

Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 7047859

Procuring Entity SANTA ROSA (NE) WATER DISTRICT

Title Annual Check-up of SRWD Employees (Repost)

Area of Delivery Nueva Ecija

Solicitation Number:	SRWD-GOODS-SVP-10-2020	Status	Active
Trade Agreement:	Implementing Rules and Regulations		
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Associated Components	1
Classification:	Goods		C
Category:	Hospital / Medical Equipment Services	Bid Supplements	
Approved Budget for the Contract:	PHP 193,750.00	Document Request List	0
Delivery Period:	7 Day/s	Document Request List	0
Client Agency:			
-		Date Published	17/06/2020
Contact Person:	Julius Caesar Matadling Badilla		
	Division Manager - C Santa Rosa - Fort Magsaysay Rd. Brgy. Rizal Sta. Rosa Nueva Ecija	Last Updated / Time	17/06/2020 00:00 AM
	Philippines 3101 63-44-9406800 63-44-9400142 santarosa_wd@yahoo.com.ph	Closing Date / Time	22/06/2020 17:00 PM

Description

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

Annual Check-up of SRWD Employees (Repost)

Item Description Qty Unit U. Cost Total Cost 1 Medical Check-up

- A. Package: 60 units 1,500.00 90,000.00
- Complete Blood Count
- Urinalysis
- Chest XrayFasting Blood Sugar (FBS)
- Blood Urea Nitrogen (BUN)
- Creatinine
- Blood Uric Acid
- Lipid Profile (Cholesterol, Triglycerides, HDL, LDL)
- SGOT
- SGPT

B. Additional Test

- ECG (35 y/o and above) 37 units 350.00 12,950.00

- Pap Smear (35 y/o and above) 6 units 600.00 3,600.00

- PSA (35 y/o and above) 31 units 1,100.00 34,100.00

- Drug Screening (Shabu / Marijuana) 59 units 300.00 17,700.00

- COVID-19 Total Antibody Test 59 units 600.00 35,400.00

Total 193,750.00

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 Accreditation Certificate, Signed Quotations, DTI business registration and Omnibus sworn statement.

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: santarosa_wd@yahoo.com.ph

Line Items

Item No.	Product/Service Name	Description	Quantity	UOM	Budget (PHP)
1	Medical Check-up	Medical Check-up	60	Unit	90,000.00
2	ECG	ECG	37	Unit	12,950.00
3	Pap Smear	Pap Smear	6	Unit	3,600.00
4	PSA	PSA	31	Unit	34,100.00
5	Drug Screening	Drug Screening	59	Unit	17,700.00
6	COVID-19 Total Antibody Test	COVID-19 Total Antibody	59	Unit	35,400.00

Created by Julius Caesar Matadling Badilla

Date Created 16/06/2020

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