



Republic of the Philippines  
Department of Health  
JOSE R. REYES MEMORIAL MEDICAL CENTER  
**BIDS AND AWARDS COMMITTEE**

DC: 8562-5338/ 8711-9491 loc. 245

jrrmmc\_bacsec@yahoo.com

**REQUEST FOR QUOTATION**

**Date: 6 August 2021**

**RFQ No.: HBAC-A2-2021-08-1343**

**NAME OF COMPANY:** \_\_\_\_\_

**COMPANY ADDRESS:** \_\_\_\_\_

**TAX IDENTIFICATION NO.:** \_\_\_\_\_

**PHILGEPS REGISTRATION NO. (if applicable):** \_\_\_\_\_

Jose R. Reyes Memorial Medical Center, through its Hospital Bids and Awards Committee (HBAC), intends to procure **Thirty Eight (38) units Nasal High Flow Oxygen Therapy Device** in accordance with section **53.2** of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

Please quote your ***best offer*** for this item described herein, subject to the Terms and Conditions provided at last page of this RFQ. Submit your quotation duly signed by you or your duly authorized representative **not later than 8:30 am on 12 August 2021.**

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
<b>Documentary Requirements:</b> <ul style="list-style-type: none"><li>➤ Mayor's Permit</li><li>➤ Omnibus Sworn Statement (Revised)</li><li>➤ Income / Business Tax Return</li><li>➤ SEC/DTI Certificate</li><li>➤ PhilGEPS Certificate</li></ul> <b>I. <u>Standard Requirements:</u></b> <ul style="list-style-type: none"><li>▪ Current and Valid Certificate of Manufacturer's compliance with ISO Certified or its equivalent.</li><li>▪ Current and Valid Certificate of Authorized Distributorship (if not the Manufacturer) and Notarized Certification as Local Distributor</li><li>▪ Bidder's certificate that the BRAND must be in the Philippines since 2011</li><li>▪ User's Manual in English Language</li><li>▪ Service Manual (2 copies)</li><li>▪ Latest Certificate of Traceability from the Manufacturer</li><li>▪ Proposed Costing of Preventive Maintenance and Calibration Program for sophisticated equipment, consumables/ accessories.</li><li>▪ Printing and Etching of DOH official logo/ letters (if possible "JRRMMC" in all</li></ul>	<b>To be submitted together with the Request for Quotation</b>	



Republic of the Philippines  
Department of Health  
**JOSE R. REYES MEMORIAL MEDICAL CENTER**  
**BIDS AND AWARDS COMMITTEE**


DC: 8562-5338/ 8711-9491 loc. 245

[jrrmmc\\_bacsec@yahoo.com](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

<p>equipment) in conspicuous space of the equipment but will not affect its function.</p> <ul style="list-style-type: none"><li>▪ <b>License to Operate</b></li></ul> <p><b>II. Training Requirements</b></p> <ul style="list-style-type: none"><li>▪ Training at least two (2) from end-users and one (1) from engineering</li></ul> <p><b>III. After Sales Service</b></p> <ul style="list-style-type: none"><li>▪ 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.</li></ul> <p><b>IV. Warranty Certificate</b></p> <ul style="list-style-type: none"><li>▪ Minimum of two (2) years on parts and service. Warranty Certificate for parts and service, upon delivery, inspection and acceptance</li><li>▪ <b>To provide loaner unit in case of machine break down within the warranty period</b></li></ul> <p><b>V. Preventive Maintenance and Calibration</b></p> <ul style="list-style-type: none"><li>▪ Free Quarterly preventive Maintenance and Calibration within the warranty period</li></ul>		
Brochure/ Technical Data/ User's Manual/ Service Manual		

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at [\*\*jrrmmc\\_bacsec@yahoo.com\*\*](mailto:jrrmmc_bacsec@yahoo.com).

*Ed:*   
**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2 *al*

**INSTRUCTIONS:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

After having carefully read and accepted the Terms and Conditions, I/ We submit our quotation/s for the item/s as follows:

<b>PR NO.: 2021-05-2096 (IM-Pulmonary Unit)</b>			
<b>Technical Specifications</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
<p><b>NASAL HIGH FLOW OXYGEN THERAPY DEVICE</b></p> <p><b>Branded, Brand New</b></p> <p><b>Technical specifications:</b></p> <ul style="list-style-type: none"><li>➤ Delivers warm, moist gas at high flow rates that generates positive airway pressure</li></ul>			





Republic of the Philippines  
Department of Health  
JOSE R. REYES MEMORIAL MEDICAL CENTER  
**BIDS AND AWARDS COMMITTEE**

DC: 8562-5338/ 8711-9491 loc. 245

[jrrmmc\\_bacsec@yahoo.com](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

<ul style="list-style-type: none"><li>➤ Flow Rate Range: at least 10-60 LPM for Adult and at least 2-25 LPM for Pediatric</li><li>➤ Oxygen concentration range: at least 21%-95% with <math>\pm 5\%</math></li><li>➤ Temperature: 31-37 degrees Celsius for Adult mode and 31-34 degrees Celsius for Pediatric mode</li><li>➤ <b>Weight: 2-6 kgs.</b></li><li>➤ <b>Alarms:</b><ul style="list-style-type: none"><li>• <b>Leak alarms/Disconnection</b></li><li>• <b>Flow alarm</b></li><li>• <b>Temperature alarm</b></li><li>• <b>Power/system failure</b></li><li>• <b>Low/High Oxygen alarm</b></li></ul></li><li>➤ <b>Power Requirement: at least 220-240V Autosensing, 60Hz</b></li><li>➤ Includes:<ul style="list-style-type: none"><li>• <b>Cart with caster wheel and lock</b></li><li>• <b>High flow meter compatible to oxygen tank</b></li><li>• <b>Oxygen hose at least two (2) meters long</b></li><li>• <b>Oxygen <u>single</u> pressure gauge compatible for oxygen tank use</b></li><li>• <b>With 20 pcs. single patient cannula (per unit) – Adult (medium)</b></li><li>• <b>20 pcs. single patient use heated wire tube (per unit)</b></li><li>• <b>20 pcs. Single patient use chamber (per unit)</b></li></ul></li></ul>			
---	--	--	--

**FINANCIAL OFFER:**

Please quote your **best offer** for the item/s below. Please do not leave any blank items. Indicate "0" if the item being offered is for free.

<b>NASAL HIGH FLOW OXYGEN THERAPY DEVICE</b> <i>(Please indicate Brand name, Model and Country of Origin)</i>				
Approved Budget for the Contract (ABC)	Duration/ Quantity (A)	Unit	Offered Price/ unit (B)	Total Offered Quotation (A x B)
400,000.00	38	unit		In Words: _____ _____ _____ In Figures: _____ _____

**TERMS OF PAYMENT:** *(Please check one)*



Republic of the Philippines  
Department of Health  
JOSE R. REYES MEMORIAL MEDICAL CENTER  
**BIDS AND AWARDS COMMITTEE**

DC: 8562-5338/ 8711-9491 loc. 245

jrrmmc\_bacsec@yahoo.com

**REQUEST FOR QUOTATION**

\_\_\_\_ Terms/ Deferred Payment

\_\_\_\_ Cheque upon Delivery (COD)

**Note:** No Clearing time before the delivery

**DELIVERY PERIOD: 7 WORKING DAYS**

**TERMS AND CONDITIONS:**

1. Bidders shall provide correct and accurate information required in this form.
2. Price quotation/s must be valid for a period of **thirty (30) calendar days** from the date of the receipt of Purchase Order/ Job Order.
3. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
4. Award of the contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest-rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
5. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
6. The item/s shall be delivered according to the requirements specified in the Technical Specifications.
7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding 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.

\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**