



REQUEST FOR QUOTATION (RFQ)

Various Medicines and Medical Supplies

Procuring Entity : DBP Head Office
Solicitation Number : P-ERD-24-00170
Date of Posting/Canvass : 07/05/2024
Deadline of Submission : 07/12/2024 (9:00 AM)
Approved Budget for the Contract (ABC) : Php 553,593.75

Kindly refer to the attached Terms of Reference for details and other conditions.

Please be guided by the following:

1. All entries in the proposal/quotation must be typewritten.
2. Price quotation must be based on the Terms of Reference (TOR) / Scope of Work/Services (SOW) / Technical Specifications (TS), as applicable and must be duly signed by the vendor's representative.
3. Price quotation (Unit Cost) must be inclusive of VAT and other applicable taxes/charges.
4. The open price quotation must include the documentary requirements (see below) and must be submitted through the email address below or to the Procurement Unit-PIMD, DBP Head Office, Sen. Gil Puyat Ave., cor. Makati Ave., Makati City.
5. No down-payment or advanced payment.
6. Price quotation with incomplete documentary requirement shall not be considered for evaluation.
7. Signed copy of this RFQ by the supplier's authorized representative should be attached with the submitted proposal.

Documentary Requirements:

- Proposal/Quotation;
- Proof of PhilGEPS Registration;
- Mayor's/Business permit for the current year;
- Omnibus Sworn Statement;
- Secretary's Certificate (for suppliers under partnership/corporation)
- Latest Income Tax Return;
- Signed Request for Quotation (RFQ).
- Certificate of Product Registration/Food and Drug Administration License to Operate

For submission of proposal and any inquiry, you may contact the following personnel:

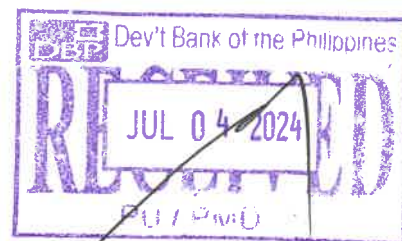
LILIBETH F. CASTEN / pimd-pu-gsteam@dbp.ph / 8818-9511 local 2604

Putting your name and signature below signifies that you have read and understood the Development Bank of the Philippines' Data Privacy Notice (via <https://www.dbp.ph/dbp-data-privacy-notice/>) and expressly consent to the processing of your personal and/or sensitive personal information in the manner and for the purpose provided in said Notice. You understand and accept that this will include access to personal data and records submitted, which may be regarded as personal and/or sensitive personal data as provided under the Data Privacy Act of 2012.

Name of Company/Supplier: _____

Authorized Signatory: _____ Date: _____

Signature over Printed Name

**TERMS OF REFERENCE****Mode of Procurement – Small Value**

Supply and Delivery of Various Medical Supplies, Medicines and Equipment

I. **The Approved Budget for the Contract: P 553,593.75** (VAT Inclusive) and other applicable taxes

II. **Technical Specifications**

	ITEM	DOSE	INDICATION	OTHER SPECIFICATIO NS	Q TY	Uo M	UNIT PRICE	TOTAL
1	MEFENAMIC ACID, 500MG	500MG TABLET	ANTI- INFLAMMATOR Y	100 TABLETS/BOX	4	BX	475	1,900.00
2	TELMISARTAN, 40MG	40mg	ANTIHYPERTEN SIVE	30 Tablets/box	10	BX	800	8,000.00
3	PHENYLEPHRINE+PARACE TAMOL, 10MG/500MG	10mg/500 mg tablet, non- drowsy	NASAL DECONGESTAN T, ANALGESIC, ANTIPYRETIC	100 tablets/box	10	BX	675	6,750.00
4	LEVOCETIRIZINE+MONTEL UKAST, 10MG./5MG.	10mg/5m g tablet	ANTIHISTAMINE	100 tablets/box	10	BX	1,265.00	12,650.00
5	CETIRIZINE DIHYDROCHLORIDE, 10MG.	10mg tablet	ANTIHISTAMINE	100 tablets/ box	10	BX	200	2,000.00
6	HYOSCINE N- BUTYLBROMIDE AMPULES, 20MG./ML.	20mg/ml ; 1ml per ampule	ANTISPASMODI C	10 ampules/box	5	BX	2,090.00	10,450.00
7	LOPERAMIDE	2mg tablet	ANTIDIARRHEAL	100 tablets/box	4	BX	850	3,400.00
8	BETAHISTINE	8mg tablet	ANTI-VERTIGO	100 tablets/box	4	BX	2,300.00	9,200.00
9	POVIDONE IODINE, 10%, 120ML.	Povidone iodine 10% solution, 120mL	SOLUTION FOR WOUND MANAGEMENT	1 bottle = 120 ML	10	BT	278	2,780.00
10	DIGITAL SPHYGMOMANOMETER		DIGITAL BLOOD PRESSURE MONITORING APPARATUS	1 X DIGITAL BLOOD PRESSURE MONITOR VELCRO CUFF CLOSURE (WIDE CUFF/LARGE ADULT SIZE) / WITH EXTERNAL POWER PLUG	2	ST	4,390.00	8,780.00

Conforme: _____s

Supply and Delivery of Various Medical Supplies, Medicines and Equipment

	ITEM	DOSE	INDICATION	OTHER SPECIFICATIONS	QTY	UoM	UNIT PRICE	TOTAL
11	TEST STRIPS, GLUCOSE (FREESTYLE)		TEST STRIPS SPECIFIC/ COMPATIBLE FOR GLUCOMETER SET	50 STRIPS / BOX	6	BX	1,600.00	9,600.00
12	IBUPROFEN+ PARACETAMOL	200MG /325MG CAPSULE	ANALGESIC, ANTIPYRETIC	100 CAPSULES/ BOX	4	BX	850	3,400.00
13	DEXTRAN 70 + HYPROMELLOSE, 1MG./3MG.	1MG/3MG	STERILE OPHTHALMIC SOLUTION	10 Nebules/box, 1ml per ampoule	10	BX	120	1,200.00
14	ETORICOXIB, 90MG	90mg	ANTI-INFLAMMATORY	30 Tablets/box; film-coated tablet	10	BX	2,115.00	21,150.00
15	VITEX NEGUNDO, 600 MG.	600 mg	ANTI-ASTHMA	60 Tablets or capsules/box	20	BX	480	9,600.00
16	TELMISARTAN+AMLODIPINE	40mg/5mg	ANTIHYPERTENSIVE	30 Tablets/box	10	BX	735	7,350.00
17	ALUMINUM HYDROXIDE, MAGNESIUM HYDROXIDE, SIMETICONE, 178MG/233MG/30MG	178mg/233mg/30mg	ANTACID / ANTIFLATULENT	100 TABLETS/BOX	10	BX	975	9,750.00
18	PARACETAMOL + VITAMIN B1, B6, B12 500MG/50MG/100MCG/100MCG	COMBINATION OF PARACETAMOL 500 MG + VITAMIN B1, B6, B12 50MG/100MCG/100MCG TABLET	ANALGESIC, ANTIPYRETIC	100 tablets / BOX	10	BX	2,675.00	26,750.00
19	MEDICATED PLASTER	2 to 4 pieces per pack	MEDICATED PLASTER FOR MUSCLE PAIN AND STRAINS	2 to 4 pieces per pack	100	PC	51.75	5,175.00
20	SALBUTAMOL NEBULE	1MG/ML = 2.5ML	ANTI-ASTHMA	20 NEBULES / BOX	10	BX	890	8,900.00
21	LOZENGES		RELIEF OF SORE THROAT AND MOUTH CONDITIONS	8 LOZENGES PER BOX	20	BX	264	5,280.00

Conforme: _____



Supply and Delivery of Various Medical Supplies, Medicines and Equipment

	ITEM	DOSE	INDICATION	OTHER SPECIFICATIONS	QTY	UoM	UNIT PRICE	TOTAL
22	CETIRIZINE, PHENYLEPHRINE HCL, 10MG./5MG.	5MG/10MG	ANTIHISTAMINE / NASAL DECONGESTANT	100 TABLETS/BOX	10	BX	2,475.00	24,750.00
23	PHENYLEPHRINE HCL, PARACETAMOL, 10MG/500MG	10mg/500mg tablet, non-drowsy	NASAL DECONGESTANT, ANALGESIC, ANTIPYRETIC	100 tablets/box	10	BX	675	6,750.00
24	DIPHENHYDRAMINE HCL INJECTABLE	50MG/ML = 1ML VIAL	EMERGENCY ANTIHISTAMINE MEDICATION	1 ML= AMPOULE	20	AMP	180	3,600.00
25	CLONIDINE, 75 MG	75mcg/TAB	ANTIHYPERTENSIVE	100 TABLETS/BOX	3	BX	3,600.00	10,800.00
26	MEDICATED SPRAY	64 ml per bottle	MEDICATED SPRAY FOR MUSCLE PAIN	12 BOTTLES / BOX	3	BX	4,320.00	12,960.00
27	CELECOXIB CAPSULE, 200 MG, 60'S	200mg capsule	ANTI-INFLAMMATORY; COX2 SELECTIVE INHIBITOR	60 capsules/box	5	BX	1,410.00	7,050.00
28	GLUCOMETER		BLOOD GLUCOSE MONITORING SYSTEM	1 X SIMPLE BLOOD GLUCOSE / 1 X LANCING DEVICE/ 1X CARRY CASE / TEST RANGE 20-600 mg/dl/ TEST TIME : 10S/ BLOOD VOLUME : 0.6uL	2	UNIT	5,500.00	11,000.00
29	GAUZE PADS, 4 X 4, 100s	4inches x 4inches sterile gauze pads	GAUZE PADS FOR WOUND MANAGEMENT	20 packs per box	10	BX	250	2,500.00
30	MICROPORE PLASTER TAPE, 5 METERS	adhesive, hypoallergenic, not made of natural rubber latex	PLASTER TAPE FOR WOUND MANAGEMENT	10 yards per roll	17	RL	65	1,105.00

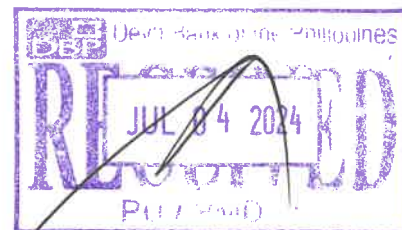
Conforme: _____
Signature over Printed Name



Supply and Delivery of Various Medical Supplies, Medicines and Equipment

	ITEM	DOSE	INDICATION	OTHER SPECIFICATIONS	QTY	UoM	UNIT PRICE	TOTAL
31	NON-CONTACT INFRARED THERMOMETER		DIGITAL THERMOMETER	1 BOX = 1 THERMOMETER / WITH AUTOMATIC ALARM/ DIGITAL/ DISPLAY RANGE 32.0-42.0 *C/ 100 + - UNDERARM/ ACCURACY + - 0.1*C/ lcd 20X7mm / 1.5V BUTTON BATTERY	4	ST	950	3,800.00
32	ELASTIC BANDAGE, 4 IN X 5 YRDS	4 inches by 5 yards, rolled compression bandage	ELASTIC BANDAGE FOR COMPRESSION	4 in x 5 yards per pack	10	RL	66	660
33	HYDROGEN PEROXIDE 120 ML		ANTISEPTIC SOLUTION FOR WOUND CLEANING	1 BOTTLE = 120 ML	10	BT	33	330
34	EPERISONE HYDROCHLORIDE, 50 MG	50mg tablet	MUSCLE RELAXANT	100 tablets / box	10	BX	2,800.00	28,000.00
35	BETAMETHASONE VALERATE CREAM, 500 G.	500 GRAM JAR	OINTMENT FOR ECZEMA.DERMATITIS/ALLERGIES/RASH	500 GRAM/ JAR	5	JR	6,000.00	30,000.00
36	PLASTER STRIPS, 100s	antiseptic, adhesive bandages	PLASTER STRIPS FOR WOUND MANAGEMENT	100 strips per box	10	BX	170	1,700.00
37	CARBOCISTEINE, 500MG.	500MG TABLET	TREATMENT FOR COUGH AND PHLEGM	100 CAPSULES/ BOX	10	BX	1,125.00	11,250.00
38	PARACETAMOL, 500MG	5mg tablet	ANALGESIC, ANTIPYRETIC	500 tablets/box	4	BX	2,250.00	9,000.00
39	BACITRACIN/NEOMYCIN/ POLYMYXIN (BNP) OINTMENT (ANTIBACTERIAL)	Neomycin 5mg/ Polymyxin B 5000 units/ Bacitracin 400 units, per gram. Ointment form in 500 gram jar	ANTIBIOTIC OINTMENT FOR WOUNDS	5MG/5000U/ 400U/500G = JAR	5	JR	6,000.00	30,000.00
40	LANCETS		LANCETS SPECIFIC/	100 / BOX	3	BX	150	450

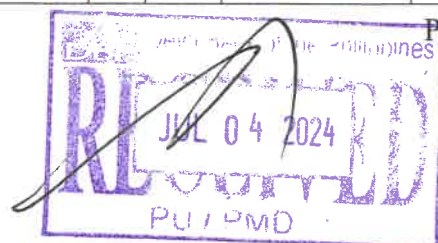
Conforme: _____



Supply and Delivery of Various Medical Supplies, Medicines and Equipment

	ITEM	DOSE	INDICATION	OTHER SPECIFICATIO NS	Q TY	Uo M	UNIT PRICE	TOTAL
			COMPATIBLE FOR GLUCOMETER SET					
41	DEXAMETHASONE+NEO MYCIN SULFATE+POLYMYXIN B SULFATE, 1,000MCG/3,500u/6,000 u/ML., 5ML.	10,000U/ 5.5mg/1m g/1mL	OPHTHALMIC DROPS;ANTI-INFLAMMATOR Y, ANTI-INFECTIVE	1 bottle of 5ml / box	12	BT	678	8,136.00
42	PREDNISONE	5mg tablet	CORTICOSTEROI D, ANTI-INFLAMMATOR Y	100 tablets/ box	2	BX	300	600
43	AMLODIPINE BESILATE, 5MG.	5mg tablet	ANTIHYPERTEN SIVE	100 tablets/ box	15	BX	125	1,875.00
44	MOXIFLOXACIN HYDROCHLORIDE, 0.5%, 5ML.	0.50%	ANTIBIOTIC OPHTHALMIC SOLUTION	1 bottle per pc	12	BT	598	7,176.00
45	PHENIRAMINE MALEATE/NAPHAZOLINE HYDROCHLORIDE, 0.30%, 0.025%, 10ML.	0.30%/0.0 25	OPHTHALMIC SOLUTION FOR EYES; DECONGESTAN T FOR REDNESS, EPIPHORA, EYE IRRITATION	1 bottle / pc	12	BT	576	6,912.00
46	HYPROMELLOSE, 5MG./ML., 10ML.	5MG./ML. , 10ML.	STERILE OPHTHALMIC SOLUTION	10 bottles/box, 10ml	12	BT	235	2,820.00
47	SPHYGMOMANOMETER, ANEROID TYPE		MANUAL BLOOD PRESSURE MONITORING APPARATUS	1 X ANEROID BLOOD PRESSURE SPHYGMOMA NOMETER/ INFLATION BULB WITH AIR RELEASE VALVE/ RUBBER BLADDER/ INGLATION CUFF/ VELCRO CUFF CLOSURE (ADULT SIZE) / 1X STORAGE BAG/ 1 STETHOSCOPE	2	ST	1,900.00	3,800.00
48	BILASTINE 20mg	20mg tablet	ANTIHISTAMINE	50 tablets / BOX	20	BX	1,625.00.	32,500.00
49	PULSE OXIMETER, PER TECHNICAL SPECIFICATIONS		PULSE AND OXYGEN LEVEL MONITORING	1 PULSE OXYMETER= 1 BOX / WITH PERFUSION	4	UNI T	1,400.00	5,600.00

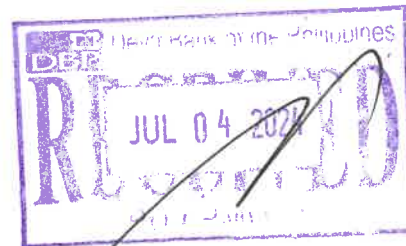
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Supply and Delivery of Various Medical Supplies, Medicines and Equipment

	ITEM	DOSE	INDICATION	OTHER SPECIFICATIONS	QTY	UoM	UNIT PRICE	TOTAL
			FOR PATIENT VITAL SIGNS	INDEX/ OXYGEN SATURATION / AAA SIZE ALKALINE BATTERIES				
50	HYOSCINE N-BUTYLBROMIDE + PARACETAMOL, 10MG. / 500MG.	10mg/ 500mg	ANTISPASMODIC	100 tablets/box	5	BX	4,075.00	20,375.00
51	ETORICOXIB, 120 MG.	120mg tablet	ANALGESIC	100 tablets / BOX	5	BX	2,632.50	13,162.50
52	GLOVES, DISPOSABLE, NON-POWDERED, SMALL	non-powdered	for Nurses' and Doctors' use	100 gloves per box	3	BX	837.25	2,511.75
53	DICHLOROBENZYL ALCOHOL AMYLMETACRESOL, 1.2MG/600MCG.	1.2mg/800 mcg LOZENGE	SOOTHING THROAT RELIEF / ANTISEPTIC	24 LOZENGES PER BOX	10	BX	2,530.00	25,300.00
54	GLOVES, DISPOSABLE, NON-POWDERED, LARGE	non-powdered , clean gloves	for Nurses' and Doctors' use	100 gloves per box	3	BX	837.25	2,511.75
55	SILVER SULFADIAZINE, 1%, 20G. CREAM	1% 20g cream	ANTIBIOTIC CREAM FOR BURN WOUNDS	1 tube/pc	5	TB	877.75	4,388.75
56	ORPHENADRINE CITRATE + PARACETAMOL, 50MG./ 650MG.	50mg/650 mg tablet	ANALGESIC, MUSCLE RELAXANT	100 tablets / BOX	10	BX	4,025.00	40,250.00
57	FUSIDIC ACID, 2% OINTMENT, 15G.	2% ointment or cream 15g	ANTIBIOTIC OINTMENT FOR WOUNDS	4 TUBES	5	TB	831	4,155.00
58	OTIC DROPS, FLUOCINOLONE ACETONIDE, POLYMYXIN B SULFATE, NEOMYCIN SULFATE, 250MCG/10,000u/ 5mg., 5ml.	250 mcg/ 10,000u/5 mg/5ml	ANTIBIOTIC OTIC DROPS	1 pc of 5 mL bottle / box	5	BT	350	1,750.00
TOTAL								553,593.75

Conforme: _____



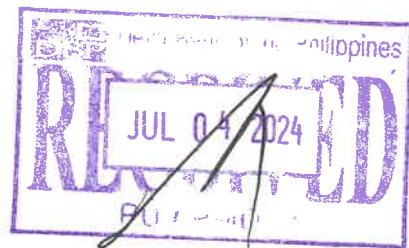
III. Conditions of the Contract

1. The Supplier shall ensure that the items delivered are in accordance with the specifications required by the DBP. DBP has the right to reject delivery if item/s delivered were found to be defective and not in accordance with the required specifications/samples
2. The DBP may terminate/cancel the Purchase Order (PO) when the Supplier fails to deliver, perform and comply with its obligations.
3. **Delivery Period:** The Supplier shall deliver the items within sixty (60) calendar days after receipt of Notice to Proceed (NTP)
4. **Point of Delivery:** DBP Building, Basement, Receiving Section of the Inventory Management Unit – Procurement and Inventory Management Department (IMU – PIMD), Sen. Gil J. Puyat Ave., cor. Makati Ave., Makati City
5. Expiry date of delivered medicines must be at least two (2) years from the current year.
6. Interested Supplier/s must submit all the following:
 - a) Proposal/Quotation
 - b) 2024 Mayor's/ Business Permit;
 - c) Omnibus Sworn Statement; and
 - d) Proof of PhilGEPS Registration.
 - e) Secretary's Certificate (For Supplier under partnership/Corporation)
 - f) Signed Request for Quotation
 - g) Income/Business Tax Return
 - h) Certificate of Product Registration (CPR)/ Food and Drug Administration (FDA) License to operate.

IV. Payment

1. Payment shall be processed after completion of delivery subject to complete documents for payment (e.g. Billing Statement/Statement of Account, as applicable).
2. For every day of delay, 1/10 of 1% (0.001) of the price of undelivered quantity, shall be deducted from the payment, in case the supplier fails to deliver the items on time. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the P.O., the DBP may rescind or terminate the contract, without prejudice to other courses of action and remedies open to it.

Conforme: _____
Signature over Printed Name



Supply and Delivery of Various Medical Supplies, Medicines and Equipment

Prepared By:

SIGNED

RICHARD VINCENT O. RAMAS

HRMO III/Nurse, Health & Wellness Unit

Employee Relations Department-HRMG

Recommended By:

SIGNED

ALEX F. OLIVAREZ MD

Head, Health & Wellness Unit

Employee Relations Department-HRMG

Approved By:

SIGNED

HEIDI G. MACABAL

OIC, Employee Relations Department-HRMG

Per Office Order No. 162 dated 05 April 2024

Conforme: _____
Signature over Printed Name

