



Republic of the Philippines
DEPARTMENT OF HEALTH
Regional Office XI
Southern Philippines Medical Center
J.P. Laurel Avenue, Davao City
Tel. No. 227-2731; Fax No. 221-7029



BID BULLETIN NO. 3

December 14, 2016

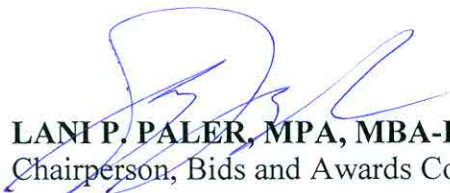
Supply and Delivery of Drugs and Medicine

Bid No: 2016-11-0674 (ABC No.: 2016-054 (Southern Philippines Medical Center); ABC No.: 2016-069 (Newborn Screening Center-Mindanao))

The Bid Bulletin No. 3 is issued as modification to the financial requirements of the above-mentioned project. The modification shall prevail and form an integral part of the Bid Document.

The BAC will issue a new Financial Proposal Sheet for items no. 21-30 attached herewith. This shall be the form to use in submitting your bid offer for the said items.

For guidance and information of all concerned.



LANI P. PALER, MPA, MBA-HA
Chairperson, Bids and Awards Committee I

Republic of the Philippines
Department of Health
Center for Health Development-Southern Mindanao
SOUTHERN PHILIPPINES MEDICAL CENTER
Davao City

PUBLIC BIDDING

Bidding No: 2016-11-0674
Date prepared: Nov. 23,2016
Prepared by: M. Conmigo

FINANCIAL PROPOSAL SHEET
SUPPLY AND DELIVERY OF DRUGS AND MEDICINE

ITEM NO.	QTY	UNIT	PARTICULARS	BRAND	ABC	UNIT PRICE	TOTAL PRICE
21	3,000	TAB	Allopurinol 300mg		4,500.00		
22	1,000	TAB	Alprazolam 500mcg		8,000.00		
23	6,000	VIAL	Amikacin 100mg		135,240.00		
24	6,000	VIAL	Amikacin 250mg , 125mg/ml		152,940.00		
25	6,000	VIAL	Amikacin 500mg , 250mg/ml		131,340.00		
26	1,500	BOT	Amino Acid 6% crystalline 100 ml		600,000.00		
27	250	BOT	Amino Acid 7% 500 ml		113,652.50		
28	250	BOT	Amino Acid 8% 500ml		115,762.50		
29	150	AMP	Aminophylline 25mg/ml, 10ml		3,282.00		
30	2,500	TAB	Amiodarone 200mg		41,250.00		

This Bid Form must be submitted on or before **December 21,2016, 9:00 in the morning** to the Bids and Awards Committee of the Southern Philippines Medical Center.

LEOPOLDO J. VEGA , M.D., FPCS, FPATACSI, MBA-H
Medical Center Chief II

I hereby agree to the terms and conditions of the SPMC-Bids and Awards Committee attached herewith

BY: _____
Authorized Signature

Name of Company / Supplier