

### Republic of the Philippines Province of Romblon

#### MUNICIPALITY OF SANTA FE

-000-

#### THE BIDS AND AWARDS COMMITTEE

# INVITATION FOR NEGOTIATED PROCUREMENT DUE TO TWO-FAILED BIDDINGS

# PROCUREMENT OF DRUGS & MEDICINES AND MEDICAL, DENTAL & LABORATORY SUPPLIES (LOT 1-2)

In view of the two (2) failed biddings, the Bids and Awards Committee of the Municipal Government of Santa Fe, Romblon invite PhilGEPS registered suppliers to participate in the Negotiation for the project "Procurement of Drugs & Medicines and Medical, Dental & Laboratory Supplies (Lot 1 & 2)" in accordance with Section 53.1 of the Revised Implementing Rules and Regulations of Republic Act No. 9184, otherwise known as the "Government Procurement Reform Act". The Approved Budget for the Contract is One Hundred Forty Nine Thousand Nine Hundred Sixty Pesos (P149, 960.00) broken into the following lots:

| LOT NO. | NAME OF PROJECT                                      | ABC          |
|---------|--|--------------|
| 1       | Procurement of Drugs & Medicines                     | P 100,000.00 |
| 2       | Procurement of Medical, Dental & Laboratory Supplies | P 49,960.00  |

The schedules of activities are listed below:

| Activities  | Schedule                       |
|---|--------------------------------|
| Posting and Availability of Request for Quotation | June 18, 2021 to June 30, 2021 |
| Deadline for Submission of Quotations             | June 30, 2021/1:30 P.M.        |
| Opening and Reading of Quotations                 | June 30, 2021/1:30 P.M.        |

Opening and reading of quotations shall be on June 30, 2021, 1:30 in the afternoon at the Municipal Hall, Poblacion, Santa Fe, Romblon.

Interested suppliers may submit their quotations on or before June 30, 2021, 1:30 in the afternoon at the Office of the Bids and Awards Committee together with the following eligibility documents:

- 1. PhilGEPS Certificate of Registration (Platinum Membership)
- 2. DTI Certificate of Registration
- 3. Mayor's Permit 2021
- 4. BIR Certificate of Registration
- 5. Latest Income Tax Return and Business Tax Return
- 6. Notarized Omnibus Sworn Statement

The Municipal Government of Santa Fe, Romblon reserves the right to accept or reject any bid, to annul the bidding process, and to reject all bids at any time prior to contract award, without thereby incurring any liability to the affected bidder or bidders.

For further information, please refer to:

ENGR. DERRICK E. MAYOR
MPDC/LGU-BAC Chairperson
Municipality of Santa Fe
Province of Romblon
Telephone No. 0956-208-9064

DERRICK E. MAYOR BAC Chairperson

| Received by:   |              |
|----------------|--------------|
|                |              |
|                |              |
|                |              |
| Signature over | printed name |
| Date:          |              |

Name of the Procuring Entity:

#### MUNICIPAL GOVERNMENT OF SANTA FE, ROMBLON

Standard Form Number: SF-GOOD-60

Revised on: May 24, 2004

Standard Form Title: Request for Quotation

Project Reference Number:

Name of Project: **Procurement of Drugs & Medicines** and **Medical**, **Dental & Laboratory Supplies** (Lot 1 & 2)

Location of Project: Santa Fe, Romblon

#### **REQUEST FOR QUOTATION**

| n No. 2021-017 |
|----------------|
|                |
|                |
|                |

Please quote your lowest price on the item/s listed below and submit your quotation duly signed by your representative not later than *June 30, 2021, 1:30 P.M.* at the *Office of the Bids and Awards Committee, Municipal Hall, Poblacion, Santa Fe, Romblon*.

ENGR. DERRICK E. MAYOR MPDC/BAC Chairperson

Lot 1 - Procurement of Drugs & Medicines

| Item<br>No. | Unit   | Particulars                                | Qty | Unit Price | Total Amount |
|-------------|--------|--|-----|------------|--------------|
| 1           | box    | Acetylcysteine, 200mg-3g/sachet, 60's      | 6   |            |              |
| 2           | box    | AIOH + MgOH, 200mg/100mg tablet, 100's     | 6   |            |              |
| 3           | bottle | Ambroxol, 30mg/5ml, syrup                  | 30  |            |              |
| 4           | box    | Amlodipine, 10mg/tab, 100's                | 12  |            |              |
| 5           | box    | Amlodipine, 5mg/tab, 100's                 | 5   |            |              |
| 6           | bottle | Amoxicillin, 100mg/ml drops, 10ml          | 90  |            |              |
| 7           | bottle | Amoxicillin, 250mg/5ml, 60ml               | 90  |            |              |
| 8           | box    | Amoxicillin, 500mg/tab, 100's              | 5   |            |              |
| 9           | box    | Ascorbic Acid, 500mg/tab, 100's            | 5   |            |              |
| 10          | vial   | Calcium Gluconate, 100mg/ml, vial          | 4   |            |              |
| 11          | sachet | Calmoseptine, sachet                       | 30  |            |              |
| 12          | tube   | Erythromycin Ophthalmic Ointment, 5mg/tube | 10  |            |              |
| 13          | bottle | Cefalexin, 250mg/ml, 60ml                  | 50  |            |              |
| 14          | box    | Cefalexin, 500mg/cap, 100's                | 4   |            |              |
| 15          | bottle | Cefalexin drops, 60ml                      | 50  |            |              |
| 16          | box    | Celecoxib, 200mg/cap, 100's                | 5   |            |              |
| 17          | box    | Cetirizine, 10mg/tab, 100's                | 5   |            |              |
| 18          | bottle | Cetirizine, 5mg/5ml syrup, 30ml            | 12  |            |              |
| 19          | bottle | Chlorphenamine, 2mg/5ml syrup, 60ml        | 12  |            |              |
| 20          | box    | Epinephrine, 1mg/ml, vial/10's             | 2   |            |              |
| 21          | box    | Cinnarizine, 25mg/tab, 100's               | 3   |            |              |

| 22 | box    | Clopidogrel, 7mg/tab, 100's                | 2  |      |
|----|--------|--|----|------|
| 23 | box    | Cloxacillin, 500mg/cap, 100's              | 5  |      |
| 24 | bottle | Cloxacillin, 250mg/5ml powder, 60ml        | 30 |      |
| 25 | bottle | Co-Amoxiclav, 250mg susp., 60ml            | 30 |      |
| 26 | box    | Co-Amoxiclav, 625mg/tab, 14's/box          | 11 |      |
| 27 | bottle | Cotrimoxazole, 200/40/5ml, 60ml            | 51 |      |
| 28 | bottle | Cotrimoxazole, 400/80/5ml, 60ml            | 35 |      |
| 29 | box    | Cotrimoxazole, 800/160mg tab, 100's        | 10 |      |
| 30 | bottle | Erythromycin, 200mg/5ml, 60ml              | 10 |      |
| 31 | ampule | Diazepam, 10mg, ampule                     | 2  |      |
| 32 | box    | Gliclazide, 30mg/tab, 100's                | 3  |      |
| 33 | box    | Glimepiride, 2mg/tab, 100's                | 4  |      |
| 34 | box    | Glimepiride, 4mg/tab, 100's                | 3  |      |
| 35 | box    | Guaifenesin, 100mg/cap, 100's              | 4  |      |
| 36 | bottle | Guaifenesin, 100mg syrup, 60ml             | 51 |      |
| 37 | box    | Hydrocortisone, 100mg/vial, 10's/box       | 1  |      |
| 38 | bottle | Lagundi, 300mg/5ml syrup, 60ml             | 50 |      |
| 39 | ampule | Phenytoin, 100mg/2ml                       | 2  |      |
| 40 | box    | Lagundi, 600mg/tab, 100's                  | 5  |      |
| 41 | box    | Lidocaine 2%, 50ml                         | 5  |      |
| 42 | box    | Losartan, 50mg + HCTZ 12.5mg/tab, 100's    | 10 |      |
| 43 | box    | Losartan, 50mg/tab, 100's                  | 38 |      |
| 44 | amp    | Magnesium SO4, 500mg/ml/amp, 2ml           | 10 |      |
| 45 | box    | Mefenamic Acid, 250mg/cap, 100's           | 3  |      |
| 46 | box    | Mefenamic Acid, 500mg/cap, 100's           | 5  |      |
| 47 | vial   | Paracetamol, 300mg/2ml, vial               | 2  |      |
| 48 | bottle | Metoclopramide, 5mg/5ml, 60ml              | 6  |      |
| 49 | bottle | Metronidazole, 125mg/5ml susp., 60ml       | 10 |      |
| 50 | box    | Montelukast, 4mg/tab, 100's                | 3  |      |
| 51 | tube   | Mupirocin Ointment, 5g/tube                | 5  |      |
| 52 | box    | Omeprazole, 20mg/cap, 100's                | 2  |      |
| 53 | box    | Opigesic, 125mg suppository, 50's          | 1  |      |
| 54 | box    | Opigesic, 250mg suppository, 50's          | 1  |      |
| 55 | box    | Paracetamol+Chlorphenamine tablet, 100's   | 3  |      |
| 56 | bottle | Paracetamol, 100mg/ml drops, 15ml          | 81 | 4144 |
| 57 | bottle | Paracetamol, 250mg/5ml syrup, 60ml         | 81 |      |
| 58 | box    | Paracetamol, 500mg/tab, 100's              | 6  |      |
| 59 | box    | Salbutamol+lpatropium, 2.5ml/respule, 35's | 2  |      |
| 60 | box    | Salbutamol 1mg/ml, 2.5ml, 30's             | 2  |      |
| 61 | box    | Sodium Ascorbate capsule, 100's            | 5  |      |
| 62 | box    | Tranexamic Acid, 500mg/cap, 100's          | 2  |      |
| 63 | box    | Vitamin B-complex tablet, 100's            | 8  |      |

|                  | Total P |
|------------------|---------|
| Amount in Words: |         |

| After carefully read and accepted your General Conditions, I/We | e quote you |
|---|-------------|
| on the item at prices quoted above.                             |             |
|   |             |
|   |             |
|   |             |

| Signature Over Printed Name | Remitted (September 1997) |
|-----------------------------|---------------------------|
| Address                     |                           |
| Date                        |                           |

Name of the Procuring Entity:

#### MUNICIPAL GOVERNMENT OF SANTA FE, ROMBLON

Standard Form Number: SF-GOOD-60

Revised on: May 24, 2004

Standard Form Title: Request for Quotation

Project Reference Number:

Name of Project: **Procurement of Drugs & Medicines** and **Medical**, **Dental & Laboratory Supplies (Lot 1 & 2)** 

Location of Project: Santa Fe, Romblon

### **REQUEST FOR QUOTATION**

| Date:                         |
|-------------------------------|
| Quotation No. <u>2021-017</u> |
|                               |
|                               |
|                               |

Please quote your lowest price on the item/s listed below and submit your quotation duly signed by your representative not later than *June 30, 2021, 1:30 P.M.* at the *Office of the Bids and Awards Committee, Municipal Hall, Poblacion, Santa Fe, Romblon*.

ENGR. DERRICK E. MAYOR MPDC/BAC Chairperson

Lot 2 - Medical, Dental & Laboratory Supplies

| Item No. | Unit   | Particulars   | Qty | Unit Price | Total Amount |
|----------|--------|---|-----|------------|--------------|
| 1        | pack   | Absorbent Cotton, 400 grams   | 8   |            |              |
| 2        | roll   | Autoclave tape, ¾ inches  | 3   |            |              |
| 3        | pack   | Chlorine Powder (2,500grams/pack, individually pack)  | 20  |            | \            |
| 4        | bottle | Dental Anesthesia   | 10  |            |              |
| 5        | piece  | Kiddie Toothbrush   | 105 |            |              |
| 6        | unit   | Medical Oxygen Refill – 50lbs   | 2   |            |              |
| 7        | unit   | Medical Oxygen Refill – 30lbs   | 2   |            |              |
| 8        | unit   | Medical Oxygen Refill – 15lbs   | 2   |            |              |
| 9        | bottle | Mouthwash, 500ml  | 10  |            |              |
| 10       | piece  | Sterlizer Pouch, large  | 125 |            |              |
| 11       | tube   | Toothpaste with microscrub, big   | 10  |            |              |
| 12       | pack   | Ziplock bag  Transparent plastic with lock  Reseable, 100's/pack, Size 10                               | 6   |            |              |
| 13       | pack   | Colored Trash Bag  Large size: 13"x13"x32, 100pcs/pack  Yellow: 10packs  Black: 5 packs  Green: 5 packs | 20  |            |              |

|                  | Total P |
|------------------|---------|
| Amount in Words: |         |

| After carefully i        | read and accepted t | your General Con        | ditions, I/We quo | ote you |
|--------------------------|---------------------|-------------------------|-------------------|---------|
| on the item at prices of | above.              |                         |                   |         |
|                          |                     |                         |                   |         |
|                          |                     |                         |                   |         |
|                          |                     |                         |                   |         |
| -                        | 0' 1 0              | D. I. I. I. I. I. I. I. |                   |         |
|                          | Signature Over      | Printea Name            |                   |         |

Address

Date

## Section VI. Schedule of Requirements

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

Lot 1 – Procurement of Drugs & Medicines

| Item No. | Description                                | Quantity | Unit   | Delivered,<br>Week/Months |
|----------|--|----------|--------|---------------------------|
| 1        | Acetylcysteine, 200mg-3g/sachet, 60's      | 6        | box    |                           |
| 2        | AIOH + MgOH, 200mg/100mg tablet, 100's     | 6        | box    |                           |
| 3        | Ambroxol, 30mg/5ml, syrup                  | 30       | bottle |                           |
| 4        | Amlodipine, 10mg/tab, 100's                | 12       | box    |                           |
| 5        | Amlodipine, 5mg/tab, 100's                 | 5        | box    |                           |
| 6        | Amoxicillin, 100mg/ml drops, 10ml          | 90       | bottle |                           |
| 7        | Amoxicillin, 250mg/5ml, 60ml               | 90       | bottle |                           |
| 8        | Amoxicillin, 500mg/tab, 100's              | 5        | box    |                           |
| 9        | Ascorbic Acid, 500mg/tab, 100's            | 5        | box    |                           |
| 10       | Calcium Gluconate, 100mg/ml, vial          | 4        | vial   |                           |
| 11       | Calmoseptine, sachet                       | 30       | sachet |                           |
| 12       | Erythromycin Ophthalmic Ointment, 5mg/tube | 10       | tube   |                           |
| 13       | Cefalexin, 250mg/ml, 60ml                  | 50       | bottle |                           |
| 14       | Cefalexin, 500mg/cap, 100's                | 4        | box    |                           |
| 15       | Cefalexin drops, 60ml                      | 50       | bottle |                           |
| 16       | Celecoxib, 200mg/cap, 100's                | 5        | box    |                           |
| 17       | Cetirizine, 10mg/tab, 100's                | 5        | box    |                           |
| 18       | Cetirizine, 5mg/5ml syrup, 30ml            | 12       | bottle |                           |
| 19       | Chlorphenamine, 2mg/5ml syrup, 60ml        | 12       | bottle |                           |
| 20       | Epinephrine, 1mg/ml, vial/10's             | 2        | box    |                           |
| 21       | Cinnarizine, 25mg/tab, 100's               | 3        | box    |                           |
| 22       | Clopidogrel, 7mg/tab, 100's                | 2        | box    |                           |
| 23       | Cloxacillin, 500mg/cap, 100's              | 5        | box    |                           |
| 24       | Cloxacillin, 250mg/5ml powder, 60ml        | 30       | bottle |                           |
| 25       | Co-Amoxiclav, 250mg susp., 60ml            | 30       | bottle |                           |
| 26       | Co-Amoxiclav, 625mg/tab, 14's/box          | 11       | box    |                           |
| 27       | Cotrimoxazole, 200/40/5ml, 60ml            | 51       | bottle |                           |
| 28       | Cotrimoxazole, 400/80/5ml, 60ml            | 35       | bottle |                           |

| Item No. | Description                                | Quantity | Unit   | Delivered,<br>Week/Months |
|----------|--|----------|--------|---------------------------|
| 29       | Cotrimoxazole, 800/160mg tab, 100's        | 10       | box    |                           |
| 30       | Erythromycin, 200mg/5ml, 60ml              | 10       | bottle |                           |
| 31       | Diazepam, 10mg, ampule                     | 2        | ampule |                           |
| 32       | Gliclazide, 30mg/tab, 100's                | 3        | box    |                           |
| 33       | Glimepiride, 2mg/tab, 100's                | 4        | box    |                           |
| 34       | Glimepiride, 4mg/tab, 100's                | 3        | box    |                           |
| 35       | Guaifenesin, 100mg/cap, 100's              | 4        | box    |                           |
| 36       | Guaifenesin, 100mg syrup, 60ml             | 51       | bottle |                           |
| 37       | Hydrocortisone, 100mg/vial, 10's/box       | 1        | box    |                           |
| 38       | Lagundi, 300mg/5ml syrup, 60ml             | 50       | bottle |                           |
| 39       | Phenytoin, 100mg/2ml                       | 2        | ampule |                           |
| 40       | Lagundi, 600mg/tab, 100's                  | 5        | box    |                           |
| 41       | Lidocaine 2%, 50ml                         | 5        | box    |                           |
| 42       | Losartan, 50mg + HCTZ 12.5mg/tab, 100's    | 10       | box    |                           |
| 43       | Losartan, 50mg/tab, 100's                  | 38       | box    |                           |
| 44       | Magnesium SO4, 500mg/ml/amp, 2ml           | 10       | A mp   |                           |
| 45       | Mefenamic Acid, 250mg/cap, 100's           | 3        | box    |                           |
| 46       | Mefenamic Acid, 500mg/cap, 100's           | 5        | box    |                           |
| 47       | Paracetamol, 300mg/2ml, vial               | 2        | vial   |                           |
| 48       | Metoclopramide, 5mg/5ml, 60ml              | 6        | bottle |                           |
| 49       | Metronidazole, 125mg/5ml susp., 60ml       | 10       | bottle |                           |
| 50       | Montelukast, 4mg/tab, 100's                | 3        | box    |                           |
| 51       | Mupirocin Ointment, 5g/tube                | 5        | tube   |                           |
| 52       | Omeprazole, 20mg/cap, 100's                | 2        | box    |                           |
| 53       | Opigesic, 125mg suppository, 50's          | 1        | box    |                           |
| 54       | Opigesic, 250mg suppository, 50's          | 1        | box    |                           |
| 55       | Paracetamol+Chlorphenamine tablet, 100's   | 3        | box    |                           |
| 56       | Paracetamol, 100mg/ml drops, 15ml          | 81       | bottle |                           |
| 57       | Paracetamol, 250mg/5ml syrup, 60ml         | 81       | bottle |                           |
| 58       | Paracetamol, 500mg/tab, 100's              | 6        | box    |                           |
| 59       | Salbutamol+lpatropium, 2.5ml/respule, 35's | 2        | box    |                           |
| 60       | Salbutamol 1mg/ml, 2.5ml, 30's             | 2        | box    |                           |
| 61       | Sodium Ascorbate capsule, 100's            | 5        | box    |                           |
| 62       | Tranexamic Acid, 500mg/cap, 100's          | 2        | box    |                           |
| 63       | Vitamin B-complex tablet, 100's            | 8        | box    |                           |

|                 | Vitaliiii 2 Collipion tallico,  |                    | 1            |      |      |
|-----------------|---------------------------------|--------------------|--------------|------|------|
| I hereby certif | fy to comply and deliver all th | e above requiremer | nts.         |      |      |
| Name of         | Company/Bidder                  | Signature          | over printed | name | Date |

### Section VI. Schedule of Requirements

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

Lot 2 - Procurement of Medical, Dental & Laboratory Supplies

| Item<br>No. | Description   | Quantity | Unit   | Delivered,<br>Week/Months |
|-------------|---|----------|--------|---------------------------|
| 1           | Absorbent Cotton, 400 grams   | 8        | pack   |                           |
| 2           | Autoclave tape, ¾ inches  | 3        | roll   |                           |
| 3           | Chlorine Powder (2,500 grams/pack, individually pack)   | 20       | pack   |                           |
| 4           | Dental Anesthesia   | 10       | bottle |                           |
| 5           | Kiddie Toothbrush   | 105      | piece  |                           |
| 6           | Medical Oxygen Refill – 50lbs   | 2        | unit   |                           |
| 7           | Medical Oxygen Refill – 30lbs   | 2        | unit   |                           |
| 8           | Medical Oxygen Refill – 15lbs   | 2        | unit   |                           |
| 9           | Mouthwash, 500ml  | 10       | bottle |                           |
| 10          | Sterlizer Pouch, large  | 125      | piece  |                           |
| 11          | Toothpaste with microscrub, big   | 10       | tube   |                           |
| 12          | Ziplock bag  Transparent plastic with lock  Reseable  100's/pack  Size 10                               | 6        | pack   |                           |
| 13          | Colored Trash Bag  Large size: 13"x13"x32  100pcs/pack  Yellow: 10packs  Black: 5 packs  Green: 5 packs | 20       | pack   |                           |

| I hereby certify to comply and deliver all the a | above requirements.         |      |
|--|-----------------------------|------|
|  |                             |      |
| Name of Company/Bidder                           | Signature over printed name | Date |

### **Section VII. Technical Specification**

Bidders must state here either "Comply" or any equivalent term in the column "Bidder's Statement of Compliance" against each of the individual parameters of each "Specifications."

Lot 1 – Procurement of Drugs & Medicines

| Item<br>No. | Qty. | Unit   | Specifications                             | Statement of Compliance |
|-------------|------|--------|--|-------------------------|
| 1           | 6    | box    | Acetylcysteine, 200mg-3g/sachet, 60's      | ·                       |
| 2           | 6    | box    | AIOH + MgOH, 200mg/100mg tablet, 100's     |                         |
| 3           | 30   | bottle | Ambroxol, 30mg/5ml, syrup                  |                         |
| 4           | 12   | box    | Amlodipine, 10mg/tab, 100's                |                         |
| 5           | 5    | box    | Amlodipine, 5mg/tab, 100's                 |                         |
| 6           | 90   | bottle | Amoxicillin, 100mg/ml drops, 10ml          |                         |
| 7           | 90   | bottle | Amoxicillin, 250mg/5ml, 60ml               |                         |
| 8           | 5    | box    | Amoxicillin, 500mg/tab, 100's              |                         |
| 9           | 5    | box    | Ascorbic Acid, 500mg/tab, 100's            | 8                       |
| 10          | 4    | vial   | Calcium Gluconate, 100mg/ml, vial          |                         |
| 11          | 30   | sachet | Calmoseptine, sachet                       |                         |
| 12          | 10   | tube   | Erythromycin Ophthalmic Ointment, 5mg/tube |                         |
| 13          | 50   | bottle | Cefalexin, 250mg/ml, 60ml                  |                         |
| 14          | 4    | box    | Cefalexin, 500mg/cap, 100's                |                         |
| 15          | 50   | bottle | Cefalexin drops, 60ml                      |                         |
| 16          | 5    | box    | Celecoxib, 200mg/cap, 100's                |                         |
| 17          | 5    | box    | Cetirizine, 10mg/tab, 100's                |                         |
| 18          | 12   | bottle | Cetirizine, 5mg/5ml syrup, 30ml            |                         |
| 19          | 12   | bottle | Chlorphenamine, 2mg/5ml syrup, 60ml        |                         |
| 20          | 2    | box    | Epinephrine, 1mg/ml, vial/10's             |                         |
| 21          | 3    | box    | Cinnarizine, 25mg/tab, 100's               |                         |
| 22          | 2    | box    | Clopidogrel, 7mg/tab, 100's                |                         |
| 23          | 5    | box    | Cloxacillin, 500mg/cap, 100's              |                         |
| 24          | 30   | bottle | Cloxacillin, 250mg/5ml powder, 60ml        |                         |
| 25          | 30   | bottle | Co-Amoxiclav, 250mg susp., 60ml            |                         |
| 26          | 11   | box    | Co-Amoxiclav, 625mg/tab, 14's/box          |                         |
| 27          | 51   | bottle | Cotrimoxazole, 200/40/5ml, 60ml            |                         |
| 28          | 35   | bottle | Cotrimoxazole, 400/80/5ml, 60ml            |                         |
| 29          | 10   | box    | Cotrimoxazole, 800/160mg tab, 100's        |                         |
| 30          | 10   | bottle | Erythromycin, 200mg/5ml, 60ml              |                         |
| 31          | 2    | ampule | Diazepam, 10mg, ampule                     |                         |
| 32          | 3    | box    | Gliclazide, 30mg/tab, 100's                |                         |
| 33          | 4    | box    | Glimepiride, 2mg/tab, 100's                |                         |
| 34          | 3    | box    | Glimepiride, 4mg/tab, 100's                |                         |
| 35          | 4    | box    | Guaifenesin, 100mg/cap, 100's              |                         |

| Item<br>No. | Qty. | Unit   | Specifications                             | Statement of Compliance |
|-------------|------|--------|--|-------------------------|
| 36          | 51   | bottle | Guaifenesin, 100mg syrup, 60ml             |                         |
| 37          | 1    | box    | Hydrocortisone, 100mg/vial, 10's/box       |                         |
| 38          | 50   | bottle | Lagundi, 300mg/5ml syrup, 60ml             |                         |
| 39          | 2    | ampule | Phenytoin, 100mg/2ml                       |                         |
| 40          | 5    | box    | Lagundi, 600mg/tab, 100's                  |                         |
| 41          | 5    | box    | Lidocaine 2%, 50ml                         |                         |
| 42          | 10   | box    | Losartan, 50mg + HCTZ 12.5mg/tab, 100's    |                         |
| 43          | 38   | box    | Losartan, 50mg/tab, 100's                  |                         |
| 44          | 10   | A mp   | Magnesium SO4, 500mg/ml/amp, 2ml           |                         |
| 45          | 3    | box    | Mefenamic Acid, 250mg/cap, 100's           |                         |
| 46          | 5    | box    | Mefenamic Acid, 500mg/cap, 100's           |                         |
| 47          | 2    | vial   | Paracetamol, 300mg/2ml, vial               |                         |
| 48          | 6    | bottle | Metoclopramide, 5mg/5ml, 60ml              |                         |
| 49          | 10   | bottle | Metronidazole, 125mg/5ml susp., 60ml       |                         |
| 50          | 3    | box    | Montelukast, 4mg/tab, 100's                |                         |
| 51          | 5    | tube   | Mupirocin Ointment, 5g/tube                |                         |
| 52          | 2    | box    | Omeprazole, 20mg/cap, 100's                | 6                       |
| 53          | 1    | box    | Opigesic, 125mg suppository, 50's          |                         |
| 54          | 1    | box    | Opigesic, 250mg suppository, 50's          |                         |
| 55          | 3    | box    | Paracetamol+Chlorphenamine tablet, 100's   |                         |
| 56          | 81   | bottle | Paracetamol, 100mg/ml drops, 15ml          |                         |
| 57          | 81   | bottle | Paracetamol, 250mg/5ml syrup, 60ml         |                         |
| 58          | 6    | box    | Paracetamol, 500mg/tab, 100's              |                         |
| 59          | 2    | box    | Salbutamol+Ipatropium, 2.5ml/respule, 35's |                         |
| 60          | 2    | box    | Salbutamol 1mg/ml, 2.5ml, 30's             |                         |
| 61          | 5    | box    | Sodium Ascorbate capsule, 100's            |                         |
| 62          | . 2  | box    | Tranexamic Acid, 500mg/cap, 100's          |                         |
| 63          | 8    | box    | Vitamin B-complex tablet, 100's            |                         |

| I hereby certify to comply and deliver all the | e above requirements.       |   |      |
|--|-----------------------------|---|------|
|  |                             |   |      |
| Name of Company/Bidder                         | Signature over printed name | - | Date |

### **Section VII. Technical Specification**

Bidders must state here either "Comply" or any equivalent term in the column "Bidder's Statement of Compliance" against each of the individual parameters of each "Specifications."

Lot 2 - Procurement of Medical, Dental & Laboratory Supplies

| Item<br>No. | Qty. | Unit   | Specifications  | Statement of<br>Compliance |
|-------------|------|--------|---|----------------------------|
| 1           | 8    | pack   | Absorbent Cotton, 400 grams   |                            |
| 2           | 3    | roll   | Autoclave tape, ¾ inches  |                            |
| 3           | 20   | pack   | Chlorine Powder (2,500 grams/pack, individually pack)   |                            |
| 4           | 10   | bottle | Dental Anesthesia   |                            |
| 5           | 105  | piece  | Kiddie Toothbrush   |                            |
| 6           | 2    | unit   | Medical Oxygen Refill – 50lbs   |                            |
| 7           | 2    | unit   | Medical Oxygen Refill – 30lbs   |                            |
| 8           | 2    | unit   | Medical Oxygen Refill – 15lbs   | a                          |
| 9           | 10   | bottle | Mouthwash, 500ml  |                            |
| 10          | 125  | piece  | Sterlizer Pouch, large  |                            |
| 11          | 10   | tube   | Toothpaste with microscrub, big   |                            |
| 12          | 6    | pack   | Ziplock bag  Transparent plastic with lock  Reseable  100's/pack  Size 10                               |                            |
| 13          | 20   | pack   | Colored Trash Bag  Large size: 13"x13"x32  100pcs/pack  Yellow: 10packs  Black: 5 packs  Green: 5 packs |                            |

| hereby certify to comply and deliver all the | ne above requirements.      |      |
|--|-----------------------------|------|
|  |                             |      |
|  |                             |      |
| Name of Company/Bidder                       | Signature over printed name | Date |

# Omnibus Sworn Statement (Revised) [shall be submitted with the Bid]

|                     | PUBLIC OF THE PHILIPPINES ) TY/MUNICIPALITY OF ) S.S.  |
|---------------------|--|
|                     | AFFIDAVIT  |
| I, _<br>at _<br>law | , of legal age, married/single, Filipino, and residing after having been duly sworn in accordance with do hereby depose and state that:  |
| 1. I<br>with        | am the sole proprietor or authorized representative of;  |
|                     | As the owner and sole proprietor, or authorized representative of [Name of Bidder], I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached duly notarized Special Power of Attorney;   |
| 3.                  | Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting; |
| 4.                  | Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;  |
| 5.                  | is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;  |
| 6.                  | The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;  |
| 7.                  | complies with existing labor laws and standards; and   |
| 8.                  | as a Bidder in compliance with the Philippine Bidding Documents, which includes:   |
|                     | <ul> <li>a. Carefully examining all of the Bidding Documents;</li> <li>b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;</li> </ul>   |
|                     | Contract; c. Making an estimate of the facilities available and needed for the contract to be bid, if  |
|                     | any; and d. Inquiring or securing Supplemental/Bid Bulletin(s) issued for the  |

| 9.         | commission,  | amount, fee<br>official, perso  | e, or any fori<br>onnel or rep<br>ctivity.  | n of co                                     | onsideration,  | pecunia  | ry or other  | wise, to   | any                                |
|------------|--|---|---|---|--|--|--|--|------------------------------------|
| 10.        | constitute of unfaithfulned payment redeliver cer government | ons and ur<br>criminal liab<br>ess or abuse<br>ceived by a<br>tain goods<br>t of the Phil | ent was madertakings ility for Swider of confider person or of or service lippines pure ed Penal Code | in the ndling nce threntity ues, to suant t | contract s<br>(Estafa) or<br>ough misar<br>under an ob<br>the prejud | hall be<br>the com<br>propriat<br>oligation<br>dice of | sufficient of<br>mission of<br>ting or con<br>involving<br>the publi | ground<br>f fraud<br>verting<br>the dut<br>c and | s to<br>with<br>any<br>y to<br>the |
| IN Nat_    | WITNESS W  | HEREOF, I h   | nave hereunt  | o set m<br>hilippin                         | y hand this <sub>.</sub><br>ies.                                     | d  | ay of  | , 2  | 2021                               |
|            |  |   |   | _   |  | Affiant  |  |  |                                    |
| with       | BSCRIBED h his/her Cor 1 at                                  | 2021<br>mmunity Tax   | . Affiant exh<br>Certificate N  | ibited t<br>lo.                             | o me his/he  | r  |  |  |                                    |
|            |  |   |   |   | _  | (No  | otary Public   | ;)   |                                    |
| Pag<br>Boo | c. No<br>ge No<br>ok No<br>ries of 2021.                     |   |   |   |  |  |  |  |                                    |