



Republic of the Philippines  
 Department of Health  
**ADELA SERRA TY MEMORIAL MEDICAL CENTER**  
 Capitol Hills, Telaje, Tandag City, Surigao del Sur  
**Telefax No. 086-211-4306**  
**E-mail: astmmc\_hbac@yahoo.com.ph**  
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**REQUEST FOR QUOTATION (RFQ)**

For Procurement of **Drugs & Medicines**

**RFQ No. 144**

1. The Adela Serra Ty Memorial Medical Center, through the **REGULAR AGENCY** intends to apply the sum of **Nine Hundred Ninety Two Thousand Pesos Only (Php 992,000.00)** being the approved Budget for the Contract (ABC) to payments for the Procurement of **DRUGS AND MEDICINES** for which this Request for Quotation is issued.
2. The ASTMMC, hereinafter referred to as “the Purchaser” now request you to submit price quotation for the supply and delivery of the following:

Item No.	Description	Qty.	Unit
1	<b>Remdesivir 100mg/20ml Lyophilized</b>  <b>Note: Expiration date atleast 18months &amp; above</b> <b>Guarantee letter to replace/for replacement not allowed</b>	160	vial

3. A set of technical specifications for the above items are provided in Attachment 1. All items listed under the purchasers specifications must be complied on a pass-fail basis. Failure to meet any one of the requirements will result to rejection.
4. Bidding procedures will be conducted in accordance with the provisions of the Implementing Rules and Regulations-A (IRR-A) of Republic Act 9184.
5. It is the intent of the Purchaser to evaluate the quotation for each item separately, and award will be made to the quotation or combination of quotations resulting in the overall lowest cost. Quotation for one or more or all items will be considered. Contract Award will be made to the lowest evaluated quotation (s) meeting purchaser’s technical specifications.
6. Quotations must be delivered at the HBAC Office, ASTMMC, Tandag, Surigao del Sur not later than 10:00 am. Of **May 4, 2021**
7. Your prices must be quoted in Philippine Peso and must include the unit price and total price, inclusive of all taxes to be paid and other incidental cost to the delivery site if the contract is awarded.
8. All quotations must be typewritten and must be placed in sealed envelope marked **“DRUGS & MEDICINES” (RFQ No. 144)**
9. Quotations shall be valid for sixty (60) calendar days from the Opening of Bids.
10. The delivery period shall be within fifteen (15) calendar days from receipt of the Notice to Proceed (NTP).
11. **DELIVERY SITE:** Supply Office, Adela Serra Ty Memorial Medical Center, Capitol Hills, Tandag City.



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12. The applicable rate for late deliveries is one tenth (1/10) of one percent (1%) of the cost of the unperformed portion for every day of delay. The maximum deduction shall be ten percent (10%) of the amount of contract. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the procuring entity shall rescind the contract, without prejudice to other courses of action and remedies open to it.
  
13. The ASTMMC reserves the right to accept or reject any quotation, and to annul the bidding process and reject all quotations at any time prior to Contract award, without thereby incurring any liability to the affected bidder or bidders and to waive any minor defects or infirmities therein and to accept such quotation as may be considered advantageous to the government.
  
14. The prospective bidder shall submit the following:
  - a. Quotation Form
  - b. Technical Specification
  - c. Certificate of PHIL-GEPS Registration

**VOLTAIRE S. EGNORA, MD, FPCP**  
HBAC Chairperson  
ASTMMC  
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**QUOTATION FORM**

**Received By:** \_\_\_\_\_  
*Signature over Printed Name*  
**Date & Time:** \_\_\_\_\_

Date: \_\_\_\_\_

**RFQ No. 144**

**The Chairman**

The Bids and Award Committee on Goods

ASTMMC

1. Having examined the subject Request for Quotation including the Technical Specifications, we, the undersigned offer to supply and deliver the following items (with our unit price and total)

Item No.	Description	Qty.	Unit	Unit Price	Total Price
1	<b>Remdesivir 100mg/20ml Lyophilized</b>  <b>Note: Expiration date atleast 18months &amp; above Guarantee letter to replace/for replacement not allowed</b>	160	vial		
<b>TOTAL QUOTATION</b>					
<b>Note:</b>					
<ul style="list-style-type: none"> <li>• <b>Quotations must be forwarded on or before 10:00am of May 4, 2021</b></li> </ul>					

2. We undertake, if our Quotation or Bid is accepted, to deliver the above goods within the fifteen (15) days delivery period.
3. We agree to abide by this Quotation/Bid for a period of sixty (60) days after the dated deadline of submission specified in your RFQ.
4. We understand that payment for items delivered will be made to the winning supplier within thirty (30) days after inspection and acceptance of goods delivered.

Company Name : \_\_\_\_\_

Address: \_\_\_\_\_

Signature Over Printed Name: \_\_\_\_\_

Republic of the Philippines Adela Serra Ty Memorial Medical Center <b>TECHNICAL SPECIFICATIONS</b>	
Purchaser's Specifications	Supplier's Specifications (please state "comply" or "not comply")
<b>Remdesivir 100mg/20ml Lyophilized</b>  <b>Note: Expiration date atleast 18months &amp; above Guarantee letter to replace/for replacement not allowed</b>	