



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



Request for Quotation

Company Name: _____
Address: _____
TIN Number: _____

Date: April 8, 2019
Quotation No: 2019-04-178

Please quote your lowest price on the item/s listed below, subject to the General Conditions of the Bids & Awards Committee stating the shortest time of delivery & submit your quotation duly signed by your representative not later than _____
in the return envelope attached herewith.

Friday, 12 April 2019

LANI P. PALER, MPA, MBA-HA, CHA, FPCHA
BAC Chairperson

Terms & Conditions:

1. As a government agency, SPMC shall deal only with legitimate supplier/contractor which issue BIR-registered O.R.s;
2. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable;
3. All quotations shall be firm and valid for a period at least thirty (30) days from the date of receipt of quotation;
4. SPMC reserves the right to post-qualify any supplier and/or to reject any or all submitted quotations;
5. P.O./Contract shall be awarded to the lowest evaluated responsive bid, delivered items are subject to inspection, with payment processing to commence only after acceptance by the Property Section, and
6. Warranty shall be for a six (6) months for supplies & materials; one (1) year for equipment from date of acceptance by the procuring entity.

Additional Requirements for Submission:

Business Permit / Mayor's Permit
Certificate of Philgeps Registration and Membership
Bureau of Internal Revenue (BIR) Registration
Omnibus Sworn Statement (Using the prescribed form)

License to Operate (for Medical, Laboratory, Drugs & Medicines only)
Certificate of Product Registration (for Medical, Laboratory, Drugs & Medicines only)
DTI / SEC Registration Certificate
Valid PCAB License and Registration (for Infrastructure Projects)

Item No.	Unit	Item Description	ABC Amount (per unit)	Quantity	Unit Price	Remarks
1	vial	IDT Custom Oligonucleotide Synthesis, Probes, Taqman5' 6FAM-MGB-NFQ3', 200NMOL SCALE Influenza A: TGCAGTCCTCGCTCACTGGGCACG	25,000.00	1		
2	vial	Influenza B: CCAATTCCGAGCAGCTGAAACTGCGGTG	25,000.00	1		
3	vial	A/H3: CAGGATCACATATGGGSCCTGTCCCAG	25,000.00	1		
4	vial	Pandemic Inf A: TGAATGGGTC"TT"ATCCCGACCAGTGAGTAC	25,000.00	1		
5	vial	Pandemic H1: ATACATCCGA"TT"CACTATTGGAAAATGTCCAC	25,000.00	1		
6	vial	RNAse: TTCTGACCTGAAGGCTCTGCGCG	25,000.00	1		
7	vial	IDT Custom Oligonucleotide Synthesis, Primers Desalted, 50NMOL SCALE, ~25bp Influenza A Forward: GACCRATCCTGTACCTCTGAC	1,500.00	1		
8	vial	Influenza A Reverse: AGGGCATTYTGGACAAAKCGTCTA	1,500.00	1		
9	vial	Influenza B Forward: TCCTCAAYTCACTCTTCGAGCG	1,500.00	1		
10	vial	Influenza B Reverse: CGGTCGTCTTGACAAATTGG	1,500.00	1		
11	vial	A/H3 Forward: AAGCATTCCTAATGACAAACC	1,500.00	1		
12	vial	A/H3 Reverse: ATTGCRCCRAATATGCCTCTAGT	1,500.00	1		
13	vial	Pandemic Inf A Forward: TTGCAGTAGCAAGTGGGCATGA	1,500.00	1		
14	vial	Pandemic Inf A Reverse: TCTTGTGAGCTGGGTTTTCATTG	1,500.00	1		
15	vial	Pandemic H1 Forward: GTGCTATAAACACCAGCCTCCCAT T	1,500.00	1		
16	vial	Pandemic H1 Reverse: AGACGGGAYATTCTCAATCCTG	1,500.00	1		
17	vial	Human RNAse P forward: AGATTTGGACCTGCGAGCG	1,500.00	1		
18	vial	Human RNAse P Reverse: GAGCGGCTGTCTCCACAAGT	1,500.00	1		
Office/Section: Laboratory/SNL-MBL purpose: for Human Influenza testing						

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.

email: spmc.procurement@gmail.com

fax: (082) 282-0316

website:

<http://spmc.doh.gov.ph/opportunities/procurement/request-for-quotation>

Signature Over Printed Name: _____

Telephone / Cellphone Nos: _____

Date: _____