JOSE R. REYES MEMORIAL MEDICAL CENTER



BAC SECRETARIAT

SEALED BID

SEALED	BID NO.: H	HBAC-A2-2021-04-577	7
DATE:	April	2021	

Gentlemen:

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.: 2021-03-1388 Medical Service

		Description/Particulars	ABC	Unit Price	Total Price
Qty.	Unit		ADC	CHICITICE	10th 11tt
3	Unit	VIDEO LARYNGOSCOPE Branded, Brand New Technical Specifications: Grip Handle: Must be of the classic pistol grip type Blades At least 2 curved blades sizes for adult At least 2 curve blade sizes for pediatric One straight blade size The blade lens must have an anti-fog system Video Screen Monitor Must be at least 7-inch size 1920 x 1080-pixel resolution With video quality adjustments and multimedia interface. The monitor must be mounted on a pole stand using a mounting clamp for height adjustment. The pole stand must have at least 4 caster wheels with locking brakes and a basket The connection between the monitor and blade lens must be through RCA cables at least 20 inches length Power Supply: Rechargeable battery with battery charger, 220V, 60Hz Non-removable embossed DOH letters on the visible part of the equipment. Documentary Requirements: Mayor's Permit Omnibus Sworn Statement Income / Business Tax Return PhilGEPS Certificate	995,000.00		

February 2, 2015

Revision No.: 0

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Standard Requirements:

- Product brochure or technical data sheets of the equipment showing the technical specifications in English Language
- Valid and current Certificate of Compliance of Manufacturer of the Equipment with the latest version of ISO 13485: Quality Management System – Requirements for Regulatory Purposes in the name of the manufacturer. The Certificates must be issued by an independent Certifying Body / Agency
- Valid Marketing Authorization, Registration Approval or Free Sale Certificate for the equipment issued by the Health Authority in the Country of Origin.
- Valid Certificate of Distributorship (as first Tier Distributor) issued by the Manufacturer of the Equipment Authorizing the bidder to sell / distribute the offered equipment
- Proof (such as sales invoice) that the Brand of the equipment has been sold to other health facilities in the Philippines.
- Notarized Certificate from the Bidder:
 - That the brand of the equipment has been in the local and / or international market for at least ten (10) years.
 - That the equipment and its accessories are brand new, unused, not-discontinued models and were not subjected to any product recall
 - Bidder's valid and current License to Operate (LTO) as a medical device distributor issued by the Philippine Food and Drug Administration. In case of expired LTO, the following must be submitted:
 - Copy of expired LTO
 - Application for renewal
 - Official Receipt as proof of payment for the renewal of LTO

Requirements if Awarded the Contract

- Completion Period: The delivery, installation, testing and commissioning of the equipment and its accessories, including the training of end-users and maintenance staff must be completed within <u>Seven (7) Calendar Days</u> upon receipt of the Notice to Proceed.
- Testing: Prior to acceptance, the end-user shall conduct a physical inspection and functionality test. The equipment must be functioning and must have no physical damage and defect.
- Training: The supplier shall provide an orientation / training on the proper use and maintenance of the equipment to the end-users.
- Warranty: Warranty certificate for one (1) year on Parts and on Services. The supplier shall either repair or replace any item or part in the equipment that is found to be defective in material or in workmanship under normal use. The Warranty period shall commence from the date of acceptance by the end-user after testing and commissioning
- Manuals: The supplier must provide the end-user one (1) copy of the following:
 - Operations manual in English Language

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February 2, 2015



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Please cneck mode of Payment:	
1. Terms	Name of Company
	Address/TIN No.
2.Cheque upon Delivery (COD) No Clearing time before delivery	Authorized signature over printed name/Tel No.:
	tation, is conforming to our payment terms you check
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