)**

**12. IF THE SUPPLIER IS NOT THE MANUFACTURER, CERTIFICATION FROM THE MANUFACTURER THAT THE SUPPLIER IS AN AUTHORIZED DISTRIBUTOR/DEALER OF THE PRODUCTS/ITEMS (IF APPLICABLE)**

**13. ALL MEDICINES AND MEDICAL SUPPLIES MUST HAVE TWO YEARS OR LONGER EXPIRATION DATE FROM THE DATE OF DELIVERY.**

**14. FAILURE TO SUBMIT ANY DOCUMENTS AS REQUIRED, THE PAYMENT THEREOF SHALL NOT BE PROCESSED.**

**After having carefully read and accepted your Terms/Conditions and Requirements, I/We quote you on the item prices noted above.**

**Place of Inspection: PGSO, San Jose, Antique**  
**Place of Delivery: IPHO, San Jose, Antique (to be delivered by the winning supplier)**  
**Delivery Period: within 7 calendar days after receipt of Purchase Order (PO)**

\_\_\_\_\_  
**Printed Name/Signature**

\_\_\_\_\_  
**Company's Name**

\_\_\_\_\_  
**Tel. No./Cellphone/E-mail Add.**

\_\_\_\_\_  
**Date**

