

**JOSE R. REYES MEMORIAL MEDICAL CENTER**

Rizal Avenue, Sta. Cruz, Manila

BAC SECRETARIAT**SEALED BID**

SEALED BID NO.: HBAC-A2-2021-05-808

DATE: May 2021

Gentlemen:

Please quote your price for item/s indicated below. Price quoted is final, and without condition and inclusive of all taxes. Bid Proposal should be submitted in sealed envelope, properly labelled, indicating the date and Sealed Bid No., not later than **8:30 am on May 11, 2021** at the BAC Secretariat Office and thereafter publicly opened. Any change/erasure must be duly initialed otherwise, the bid shall be disqualified. Attendance of authorized representative is not mandatory on bid opening, in accordance with **Section 53.2 of the Revised Implementing Rules and Regulation of the Republic Act 9184.**

THE COMMITTEE RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS, DECLARE A FAILURE OF BIDDING AT ANY TIME PRIOR TO THE CONTRACT AWARD, OR NOT TO AWARD THE CONTRACT, WITHOUT THEREBY INCURRING ANY LIABILITY, AND MAKE NO ASSURANCE THAT A CONTRACT SHALL BE ENTERED INTO AS A RESULT OF THE BIDDING.

EMELITO VALDEZ TAN, M.D.

Chairman, HBAC-A-2

PR No.: 2021-04-1914 Radiology (Q1)

Qty.	Unit	Description/Particulars	ABC	Unit Price	Total Price
2	Unit	ANALOG MOBILE X-RAY Branded, Brand New Technical Specifications: A. Electrical Characteristic: ➤ 115 VAC/220 VAC single phased ➤ Frequency: 50/60 HZ B. Radiological Characteristics ➤ Max. Power: at least 30KW or better ➤ Max. Current in Radiography: At least 400mA or better ➤ Exposure Time: At least 0.5mAs – 200mAs (in 25 values) or better ➤ Working Frequency: 60 Hz ➤ Range: At least 40 – 125 KV or better ➤ APR: At least 40 techniques or better, Programmable C. X-ray Tube Head ➤ Type of Anode: Rotation with speed at least 3000 RPM ➤ Focal spot: 0.6mm to 1.3mm or better ➤ Anode angle: 16 degrees ➤ Thermal Capacity: 107kHU or better ➤ Tube Voltage Range: at least 40-130kV D. Collimator ➤ Manual Adjustment ➤ LED Lights	2,000,000.00		



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		<ul style="list-style-type: none"> ➤ Intensity of Illumination: Over 180 lux ➤ Field Size: Min 00 x 00mm ➤ Max 430 x 430mm @ 1mm FFD (SID) <p>E. Mechanical Parts</p> <ul style="list-style-type: none"> ➤ Dimension: At least 460mm ➤ Weight: At least 210kg ➤ Cassette Storage: 6 cassette ➤ Swivelling four wheels in antistatic rubber 360 degrees rotation (two small and two big wheels) <p>With X-ray Accessories</p> <ul style="list-style-type: none"> ➤ 1- gonadal shield ➤ 1- caliper ➤ 2- lead apron <p>Documentary Requirements:</p> <ul style="list-style-type: none"> ➤ Mayor's Permit ➤ Omnibus Sworn Statement ➤ Income / Business Tax Return ➤ SEC/DTI Certificate ➤ PhilGEPS Certificate <p>I. Standard Requirements:</p> <ul style="list-style-type: none"> ▪ Current and Valid Certificate of Manufacturer's compliance with ISO Certified or its equivalent. ▪ Current and Valid Certificate of Authorized Distributorship (if not the Manufacturer) and Notarized Certification as Local Distributor ▪ Bidder's certificate that the BRAND must be in the Philippines since 2011 ▪ User's Manual in English Language ▪ Service Manual (2 copies) ▪ Latest Certificate of Traceability from the Manufacturer ▪ Proposed Costing of Preventive Maintenance and Calibration Program for sophisticated equipment, consumables/ accessories. ▪ Printing and Etching of DOH official logo/ letters (if possible "JRRMMC" in all equipment) in conspicuous space of the equipment but will not affect its function. <p>II. Training Requirements</p> <ul style="list-style-type: none"> ▪ Training at least two (2) from end-users and one (1) from engineering <p>III. After Sales Service</p> <ul style="list-style-type: none"> ▪ Bidder's certificate that parts shall be available at the authorized Philippine service center/s for a period of five (5) years after the warranty period. 			
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		IV. Warranty Certificate <ul style="list-style-type: none">Minimum of two (2) years on parts and service. Warranty Certificate for parts and service, upon delivery, inspection and acceptance V. Preventive Maintenance and Calibration <p>Free Quarterly preventive Maintenance and Calibration within the warranty period</p>			
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(Please attach a brochure and Technical Data and indicate Brand name/ Model/ Country of Origin)

Note: Please provide three (3) sets

Please check Mode of Payment:

___ 1. Terms

Name of Company

___ 2. Cheque upon Delivery (COD)

Address/TIN No.

No Clearing time before delivery

Authorized signature over printed name/ Tel No.:

**NOTE: Signing for these request for quotation, is conforming to our payment terms you check
MAXIMUM DELIVERY PERIOD; WITHIN 7 WORKING DAYS UPON RECEIPT OF PURCHASE ORDER
HOSPITAL BIDS AND AWARDS COMMITTEE FOR SUPPLIES, MATERIALS & EQUIPMENT**

Chairman

Vice-Chairman

Member

Member

Member

Inspector/Internal Audit

COA Representative

Provisional End-User/Member

CHEL/jen050521/