



Republic of the Philippines
SOUTHERN LUZON STATE UNIVERSITY
Lucban, Quezon

REQUEST FOR QUOTATION

MEDICAL – DENTAL SUPPLIES (UHS)

Purchase Request No. 2024-01-0314, 2024-01-0315, 2024-01-0316 & 2024-01-0317
Approved Budget for the Contract: ₱ 206,200.00

The Southern Luzon State University through the Bids and Awards Committee invites interested firms/supplier to submit quotation for the procurement of **Medical – Dental Supplies (UHS)** to apply the sum of **Two Hundred Six Thousand and Two Pesos Only (₱ 206,200.00)** inclusive of VAT, being the **Approved Budget for the Contract (ABC)**, details as follows:


Qty.	Unit	ITEM/S DESCRIPTION
2	ampules	Adrenaline/ Ephinephrine Ampule
2	ampules	Terbutaline (Bricanyl) Ampule
2	ampules	Hyoscine N-Butyl Bromide (Buscopan) Ampule
4	ampules	Diphenhydramine (Benadryl) Ampule
20	pcs	Lidocaine Anesthesia 2%, polyp.
2	ampules	Nalbuphine (Nubaine) Ampule
2	vial	Omeprazole 40mg vial, IM/ IV injectable
6	ampules	Metrocloramide 5mg/ ml ampule, IM/ IV injectable
1	BOX	Cefalexin (Pharex or Ritemed) 500 mg capsule 100s'/ box
4	BOX	Cefuroxime (Ritemed) 500mg tablet 60s'/ box
2	BOX	Ciprofloxacin (Ritemed) 500mg tablet 100s'/ box
2	BOX	Clarithromycin (Ritemed) 500mg tablet 50s'/ box
3	BOX	Cloxacillin (Ritemed) 500mg capsule 100s'/ box
8	BOX	Azythromycin 500mg tablet, 3 pcs/ box
4	BOX	Co-Amoxiclav (Augmentin) 500mg/ 125 mg tablet, 30s'/ box
1	BOX	Metronidazole 500mg tablet (Ritemed or Pharex) 100s'/ box
3	BOX	Ambroxol (Mucosolvan) 75mg retard capsule 50s'/ box
4	BOX	Phenylephrine HCL + Paracetamol (Decolgen non-Drowse) tablet 100s'/ box
8	BOX	Lagundi (Ascof Forte) 600mg tablet, 60s'/ box
4	BOX	Paracetamol (Biogesic) 500mg tablet 500s'/ box
40	sachet	Fluimucil sachet, adult 200mg (dissolve in 1 glass of water)
6	box	Amlodipine (Amvasc, Ritemed) 5mg tablet, 50s'/ box
50	pcs	clonidine (Catapres) 75 mcg tablet
4	box	Losartan (Kenzar or Getzar, Ritemed) 50mg talbet 100s'/ box
3	box	Betamethasone + Dexchlorphenamine Maleate (Celestamine or Betadex), 250 mcg/ 2mg tablet, 100s'/ box
1	box	Chlorphenamine Maleate 4mg Tablet, 100s'/ Box
3	box	Cetirizine (Alnix or Ritemed), 10mg Tablet 100s'/ box

50	capsule	Diphenhydramine (Benadryl) 50mg capsule
50	tablet	Prednisone 5mg tablet
1	box	Domperidone (Molitium/ Ritemed/ Dompenyl) 10mg, 100 tablets/ box
4	box	Aluminum Hydroxide Magnesium Hydroxide Simethicone (Kremil-S Advance Chewable) tablet 100s'/ box
2	box	Hyoscine N-Butyl Bromide (Buscopan) tablet 120 pcs/ box
2	box	Loperamide (Lormotil or Diatabs) 2mg cap, 100s/ box
6	box	Omeprazole (Ritemed) 20mg capsule 30 caps/ box
6	box	Mefenamic Acid (Dolfenal or Ritemed) 500mg talbet 100s/ box
200	capsule	Ibuprofen 200mg capsule (Advil Liquid-Gel)
1	box	Meclizine HCL (Bonamine) 25 mg tablet, adult chewable 240 tabs/ box
1	box	Betahistine (Serc) 24 mg tablet, 100s/ tablet
1	box	Metoclopramide 10mg tablet (Plasil)
300	capsule or tablet	Multivitamins/ Ascorbic Acid + Zinc500mg tablet/ capsule
2	bottle	Tetrahydrozoline HCl (Visine or Eye-Mo), Eye drops, 0.5 mg/ ml 6ml
4	box	Oral Rehydration Solution (ORS - Hydrite) 4.1 mg Granules Sachet 100s/ box)
1	box	Salbutamol tablet (Ventolin) 2mg/ cap, 50s'/ box
20	tablet	Furosemide 40mg tablet
20	tabe	Metoprolol 100mg tablet
2	box	Tranexamic acid (Hemostan) 500mg capsule, 100s'/ box

1. The quotation must be submitted (can also be send thru email at the contact details listed below) or to the Office of the Procurement Office/Bids and Awards Committee, Southern Luzon State University, 2nd Flr. Hermano Puli Building, and shall be received by the Committee.

E-mail : slsuprocedurement2021@gmail.com

2. The SLSU reserves the right to reject any or all quotations and/or proposals and waive any formalities/ informalities therein and to accept such bids it may consider as most advantageous to the agency and to the government. Southern Luzon State University SLSU neither assumes any obligation for whatsoever losses that may be incurred in the preparation of bids, nor does it guarantee that an award will be made.


MARIDEL C. ZABELLA
Head, Procurement Office
Southern Luzon State University
Lucban, Quezon
Tel. No.: (042)540-6519



Republic of the Philippines
SOUTHERN LUZON STATE UNIVERSITY
 Lucban, Quezon

REQUEST FOR QUOTATION

Office/End-User: University Health Services		Date:
COMPANY NAME:		PR No.: 2024-01-0314, 2024-01-0315, 2024-01-0316, 2024-01-0317
ADDRESS :		
TEL. NO./FAX NO. :		TIN No.:

Please quote your lowest price on the item(s) listed below, subject to the Terms & Conditions stated below and submit your quotation duly signed by your representative not later than _____ of _____ in the return envelope attached herewith to the Procurement office.

TERMS and CONDITIONS

1. All entries must be typewritten or legibility written.
2. Delivery period within _____ upon conforme of the approved Purchase Order (P.O).
Administrative penalties to Sec. 69 of the Revised IRR-RA 1984 shall be imposed for non-delivery without valid reason.
3. Warranty shall be for a minimum of three (3) months for Supplies & Materials;
(1) one year for Equipment from date of acceptance by the end-user.
4. Price validity shall be for a period of sixty (60) calendar days.
5. Suppliers required to submit updated documents yearly such as G-EP5 Registration, Certificate of Tax, Mayor's Permit, DTI, Bank Name/Account and Branch for evaluation of the Procurement Office upon submission of the quotation.
6. Bidders shall submit complete specifications showing products certification, if applicable.
7. Please indicate the brand for each items being offered.
8. The Approved budget ceiling for this procurement is PHP 206,200.00.

MARIDEL C. ZABELLA
 Head, Procurement Office

Item #	Qty.	Unit	ITEM/S DESCRIPTION	Unit Price	Total Cost
	2	ampules	Adrenaline/ Ephinephrine Ampule		
	2	ampules	Terbutaline (Bricanyl) Ampule		
	2	ampules	Hyoscine N-Butyl Bromide (Buscopan) Ampule		
	4	ampules	Diphenhydramine (Benadryl) Ampule		
	20	pcs	Lidocaine Anesthesia 2%, polyp.		
	2	ampules	Nalbuphine (Nubaine) Ampule		
	2	vial	Omeprazole 40mg vial, IM/ IV injectable		
	6	ampules	Metoclopramide 5mg/ ml ampule, IM/ IV injectable		
PAGE 1 OF 4					

Source of Fund:	Warranty:
Delivery Period:	Price Validity:

After having carefully need & accepted your General Conditions, We quote you on the Item(s) at prices note above. If the space of providec on the Delivery Period, Warranty & Price Validity are left blank, it means that I concur w/ the Terms & Conditions specified by SLSU Procurement Office.

Printed Name/Signature/Date



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	4	BOX	Cefuroxime (Ritemed) 500mg tablet 60s'/ box		
	2	BOX	Ciprofloxacin (Ritemed) 500mg tablet 100s'/ box		
	2	BOX	Clarithromycin (Ritemed) 500mg tablet 50s'/ box		
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	8	BOX	Azythromycin 500mg tablet, 3 pcs/ box		
	4	BOX	Co-Amoxiclav (Augmentin) 500mg/ 125 mg tablet, 30s'/ box		
	1	BOX	Metronidazole 500mg tablet (Ritemed or Pharex) 100s'/ box		
	3	BOX	Ambroxol (Mucosolvan) 75mg retard capsule 50s'/ box		
	4	BOX	Phenylephrine HCL + Paracetamol (Decolgen non-Drowse) tablet 100s'/ box		
	8	BOX	Lagundi (Ascof Forte) 600mg tablet, 60s'/ box		
	4	BOX	Paracetamol (Biogesic) 500mg tablet 500s'/ box		
	40	sachet	Fluimucil sachet, adult 200mg (dissolve in 1 glass of water)		
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	300	capsule or tablet	Multivitamins/ Ascorbic Acid + Zinc 500mg tablet/ capsule		
	2	bottle	Tetrahydrozoline HCl (Visine or Eye-Mo), Eye drops, 0.5 mg/ ml 6ml		
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