



REQUEST FOR QUOTATION

ORAL AND INJECTABLE MEDICINES (UHS)

Purchase Request No. 2026-02-0418

Approved Budget for the Contract: ₱ 307,432.00

The Southern Luzon State University through the Bids and Awards Committee invites interested firms/supplier to submit quotation for the procurement of **Oral and Injectable Medicines (UHS)** to apply the sum of **Three Hundred Seven Thousand and Four Hundred Thirty-Two Pesos Only (₱ 307,432.00)** inclusive of VAT, being the **Approved Budget for the Contract (ABC)**, details as follows:

Qty.	Unit	ITEM/S DESCRIPTION
4	vial	Hydrocortisone Sodium Succinate 100mg/2ml vial for injection (IM/IV), Corticosteriod
2	amp	Adrenaline/Ephinephrine 1mg/ml solution for injection IM/IV, sympathomimetic Ampule
2	amp	Terbutaline Sulfate 500mcg/ml solution for injection, IM/IV bronchodilators Ampule
6	amp	Diphenhydramine HCl 50mg/ml solution for injection, antihistamine, antitussive, antiemetic, anticholinergic solution for injection IM/IV, Ampule
2	vial	Omeprazole 40mg vial, IV proton pump inhibitor injectable solution
2	amp	Metroclopramide Hydrochloride 5mg/ml (10mg/2ml) ampule, IM/IV Gatra-kinetic/Prokinetic solution for injection
50	vial	Tetanus Toxoid (adsorbed), 40 IU/0.5ml vaccine, suspension for injection (IM)
50	amp	Tetanus Antitoxin 1500 IU/0.7ml solution for injection IM/SC
5	bottle	Sterile water for injection, 50ml
4	pcs	IV Catheter, 22G, blue, for IV fluids insertion
4	pcs	IV Catheter, 24G, yellow, for IV fluids insertion
4	pcs	IV Catheter, 20G, pink, for IV fluids insertion
2	pcs	Disposable sterile intravenous infusion (IV) set, "MICRODROPS" 60-80 gtts/ml IV line
2	pcs	Disposable sterile intravenous infusion (IV) set, "MACRODROPS" 10-20 gtts/ml IV line
3	bottle	Plain NSS/0.9% Sodium Chloride Intravenous Fluid (IVF), electrolyte replenishment, 500ml
3	bottle	Plain NSS/0.9% Sodium Chloride Intravenous Fluid (IVF), electrolyte replenishment, 1000ml or 1L
2	bottle	5% Dextrose in Water (D ₅ W) Intravenous Fluid (IVF), electrolyte replenishment, 500ml
2	bottle	Plain Ringer's Solution (Plain LR) Intravenous Fluid (IVF), electrolyte replenishment, 500ml
2	bottle	Lactated Ringer's Solution (D ₅ LR) Intravenous Fluid (IVF), electrolyte replenishment, 500ml
30	bag	Cotton Balls 300s/bag
1	box	Sterile non-absorbable SILK Three (3/0) "cutting needle" 75cm suture, 12 sachet/box
12	box	Sterile non-absorbable SILK Three (3/0) "round needle" 75cm suture, 12 sachet/box
1	box	Sterile non-absorbable SILK Two (2/0) "cutting needle" 75cm suture, 12 sachet/box
1	box	Sterile non-absorbable SILK Two (2/0) "round needle" 75cm suture, 12 sachet/box
2	box	Sterile Blood Glucose Lancets, Tri-level tip for maximum comfort, Enclosed in sealed protective bag, size 23G, 200pcs/box
		ORAL MEDICINES:
10	box	Co-Amoxiclav 500mg/125mg tab, 30s/box
6	box	Phenylephrine HCL+Paracetamol, non-drowse tab 100s/box
6	box	Paracetamol 500mg tab 500s/box
2	box	Acetylcysteine, Mucolytic oral solution sachet, adult 600mg
6	box	Amlodipine Besilate, Calcium Channel Blocker, 5mg tab 50s/box

1	box	Clonidine Hydrochloride, 75mcg, Anti-Adrenergics 100s/box
6	box	Losartan Potassium, Angiotensin II Receptor Blocker, 50mg tab 100/box
6	box	Cetirizine Dihydrochloride, Antihistamine 10mg tab 100s/box
4	box	Famotidine, Calcium Carbonate MG Hydroxide, Advance Chewable Tab 10s/box
4	box	Hyoscine N-Butyl Bromide tab 100 or 120pcs/box
6	box	Mefenamic Acid 500mg tab 100s/box
200	cap	Ibuprofen 200mg cap, liquid-gel
4	box	Meclizine HCL 25mg tab, adult chewable 100 or 240 tab/box
1	box	Betahistine Hydrochloride, anti-vertigo 24mg tab, 100s/box
1	box	Betahistine, anti-vertigo 16mg tab, 100s/box
1	box	Metoclopramide HCl, Gastrokinetics 10mg tab
6	box	Multivitamins/ Vitamin C/ Ascorbic Acid+Zinc 500mg tab, 100s/box
3	box	Celecoxib 200mg cap 100s/box
2	box	Paracetamol+Tramadol, 37.5mg/325mg tab, Opioid Analgesic 60/box
1	box	Arcoxia 30mg tab, 60s/box
1	box	Arcoxia 60mg tab, 60s/box
10	box	Azythromycin 500mg tab, 3pcs/box
2	box	Cefalexin 500mg cap 100s/box
2	box	Cefuroxime 500mg tab 60s/box
2	box	Ciprofloxacin 500mg tab 100s/box
2	box	Clarithromycin 500mg tab 50s/box
2	box	Cloxacillin 500mg cap 100s/box
1	box	Metronidazole 500mg tab 100s/box
2	box	Diphenhydramine 50mg cap, 100s/box
2	box	Chlorphenamine Maleate 4mg tab, 100s/box
8	box	Oral Rehydration Solution, apple or orange flavor, 4.1mg Granules Sachet 100s/box
4	box	Lagundi 600mg tab, 60s/box
1	box	Furosemide 40mg tab, 100s/box
1	box	Metoprolol 100mg tab, 100s/box
1	box	Salbutamol tab 2mg/cap, 50s/box
2	box	Betamethasone + Dexchlorphenamine Maleate, 250mcg/2mg tab, 100/box
1	box	Prednisone 5mg tab, 100s/box
1	box	Domperidone 10mg, 100 tab/box
2	box	Loperamide 2mg cap, 100s/box
4	box	Omeprazole 20mg cap, 30s/box
2	box	Tranexamic acid 500mg cap, 100s/box
50	pack	Disposable paper cup, 200ml, 50s/pack
2	pcs	Storage plastic container box, heavy duty, 16 liters capacity 41x30x20cm

1. The quotation-n 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 : slsuprourement@slsu.edu.ph

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
 Director, 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.: 2026-02-0418
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**
- All entries must be typewritten or legibility written.
 - 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.
 - 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.
 - Price validity shall be for a period of sixty (60) calendar days.
 - Suppliers required to submit updated documents yearly such as G-EPS Resgistration, Certificate of Tax, Mayor's Permit, DTI, Bank Name/Account and Branch for evaluation of the Procurement Office upon submission of the quotation.
 - Bidders shall submit complete specifications showing products certification, if applicable.
 - Please indicate the brand for each items being offered.
 - The Approved budget celling for this procurement is PHP 307,432.00.

MARIDEL C. ZABELLA
Director, Procurement Office

Item #	Qty.	Unit	ITEM/S DESCRIPTION	Unit Price	Total Cost
	4	vial	Hydrocortisone Sodium Succinate 100mg/2ml vial for injection (IM/IV), Corticosteroid		
	2	amp	Adrenaline/Ephinephrine 1mg/ml solution for injection IM/IV, sympathomimetic Ampule		
	2	amp	Terbutaline Sulfate 500mcg/ml solution for injection, IM/IV bronchodilators Ampule		
	6	amp	Diphenhydramine HCl 50mg/ml solution for injection, antihistamine, antitussive, antiemetic, anticholinergic solution for injection IM/IV, Ampule		
	2	vial	Omeprazole 40mg vial, IV proton pump inhibitor injectable solution		
	2	amp	Metroclopramide Hydrochloride 5mg/ml (10mg/2ml) ampule, IM/IV Gatra kinetic/Prokinetic solution for injection		
	50	vial	Tetanus Toxoid (adsorbed), 40 IU/0.5ml vaccine, suspension for injection (IM)		
	50	amp	Tetanus Antitoxin 1500 IU/0.7ml solution for injection IM/SC		
	5	bottle	Sterile water for injection, 50ml		
	4	pcs	IV Catheter, 22G, blue, for IV fluids insertion		
	4	pcs	IV Catheter, 24G, yellow, for IV fluids insertion		
	4	pcs	IV Catheter, 20G, pink, for IV fluids insertion		
	2	pcs	Disposable sterile intravenous infusion (IV) set, "MICRODROPS" 60-80 gtts/ml IV line		
	2	pcs	Disposable sterile intravenous infusion (IV) set, "MACRODROPS" 10-20 gtts/ml IV line		
	3	bottle	Plain NSS/0.9% Sodium Chloride Intravenous Fluid (IVF), electrolyte replenishment, 500ml		
	3	bottle	Plain NSS/0.9% Sodium Chloride Intravenous Fluid (IVF), electrolyte replenishment, 1000ml or 1L		
	2	bottle	5% Dextrose in Water (D ₅ W) Intravenous Fluid (IVF), electrolyte replenishment, 500ml		
PAGE 1 OF 4					

Source of Fund: PRE STF	Warranty:
Delivery Period: 30 DAYS	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



Republic of the Philippines
SOUTHERN LUZON STATE UNIVERSITY
Lucban, Quezon

REQUEST FOR QUOTATION

Office/End-User:	University Health Services	Date:	
COMPANY NAME:		PR No.:	2026-02-0418
ADDRESS :		TIN No.:	
TEL. NO./FAX 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

- All entries must be typewritten or legibility written.
- 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.
- 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.
- Price validity shall be for a period of sixty (60) calendar days.
- Suppliers required to submit updated documents yearly such as G-EPSS Registration, Certificate of Tax, Mayor's Permit, DTI, Bank Name/Account and Branch for evaluation of the Procurement Office upon submission of the quotation.
- Bidders shall submit complete specifications showing products certification, if applicable.
- Please indicate the brand for each items being offered.
- The Approved budget ceiling for this procurement is PHP 307,432.00.

MARIDEL C. ZABELLA
Director, Procurement Office

Item #	Qty.	Unit	ITEM/S DESCRIPTION	Unit Price	Total Cost
	2	bottle	Plain Ringer's Solution (Plain LR) Intravenous Fluid (IVF), electrolyte replenishment, 500ml		
	2	bottle	Lactated Ringer's Solution (D ₅ LR) Intravenous Fluid (IVF), electrolyte replenishment, 500ml		
	30	bag	Cotton Balls 300s/bag		
	1	box	Sterile non-absorbable SILK Three (3/0) "cutting needle" 75cm suture, 12 sachet/box		
	12	box	Sterile non-absorbable SILK Three (3/0) "round needle" 75cm suture, 12 sachet/box		
	1	box	Sterile non-absorbable SILK Two (2/0) "cutting needle" 75cm suture, 12 sachet/box		
	1	box	Sterile non-absorbable SILK Two (2/0) "round needle" 75cm suture, 12 sachet/box		
	2	box	Sterile Blood Glucose Lancets, Tri-level tip for maximum comfort, Enclosed in sealed protective bag, size 23G, 200pcs/box		
			ORAL MEDICINES:		
	10	box	Co-Amoxiclav 500mg/125mg tab, 30s/box		
	6	box	Phenylephrine HCL+Paracetamol, non-drowse tab 100s/box		
	6	box	Paracetamol 500mg tab 500s/box		
	2	box	Acetylcysteine, Mucolytic oral solution sachet, adult 600mg		
	6	box	Amlodipine Besilate, Calcium Channel Blocker, 5mg tab 50s/box		
	1	box	Clonidine Hydrochloride, 75mcg, Anti-Adrenergics 100s/box		
	6	box	Losartan Potassium, Angiotensin II Receptor Blocker, 50mg tab 100/box		
	6	box	Cetirizine Dihydrochloride, Antihistamine 10mg tab 100s/box		
	4	box	Famotidine, Calcium Carbonate MG Hydroxide, Advance Chewable Tab 10s/box		
	4	box	Hyoscine N-Butyl Bromide tab 100 or 120pcs/box		
	6	box	Mefenamic Acid 500mg tab 100s/box		
PAGE 2 OF 4					

Source of Fund:	PRE STF	Warranty:	
Delivery Period:	30 DAYS	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



**Republic of the Philippines
SOUTHERN LUZON STATE UNIVERSITY
Lucban, Quezon**

REQUEST FOR QUOTATION

Office/End-User:	University Health Services	Date:	
COMPANY NAME:		PR No.:	2026-02-0418
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-EPSS 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 307,432.00.

MARIDEL C. ZABELLA
Director, Procurement Office

Item #	Qty.	Unit	ITEM/S DESCRIPTION	Unit Price	Total Cost
	200	cap	Ibuprofen 200mg cap, liquid-gel		
	4	box	Meclizine HCL 25mg tab, adult chewable 100 or 240 tab/box		
	1	box	Betahistine Hydrochloride, anti-vertigo 24mg tab, 100s/box		
	1	box	Betahistine, anti-vertigo 16mg tab, 100s/box		
	1	box	Metoclopramide HCL, Gastrokinetics 10mg tab		
	6	box	Multivitamins/ Vitamin C/ Ascorbic Acid+Zinc 500mg tab, 100s/box		
	3	box	Celecoxib 200mg cap 100s/box		
	2	box	Paracetamol+Tramadol, 37.5mg/325mg tab, Opioid Analgesic 60/box		
	1	box	Arcoxia 30mg tab, 60s/box		
	1	box	Arcoxia 60mg tab, 60s/box		
	10	box	Azythromycin 500mg tab, 3pcs/box		
	2	box	Cefalexin 500mg cap 100s/box		
	2	box	Cefuroxime 500mg tab 60s/box		
	2	box	Ciprofloxacin 500mg tab 100s/box		
	2	box	Clarithromycin 500mg tab 50s/box		
	2	box	Cloxacillin 500mg cap 100s/box		
	1	box	Metronidazole 500mg tab 100s/box		
	2	box	Diphenhydramine 50mg cap, 100s/box		
	2	box	Chlorphenamine Maleate 4mg tab, 100s/box		
	8	box	Oral Rehydration Solution, apple or orange flavor, 4.1mg Granules Sachet 100s/box		
	4	box	Lagundi 600mg tab, 60s/box		
	1	box	Furosemide 40mg tab, 100s/box		
	1	box	Metoprolol 100mg tab, 100s/box		
	1	box	Salbutamol tab 2mg/cap, 50s/box		
	2	box	Betamethasone + Dexchlorphenamine Maleate, 250mcg/2mg tab, 100/box		
	1	box	Prednisone 5mg tab, 100s/box		
	1	box	Domperidone 10mg, 100 tab/box		
PAGE 3 OF 4					

Source of Fund:	PRE STF	Warranty:	
Delivery Period:	30 DAYS	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

