#### **REQUEST FOR QUOTATION (RFQ)**

### **Supply and Delivery of Medical Supplies and Equipment**

Procuring Entity : DBP Head Office
Solicitation Number : P-ERD-25-00482
Date of Posting/Canvass : 09/30/2025

Deadline of Submission : 10/06/2025 (10:00am)

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:**

- Signed Proposal/Quotation [using supplier's letterhead];
- · Proof of PhilGEPS Registration;
- 2025 Mayor's/Business Permit;
- Omnibus Sworn Statement (10 statements);
- Secretary's Certificate (for supplier under partnership & corporation);
- Signed DBP Data Privacy Consent Form; and
- Submission of Certificate of Product Registration (if any) and license to operate from FDA

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

#### MELBA V. BERMUDEZ / pimd-pu-gsteam@dbp.ph / 8818-9511 local 2636

Name of Company/Supplier:		_
Authorized Signatory:	Date:	
Signature over	Printed Name	

# DEVELOPMENT BANK OF THE PHILIPPINES (DBP) Terms of Reference

# Mode of Procurement – Small Value Procurement Supply and Delivery of Medical Supplies and Equipment Procurement of Medicine and Supplies

I. Approved Budget for the Contract (ABC): P 498, 288.00 (Inclusive of VAT/applicable taxes and other charges)

#### **II. Technical Specifications:**

NO.	TTEM DES	CRIPTION	INDICATION	UNIT OF MEASUREMENT	QT Y	UNIT PRICE	TOTAL
1	LOSARTAN POTASSIUM 50MG	50mg	ANTIHYPERTENSIVE	30 tablets/box	30	370.00	11,100.00
2	MEFENAMIC ACID 500MG/TAB	500mg tab	ANALGESIC	100 tab/box	10	475.00	4,750.00
3	TELMISARTAN 40MG	40mg	ANTIHYPERTENSIVE	30 tablets/box	30	340.00	10,200.0
4	ORAL REHYDRATION SALTS	1 sachet	REHYDRATION	60 sachet/box	20	500.00	10,000.0
5	PHENYLEPHRINE HCL + PARACETAMOL 10MG/500MG	10mg/500mg tablet, non- drowsy	DECONGESTANT, ANALGESIC	100 tablets/box	10	732.00	7,320.00
6	AMLODIPINE BESILATE 5MG	5 mg	ANTIHYPERTENSIVE	100 tablets/box	10	650.00	6,500.0
7	LEVOCETIRIZINE+MONTELUKAS T 10MG/5MG	10mg/5mg	ANTIHISTAMINÉ	100 tablets/box	5	2,250. 00	11,250.0
8	CETIRIZINE DIHYDROCHLORIDE 10 MG	10mg	ANTIHISTAMINE	100 tablets/box	10	1,510. 00	15,100.0
9	PAPER CUPS, DISPOSABLE	6.5 Ounce, paper, white, disposable	PATIENTS' USE; MEDICATION	1 piece	500	1.70	850.00
10	COTTON BALLS	100% pure cotton balls	FOR WOUND CARE	150 pcs per pack	30	204.00	6,120.0
11	LOPERAMIDE	2mg tablet	ANTIMOTILITY	100/tablets/box	10	765.00	7,650.0
12	BETAHISTINE	8mg tablet	ANTI-VERTIGO	100 tablets/box	6	2,100. 00	12,600.0
13	POVIDONE IODINE 10%, 120ML	10% solution	FOR WOUND CARE	120 ml/bottle	5	198.00	990.00
14	IBUPROFEN + PARACETAMOL	200/325mg tablet	Analgesic	100 caps/box	5	500.00	2,500.0
15	DEXTRAN 70 + HYPROMELLOSE, 1MG/3MG	1mg/3mg	DRY EYE SYNDROME	10 ampoules/box, 1mL per ampoule	100	150.00	15,000.0
16	ETORICOXIB 90MG	90mg	NON-STEROIDAL ANTI- INFLAMMATORY	30 tablets/box	10	800.00	8,000.0
17	VITEX NEGUNDO, 600 MG	600mg	ANTIASTHMA	100 caps/box	5	380.00	1,900.0

CONFORME:

Date

#### **Procurement of Medicine and Supplies**

Company Name	
Name & Signature	



NO.	ITEM DES	CRIPTION	INDICATION	UNIT OF MEASUREMENT	QT Y	UNIT	TOTAL
18	OXYGEN TANK 10 LBS	N/A	OXYGEN THERAPY	Cyl	1	3966.0 0	3966.00
19	TELMISARTAN 40MG+ AMLODIPINE 5MG	40/5mg	ANTIHYPERTENSIVE	30 tablets/box	30	425.00	12,750.00
20	ALUMINUM HYDROXIDE, MAGNESIUM HYDROXIDE, SIMETICONE 178mg/233mg/30mg	178mg/233mg/30mg	ANTACID	100 chewable tablets/box	20	820.00	16,400.00
21	OMEPRAZOLE 40MG	40mg	PROTON PUMP INHIBITOR	30 capsules/box	20	1170.0 0	23,400.00
22	0.9% SODIUM CHLORIDE FOR IRRIGATION	0.90%	LAVAGE/CLEANSING	Bottle	12	280.00	3,360.00
23	MEDICATED PLASTER	2 to 4 pieces per pack	FOR MUSCLE PAINS	Piece	100	75.00	7500.00
24	SALBUTAMOL NEBULE	1mg/mL	ANTIASTHMA	30 ampules / box	5	700.00	3,500.00
25	DIPHENHYDRAMINE SOMG IV	50 mg IV ampule	FOR ALLERGIC REACTION	10 ampules/ box	3	215.00	645.00
26	CLONIDINE	75mcg tablet	ANTIHYPERTENSIVE	100 tabs/box	3	1750.0 0	5,250.00
27	COTTON TIP APPLICATOR	N/A	FOR WOUND CARE	Pack	5	300.00	1,500.00
28	CELECOXIB 200MG	200mg capsule	NON-STEROIDAL ANTI- INFLAMMATORY	Вох	10	1,410. 00	14,100.00
29	NEEDLE G-23, DISPOSABLE	N/A	PARENTERAL ADMINISTRATION	100 pcs/box	3	388.00	1,164.00
30	ICE BAG	Cloth bag, screw - type plastic tension cap, rubber interior	PAIN RELIEF	Piece	20	250.00	5,000.00
31	NEEDLE G-26, DISPOSABLE	N/A	PARENTERAL ADMINISTRATION	100 pcs/box	1	388.00	388.00
32	MEDICAL OXYGEN REGULATOR	N/A	OXYGEN THERAPY	Piece	1	1350.0 0	1,350.00
33	GAUZE PADS 4 X 4	4 x 4 packs	FOR WOUND CARE	20 packs/box	20	480.00	9,600.00
34	ELASTIC BANDAGE, 4 IN X 5 YRDS	4 inches by 5 yards, rolled compression bandage	FOR BANDAGING	40 rolls	40	60.00	2,400.00
35	HYDROGEN PEROXIDE 3% TOPICAL SOLUTION	3% topical solution	TOPICAL ANTISEPTIC	120ml bottle, 3%	5	80.00	400.00
36	METOCLOPRAMIDE 10MG/TAB	10 mg tablet	FOR NAUSEA AND VOMITING	100 tab/box	5	688.00	3,440.00
37	BETAMETHASONE VALERATE 1MG/G (0.1% W/W) CREAM	1 mg/g cream	STEROIDAL ANTIPRURITUS	Jar	5	3,520. 00	17,600.00
38	PLASTER STRIPS	Antiseptic, adhesive bandages	FOR WOUND CARE	100 strips/box	20	290.00	5,800.00
30	PARACETAMOL 500MG	500mg tablet	ANALGESIC	500 tablets/ box	10	2,050. 00	20,500.00
39							
40	BACITRACIN/NEOMYCIN/POLY MYXIN OINTMENT	400 units/5mg/5000 units/gram ointment	TOPICAL ANTIBIOTIC	Jar	3	5,900. 00	17,700.00
			TOPICAL ANTIBIOTIC	Jar 100 tablets/box	3		17,700.00 6,200.00

CONFORME:

# **Procurement of Medicine and Supplies**

Company Name

Name & Signature

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NO.	пем des	CRIPTION	INDICATION	UNIT OF MEASUREMENT	QT Y	UNIT	TOTAL
43	PHENIRAMINE MALEATE 0.3% + NAPHAZOLINE 0.025% OPHTHALMIC SOLUTION	0.3%/0.025%	OPHTHALMIC DECONGESTANT	0.3%/0.025%/10 mL bottle	10	250.00	2,500.00
44	OPHTHALMIC SOLUTION, HYPROMELLOSE, 5MG/ML	5mg/mL	DRY EYE SYNDROME	12 bottles	5	220.00	1,100.00
45	NEBULIZER KIT	Set contains; tube, adult mask, medicine cup, mouthpiece, plastic tubing	ANTIASTHMA	Kit	150	135.00	20,250.00
46	DICLOFENAC POSTASSIUM	50mg tablet	ANALGESIC	100 tab/box	10	1600.0 0	16,000.00
47	HOT WATER BAG, 500ML	N/A	PAIN RELIEF	Piece	20	400.00	8,000.00
48	Wash Basin	plastic, multipurpose, 20 inches diameter (Round), any color	FOR WOUND CARE	Piece	3	375.00	1,125.00
49	SURGICAL TAPE	Adhesive, hypoallergenic, not made of natural rubber latex 1 Inch x 10 yards	FOR WOUND CARE	Rolls	30	285.00	8,550.00
50	FLUORESCEIN STRIPS	Strips, sterile, shelf life: 5 years	OPHTHALMIC DIAGNOSTIC STRIPS	100 strips/box	3	1980.0 0	5,940.00
51	HYOSCINE N-BUTYLBROMIDE 10 mg tab	10mg	ANTISPASMODIC	120 tablets/box	5	1600.0 0	8,000.00
52	BILASTINE	20mg tablet	ANTIHISTAMINE	50 tablets/box	30	295.00	8,850.00
53	EPERISONE HYDROCHLORIDE 50 MG	50mg tablet	MUSCLE RELAXANT	100 tablets/box	5	2,100. 00	10,500.00
54	SYRINGE, 3CC/ML WITH 23G NEEDLE	N/A	PARENTERAL ADMINISTRATION	100 pcs/box	2	1350.0 0	2,700.00
55	ETORICOXIB	120mg tablet	NON-STEROIDAL ANTI- INFLAMMATORY	100 tablets/5 boxes	5	1100.0 0	5,500.00
56	SYRINGE, 1CC/ML WITH 26G NEEDLE	N/A	PARENTERAL ADMINISTRATION	100 pcs/box	3	1350.0 0	4,050.00
57	DISPOSABLE CLEAN GLOVES, SMALL, NON-POWDERED	Non-powdered, clean gloves	PPE	100 gloves/box, nonpowdered	20	300.00	6,000.00
58	DICHLOROBENZYL ALCOHOL AMYLMETACRESOL LOZENGES	1.2mg/600mcg lozenges	ANTISEPTIC	32 packs / box	10	394.00	3,940.00
59	FORTE, SAMBUCUS NIGRA L., PRIMULA ELATIOR, PRIMULA FLOWER WITH CALYX, RUMEX CRISPUS L., VERBENA OFFICINALIS L., GENTIANA LUTEA L.,36MG./36MG./36MG./36M G./12MG.	36mg/36mg/36mg/12 mg/tablet	DECONGESTANT	30 tablets/box	30	65.00	1,950.00
60	DISPOSABLE CLEAN GLOVES, LARGE, NON-POWDERED	Non-powdered, clean gloves	PPE	100 gloves/box, nonpowdered	20	300.00	6,000.00
61	STERILE WOODEN TONGUE DEPRESSOR	100 pcs/box; wood, sterile	FOR PHYSICAL ASSESSMENT	Pack	10	150.00	1,500.00
62	SILVER SULFIADIZINE 1% 20G. CREAM	1% 20g cream	ANTIBIOTIC	tube	2	900.00	1,800.00
64	ORPHENADINE CITRATE + PARACETAMOL 50mg/650mg	50mg/650mg tablet	MUSCLE RELAXANT	100 tablets/box	3	5,900. 00	17,700.00
65	DIQUAFOSOL SODIUM	3% preservative free, 0.4mL	DRY EYE SYNDROME	30 bottles/box	15	850.00	12,750.00
66	SODIUM HYALURONATE 0.3%	0.3%, 5mL	DRY EYE SYNDROME	0.3%, 5ml/bottle	10	350.00	3,500.00
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CONFORME:

Date

# **Procurement of Medicine and Supplies**

Company Name

Name & Signature



NO.	ITEM DES	CRIPTION	INDICATION	UNIT OF MEASUREMENT	QT Y	UNIT PRICE	TOTAL
67	LEVOFLOXACIN	0.5%, 5mL	OPHTHALMIC ANTIBIOTIC	0.5%, 5mL/ bottle	10	550.00	5,500.00
68	TRANSPARENT FILM DRESSING	waterproof, latex-free, sterile Width: 4 inches Length: 4.75 inches Shape: Rectangle Color: Transparent	FOR WOUND CARE	Вох	5	1680.0 0	8,400.00
69	FUSIDIC ACID, 2% OINTMENT, 15G	2% ointment 15g	TOPICAL ANTIBIOTIC	15g/tube	30	198.00	5,940.00
							498, 288.00

#### III. Conditions of the Contract

- 1. The supplier shall ensure that the items delivered are in accordance with the specifications required by the dental team of the Health & Wellness Unit
- 2. The DBP may terminate/cancel Purchase Order (PO) if the supplier fails to deliver, perform, and comply with its obligation.
- 3. The expiry date of medical supplies delivered must be at least two (2) years from the delivery date.
- 4. **Delivery Period:** The supplier shall deliver the items within forty-five (45) calendar days after the receipt of Notice to Proceed (NTP).
- 5. **Point of Delivery:** DBP Head Office Building, Basement, Receiving section of the Inventory Management Department (IMU-PIMD), Sen. Gil J. Puyat cor. Makati Ave., Makati City in coordination with the Medical Team of the Health & Wellness Unit.

#### **IV. Documentary Requirements:**

- 1. Proposal/quotation
- 2. Signed DBP Data Privacy Consent Form
- 3. Proof of PhilGEPS registration
- 4. 2025 Mayor's/Business Permit
- 5. Omnibus Sworn Statement
- 6. Secretary's Certificate (for supplier under partnership/corporation)
- 7. Submission of Certificate of Product Registration (if any) and license to operate from FDA.

CONFORME:		
Company Name	Procurement of Medicine and Supplies	
Name & Signature		
Date	Ju .	

#### V. Payment:

- 1. Payment shall be processed after completion of delivery and subject to submission of the complete documents for payment (such as: Invoice/Billing Statement/Statement of Account).
- 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 PO, the DBP may rescind or terminate the contract, without prejudice to other courses of action and remedies open to it.

Recommended by:

SIGNED AVP ALEX F. ONVAREZ Head, Health & Wellness Unit

Approved by:

SIGNED VP HEØI G. MACASAET

Head, Employee Relations Department

**Procurement of Medicine and Supplies** 

