



## Bid Notice Abstract

### Request for Quotation (RFQ)

**Reference Number** 7846635  
**Procuring Entity** SANTA ROSA (NE) WATER DISTRICT  
**Title** Request for Quotation for Medical Checkup  
**Area of Delivery** Nueva Ecija

<b>Solicitation Number:</b>	SRWD-GOODS-SVP-18-2021	<b>Status</b>	<b>Active</b>
<b>Trade Agreement:</b>	Implementing Rules and Regulations	<b>Associated Components</b>	1
<b>Procurement Mode:</b>	Shopping	<b>Bid Supplements</b>	0
<b>Classification:</b>	Goods	<b>Document Request List</b>	0
<b>Category:</b>	Hospital / Medical Equipment	<b>Date Published</b>	16/07/2021
<b>Approved Budget for the Contract:</b>	PHP 167,700.00	<b>Last Updated / Time</b>	16/07/2021 00:00 AM
<b>Delivery Period:</b>	7 Day/s	<b>Closing Date / Time</b>	19/07/2021 17:00 PM
<b>Client Agency:</b>			
<b>Contact Person:</b>	Julius Caesar Matadling Badilla Division Manager - B Santa Rosa - Fort Magsaysay Rd. Brgy. Rizal Sta. Rosa Nueva Ecija Philippines 3101 63-44-9400142 63-44-9400142 bac@santarosawater.gov.ph		

#### Description

REPUBLIC OF THE PHILIPPINES  
 Santa Rosa (NE) Water District  
 Santa Rosa – Fort Magsaysay Road, Brgy. Rizal,  
 Santa Rosa, Nueva Ecija

A. Medical Check-up 58 pcs 1,600.00 92,800.00  
 Complete Blood Count  
 Urinalysis  
 Chest X-ray Fasting Blood Sugar (FBS)  
 Blood Urea Nitrogen (BUN)  
 Creatinine  
 Blood Uric Acid  
 Lipid Profile (Cholesterol, Triglycerides, HDL, LDL)  
 SGOT  
 SGPT

B. Additional Tests:  
 Drug Screening (Shabu/Marijuana) 58 pcs 350.00 20,300.00  
 ECG (for 35 y/o and above) 36 pcs 400.00 14,400.00  
 Pap Smear (for 35 y/o and above) 6 pcs 700.00 4,200.00  
 PSA (for 35 y/o and above) 30 pcs 1,200.00 36,000.00  
 TOTAL 167,700.00

#### NOTE:

1. Quoted prices shall be inclusive of applicable taxes and valid for a period of at least thirty (30) days from the date of receipt of quotation & shall be binding upon the supplier within the delivery period.
2. Upon receipt of P.O. delivery of goods must be within seven (7) calendar days.
3. Submitted quotation should be accompanied by business permit, PhilGEPS registration certificate, Quotation with specs and brochure, ISO certification of manufacturer, Certificate of distributorship, Income/Business tax return,

SRWD Pre-qualification Certificate, Signed Quotations, and DTI business registration.

4. SRWD reserves the right to reject any or all submitted quotations.

5. Suppliers need not submit a quotation if they cannot fulfill all the above mentioned conditions.

6. Interested parties may submit their quotation at the following address:

Bids and Awards Committee

Santa Rosa (N.E.) Water District Office

Santa Rosa – Fort Magsaysay Road

Brgy. Rizal, Santa Rosa, Nueva Ecija

Tel No. 044 940 0142

Email add: bac@santarosawater.gov.ph

**Line Items**

Item No.	Product/Service Name	Description	Quantity	UOM	Budget (PHP)
1	Medical Check-up	Medical Check-up	58	Piece	92,800.00
2	Drug Screening	Drug Screening (Shabu/Marijuana)	58	Piece	20,300.00
3	ECG	ECG	36	Piece	14,400.00
4	Pap Smear	Pap Smear	6	Piece	4,200.00
5	PSA	PSA	30	Piece	36,000.00

**Created by** Julius Caesar Matadling Badilla

**Date Created** 15/07/2021

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