

SF-GOOD-60

**REQUEST FOR QUOTATION  
(53.9 "Small Value Procurement")**

**Regimed Pharmaceutical Distributor  
Farmacia Norhiza  
Med-Line Distributor**

Date: March 06, 2023

Quotation No.: 0165

Place of Delivery: City General Services Office

Please quote your lowest price on the items listed below, subject to the General Conditions on the Philippine Bidding Documents on Goods, stating the shortest time of delivery and submit your quotation duly signed by your representative **on or before March 10, 2023 at 10:00 a.m.**

**ATTY. ALEXANDER ERIC F. ELIAS**  
BAC-Chairperson

**Note: ALL ENTRIES MUST BE TYPEWRITTEN / LEGIBLY WRITTEN.**

1. DELIVERY PERIOD **TWENTY (20) CALENDAR DAYS**
2. WARRANTY SHALL BE FOR A PERIOD OF THREE (3) MONTHS FOR EXPENDABLE SUPPLIES, ONE (1) YEAR FOR NON-EXPENDABLE SUPPLIES, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY.
3. PRICE VALIDITY SHALL BE FOR A PERIOD OF THIRTY (30) CALENDAR DAYS.
4. G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION, IF AVAILABLE.
5. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED.
6. **INDICATE BRAND NAME OF ITEMS BEING OFFERED.**
7. **DROP YOUR QUOTATION IN A SEALED ENVELOPE AND PROPERLY LABELED-**
8. **Bidders are requested to submit PHILGEPS REGISTRATION NUMBER/ PHILGEPS PLATINUM CERTIFICATE, OMNIBUS SWORN STATEMENT, LATEST ITR AND BUSINESS/MAYOR'S PERMIT**
9. **Downloaded Form must be duly signed by BAC Chairman prior to submission for the opening of bidding documents.**
10. **For Tires and Batteries, ONE (1) YEAR WARRANTY**
11. **Bidders are required to indicate unit price per item, type written or legibly hand-written.**

ITEM NO.	ITEM & DESCRIPTION	BRAND NAME	QTY	Unit	UNIT PRICE	TOTAL
1.	Aripiprazole 10 mg/tab, 30's <b>Estimated Cost: P3,572.40</b>		2	Bxs		
2.	Amlodipine 5mg table, 100's <b>Estimated Cost: P600.00</b>		2	Bxs		
3.	Betahistine, 8mg, tablet, 100's <b>Estimated Cost: P7,200.00</b>		3	Bxs		
4.	Biperiden 2mg, 100's <b>Estimated Cost: P11,508.00</b>		21	Bxs		
5.	Carbamazepine 200 mg tablet, 100's <b>Estimated Cost: P2,025.00</b>		9	Bxs		
6.	Clozapine 100 mg, tablet, 100's <b>Estimated Cost: P160,680.00</b>		195	Bxs		
7.	Ferrous Sulfate, 100's <b>Estimated Cost: P1,940.00</b>		5	Bxs		
8.	Folic Acid 5 mg, 100's <b>Estimated Cost: P2,500.00</b>		5	Bxs		
9.	Flupentixol 20 mg, amp, 20mg/ml, 1ml sol, 10's <b>Estimated Cost: P737,880.00</b>		195	Bxs		
10.	Haloperidol 5 mg, tablet, 100's <b>Estimated Cost: P13,445.00</b>		5	Bxs		
11.	Levetiracetam 500 mg, tablet, 100's <b>Estimated Cost: P10,200.00</b>		3	Bxs		
12.	Lithium Carbonate 450 mg, tablet, 100's <b>Estimated Cost: P2,856.00</b>		6	Bxs		
13.	Memantine 10 mg, tablet, 100's <b>Estimated Cost: P8,496.00</b>		2	Bxs		
14.	Multivitamins capsule, 100's <b>Estimated Cost: P2,450.00</b>		5	Bxs		
15.	Phenobarbital 60 mg, tablet, 100's <b>Estimated Cost: P1,048.00</b>		2	Bxs		
16.	Risperidone 2 mg, tablet, 100's <b>Estimated Cost: P28,831.00</b>		11	Bxs		
17.	Tenofovir Disoproxil 300 mg, tablet, 30's <b>Estimated Cost: P4,620.00</b>		4	Bxs		

	<p><b>Special Conditions:</b></p> <ol style="list-style-type: none"> <li>1. Bidders must have FDA License to Operate as Medical Distributor/Wholesale</li> <li>2. A Certified of Product Registration (CPR) from FDA must be submitted.</li> <li>3. No Items shall be received which expiration dates are less than 24 months from the date of the delivery</li> <li>4. Certificate of Good Manufacturing Practice (CGMP) must be submitted.</li> <li>5. If the bidder is not the manufacturer, a certificate of distributorship from the manufacturer or from the authorized distributor (with attached certificate of distributorship from the manufacturer to the authorized distributor) must be submitted.</li> </ol>					
<p><b>Purpose: Psychotic Drugs/Medicines are intended for the City patients admitted Psychiatry Department, ZCMC, this City</b></p>						

*Brand and Model* : \_\_\_\_\_  
*Delivery Period* : \_\_\_\_\_  
*Warranty* : \_\_\_\_\_  
*Price Validity* : \_\_\_\_\_

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.

\_\_\_\_\_  
*Printed Name / Signature*

\_\_\_\_\_  
*Tel. No. / Cellphone No.*  
*e-mail address*

\_\_\_\_\_  
*Date*