



## Bid Notice Abstract

### Request for Quotation (RFQ)

**Reference Number** 9964529  
**Procuring Entity** SANTA ROSA (NE) WATER DISTRICT  
**Title** Request for Quotation for Medical Check-up  
**Area of Delivery** Nueva Ecija

<b>Solicitation Number:</b>	srwd-goods-28-2023	<b>Status</b>	In-Preparation
<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 Services	<b>Date Published</b>	21/07/2023
<b>Approved Budget for the Contract:</b>	PHP 168,700.00	<b>Last Updated / Time</b>	20/07/2023 15:23 PM
<b>Delivery Period:</b>	7 Day/s	<b>Closing Date / Time</b>	24/07/2023 12:00 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

Request for Quotation for Medical Check-up

Item Description Qty Unit U. Cost Total Cost

1

- A. Package:
  - Complete Blood Count
  - Urinalysis
  - Chest X-ray
  - Complete Physical Exam
  - Fasting Blood Sugar (FBS)
  - Blood Urea Nitrogen (BUN)
  - Creatinine
  - Blood Uric Acid
  - Lipid Profile (Cholesterol, Triglycerides, HDL, LDL)
  - SGOT
  - SGPT
- B. Additional package
  - Drug Screening (Shabu / Marijuana)
  - ECG (for 35 y/o and above)
  - PSA (for 35 y/o and above)
  - Pap Smear (for 35 y/o and above)

20

39

33

6

Units

Units

Units

Units

Units

1,800.00

350.00

400.00

1,100.00

600.00

106,200.00

7,000.00

15,600.00

36,300.00

3,600.00

TOTAL 168,700.00

NOTE

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 serves 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	59	Lot	106,200.00
2	Drug Screening	Drug Screening (Shabu/Marijuana)	20	Lot	7,000.00
3	ECG	ECG	39	Lot	15,600.00
4	PSA	PSA	33	Lot	36,300.00
5	Pap Smear	Pap Smear	6	Lot	3,600.00

**Created by** Julius Caesar Matadling Badilla

**Date Created** 20/07/2023

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