

## Republic of the Philippines SOUTHERN LUZON STATE UNIVERSITY

Lucban, Quezon

#### **REQUEST FOR QUOTATION**

### MEDICAL - DENTAL SUPPLIES (UHS)

Purchase Request No. <u>2024-01-0314, 2024-01-0315, 2024-01-0316 & 2024-01-0317</u>
Approved Budget for the Contract: <u>P 206,200.00</u>

The Southern Luzon State University through the Bids and Awards Committee invites interested firms/supplier to submit quotation for the procurement of <a href="Medical - Dental Supplies">Medical - Dental Supplies</a> (UHS) to apply the sum of <a href="Two Hundred Six Thousand and Two Pesos Only (#206,200.00">Two Hundred Six Thousand and Two Pesos Only (#206,200.00)</a> 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	Metroclopramide 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	вох	Clarithromycin (Ritemed) 500mg tablet 50s'/ box			
3	BOX	Cloxacillin (Ritemed) 500mg capsule 100s'/ box			
8	BOX	Azythromycin 500mg tablet, 3 pcs/ box			
4	вох	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	вох	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	Cetrizine (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	Ibufropen 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 HCI (Visine or Eye-Mo), Eye drops, 0.5 mg/ ml 6ml		
4	box	Oral Rehydration Solution (ORS - Hydrite) 4.1 mg Granules Sachet 10		
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, 2<sup>nd</sup> Flr. Hermano Puli Building, and shall be received by the Committee.

E-mail: slsuprocurement2021@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



#### REQUEST FOR QUOTATION

	nd-User:		University Health Services		Date:		
COMPANY NAME: PR No.: 2024-01-0314 ADDRESS : 0315,2024-01-0316, 2024						-01-0314, 2024-01-	
TEL. N	O./FAX N	0. :			TIN No.:	10, 2024-01-0017	
			west price on the item(s) listed below, subject to the Terms & Conditions ofin the return envelope attached herewith to	stated below and submit your of the Procurement office.		our representative not	
1. All er 2. Deliv Adminis delivery 3. Warr (1) one y 4. Price 5. Supp Certifico Procurei 6. Bidde 7. Pleas 8. The A	ery period w tratitive per without val ranty shall b year for Equ validity sha liers require ate of Tox, N ment Office ers shall sub the indicate the	to typewritte vithin nalties to Sec id reason. e for a minin ipment from Il be for a pe d to submit id yor's Permi upon submit init completi he brand for	en or legibility writtenupon conforme of the approved Purchase Order (P.O).  5. 69 of the Revised IRR-RA 1984 shall be imposed for non- num of three (3) months for Supplies & Materials; a date of acceptance by the end-user. priod of sixty (60) calendar days. updated documents yearly such as G-EPS Resgistration, it, DTI, Bank Name/Account and Branch for evaluation of the assion of the quotation. e specifications showing products certification, if applicable. each items being offered. for this procurement isPHP 206,200.00		DEL C. ZABELLA Procurement Office		
Item #	Qty.	Unit	ITEM/S DESCRIPTION		Unit Price	Total Cost	
	2		Adrenaline/ Ephinephrine Ampule				
	2		Terbutaline (Bricanyl) Ampule				
	2		Hyoscine N-Butyl Bromide (Buscopan) Ampule				
	4	ampules	Diphenhydramine (Benadryl) Ampule				
	20	pcs	Lidocaine Anesthesia 2%, polyp.		1.0		
	2	ampules	Nalbuphine (Nubaine) Ampule				
	2	vial	Omeprazole 40mg vial, IM/ IV injectable				
	6	ampules	Metroclopramide 5mg/ ml ampule, IM/ IV injectable				
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#### REQUEST FOR QUOTATION

Offic	e/Er	nd-User:		University Health Services		Date:	
	COMPANY NAME:				PR No.: 2024-01-0314, 2024-01		
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1. / 2. I Adr deli	MS of All en Delive ministry	and CONDIT tries must l ery period v tratitive per without val	TONS be typewritte vithin nalties to See	west price on the item(s) listed below, subject to the Terms & Cond of in the return envelope attached herew en or legibility written upon conforme of the approved Purchase Order (P.O). c. 69 of the Revised IRR-RA 1984 shall be imposed for non-	itions stated below and submit your of the to the Procurement office.	quotation duly signed by	your representative not
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Item	#	Qty.	Unit	ITEM/S DESCRIPTION		Unit Price	Total Cost
		1	BOX	Cefalexin (Pharex or Ritemed) 500 mg capsule 10	00S'/ 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			
		3	BOX	Ambroxol (Mucosolvan) 75mg retard capsule 50s'/ box			
		4	вох	Phenylephrine HCL + Paracetamol (Decolgen nor box	n-Drowse) tablet 100s'/		
		8	BOX	Lagundi (Ascof Forte) 600mg tablet, 60s'/ box			
		4	вох	Paracetamol (Biogesic) 500mg tablet 500s'/ box			
		40	sachet	Fluimucil sachet, adult 200mg (dissolve in 1 glass of water)			
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Deliv	ery aving	of Fund: Period: carefully ne I concur w/ t	ed & accepted the Terms & C	d your Genaral Conditions, We quote you on the item(s) at prices note abo onditions specified by SLSU Procurement Office.		Warranty: Price Validity: ery Period, Warranty & Pric	e Validity are left blank,
AFA-D	RC-1	L.02 F2, R	FV 4		Printed Name/	Signature/Date	
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#### REQUEST FOR QUOTATION

Date:

PR No.:

2024-01-0314, 2024-01-

University Health Services

Office/End-User:

COMPANY NAME:

TEL. NO./FAX NO. :				0315,2024-01-0316, 2024-01-0317	
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later than _	Please	quote your lo	owest price on the item(s) listed below, subject to the Terms & Conditions stated below and submit you of in the return envelope attached herewith to the Procurement office.	ur quotation duly signed by	your representative not
1. All ei 2. Deliv Adminis delivery 3. Wari (1) one 4. Price 5. Supp Certifico Procure 6. Biddi 7. Pleas	ery period v tratitive per without val anty shall b year for Equ validity sha liers require te of Tax, N ment Office ers shall sub e indicate t approved bu	be typewritti vithin	eriod of sixty (60) calendar days.	RIDEL C. ZABELLA , Procurement Office	
Item #	Qty.	Unit	ITEM/S DESCRIPTION	Unit Price	Total Cost
	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)	,	
	1,541.	SON	250 mcg/ 2mg tablet, 100s'/ box		
	1	box	Chlorphenamine Maleate 4mg Tablet, 100s'/ Box		
	3	box	Cetrizine (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		
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Source of Fund:  Delivery Period:  Warranty:  Price Validity:					
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### REQUEST FOR QUOTATION

Date:

**University Health Services** 

Office/End-User:

					PR No.: 2024-01-0314, 2024-01-	
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1. All er 2. Deliv Adminis delivery 3. Warr (1) one y 4. Price 5. Supp Certifica Procure 6. Bidde 7. Pleas	ery period of stratitive pe without va ranty shall be year for Equi- validity shall diers require ate of Tax, M ment Office ers shall sub- se indicate to	be typewritt within	en or legibility written. upon conforme of the approved Purchase Order (P.O). c. 69 of the Revised IRR-RA 1984 shall be imposed for non- mum of three (3) months for Supplies & Materials; n date of acceptance by the end-user. eriod of sixty (60) calendar days. updated documents yearly such as G-EPS Resgistration, nit, DTI, Bank Name/Account and Branch for evaluation of the dission of the quotation. the specifications showing products certification, if applicable. r each items being offered.		DEL C. ZABELLA Procurement Office	
8. The A	Approvea bu	uaget celling	for this procurement is PHP 206,200.00 .			
Item #	Qty.	Unit	ITEM/S DESCRIPTION	N .	Unit Price	Total Cost
	6	box	Mefenamic Acid (Dolfenal or Ritemed) 500mg t	albet 100s/ box		
	200	capsule	Ibufropen 200mg capsule (Advil Liquid-Gel)			
	1	box	Meclizine HCL (Bonamine) 25 mg tablet, adult o	hewable 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 table	et/ capsule		
	2	bottle	Tetrahydrozoline HCl (Visine or Eye-Mo), Eye dr	ops, 0.5 mg/ ml 6ml		
	4	box	Oral Rehydration Solution (ORS - Hydrite) 4.1 m box)	g Granules Sachet 100s/		
	1	box	Salbutamol tablet (Ventolin) 2mg/ cap, 50s'/ box Furosemide 40mg tablet			
	20	tablet				
	20	tabe	Metoprolol 100mg tablet			
	2	2 box Tranexamic acid (Hemostan) 500mg capsule, 100s'/ box  PAGE 4 OF 4		00s'/ box		
Source of Delivery After having means that	Period:	eed & accepte the Terms & C	d your Genaral Conditions, We quote you on the item(s) at prices note a Conditions specified by SLSU Procurement Office.		Warranty: Price Validity: ivery Period, Warranty & P	rice Validity are left blank,
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