

Republic of the Philippines

UNIVERSITY OF SOUTHEASTERN PHILIPPINES TAGUM MABINI CAMPUS, TAGUM CITY

MEDICAL-DENTAL UNIT Request for Quotation

03-12-2020 Date:

| | | P.R. No.: 2020 - 03 - 143 |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Compan Address | ny Name : | |
| | Please quote your lowest price on the items / listed below, subject to the Gene and submit your quotation duly signed by your representative not later than d herewith | eral Condition on the last page, stating the shortest time of in the return enve |
| | | REMEGIO G. DUYAN, JR. BAC Chair |
| Note : | All entries must be typewritten. Delivery Period within calendar days. | J |

- 3. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for Equipment, from date of acceptance by the procuring entity.
- 4. Price validity shall be a period of 30 calendar days.
- 5. G-EPS Registration Certficate shall be attached upon submission of the Quotation.
- 6. Bidders shall submit Original Brochures showing certification of the product being offered (optional).
- 7. Mode of delivery: () pick-up (schedule) () Door to Door Delivery

| ltem | | ITEM AND DESCRIPTION | OTY | BID PRICE | |
|------|---------|----------------------------------------------|------|------------|-------------|
| No. | Unit | ITEM AND DESCRIPTION | QTY. | UNIT PRICE | TOTAL PRICE |
| 1 | tubes | Mupirocin ointment 5gms | 6 | | |
| 2 | tabs | Mefenamic Acid 500 mg | 500 | | |
| 3 | tabs | Multivitamins + Iron | 300 | | |
| 4 | caps | Loperamide | 300 | | |
| 5 | tabs | Ranitidine 300 mg | 300 | | |
| 6 | tabs | Clarythromycin 500mg/cap | 200 | | |
| 7 | caps | Amoxicillin 500 mg | 300 | | |
| 8 | caps | Ambroxol 75mg (Expel OD) | 300 | | |
| 9 | caps | Vitex negundo L. Forte 600mg/capsule | 300 | | |
| 10 | tabs | Cloxacillin 500mg/cap | 200 | | |
| 11 | bots | Betadine Gargle 120ml | 30 | | |
| 12 | boxes | Nitrile Examination Gloves (M) | 6 | | |
| 13 | sachets | Oral Rehydration Salt | 300 | | |
| 14 | nebs | Salbutamol neb | 10 | | |
| 15 | tabs | Hyoscine N-butylbromide tablet | 120 | | |
| 16 | tabs | Ebastine Betamethasone tablet | 100 | | |
| 17 | tabs | Paracetamol 500mg | 250 | | |
| 18 | tabs | Amlodipine 5mg/tab | 200 | | |
| 19 | bots | Tobramycin + Dexamethasone eye drops | 1 | | |
| 20 | bots | Tears Naturale eye drops | 2 | | |
| 21 | caps | Cefalexin 500mg/cap | 300 | | |
| 22 | caps | Omeprazole 20mg/cap | 200 | | |
| 23 | caps | Aluminum Magnesium Hydrocloride Tablet | 200 | | |
| 24 | box | Zinc Oxide + Calamine Ointment 3.5g 20's/box | 1 | | |
| 25 | caps | Co-amoxiclav 625mg/caplet | 200 | | |
| 26 | caps | Tranexamic Acid | 100 | | |
| 27 | caps | Celecoxib 200mg | 100 | | |
| 28 | tabs | Cetirizine tablet | 200 | | |
| 29 | tabs | Loratidine tablet | 100 | | |
| 30 | | Domperidone 10mg/tab | 100 | | |
| 31 | | Multivitamins + Iron with Folic Acid | 120 | | |
| 32 | | Ciprofloxacin 500mg/cap | 200 | | |

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

| Car | avass | has | Rv. |
|-----|-------|-----|-----|

ROSALINO G. PALO, JR.

Authorized Canvasser

:FM-USeP-PUR-05 Form No. Issue Status :01

Revision No. :00 Date Effective :10 October 2016 Approved by :President

| | ame / Signature |
|------------|-----------------|
| Tel. No. / | Cellphone No. |
| | |
| TIN No. of | Establishmen |
| | |
| | |
| | Date |



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|------|------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------|-------------|
| No. | Onit | | Q(1). | UNIT PRICE | TOTAL PRICE |
| 1 | рс | Electrocardiogram Machine, 1 channel : (ECG Machine) with accessories | 1 | | |
| | | - 12 Lead Color Resting ECG Communicator model with interpretation and SD Card | | | |
| | | - with hookup advisor | | | |
| | | -intuitive keypad for simple, one touch operation | | | |
| | | -clear display | | | |
| | | - lightweight, portable, packing advanced ECG analysis | 1 | | |
| | | - Lithium ion battery | | | |
| | | Input circuit : Floating input circuit, protection from defibrillation and pace maker | | | |
| | | Lead: Standard 12 leads | | | |
| | | Acquisition mode: Simulataneous 12 lead acquisition | | | |
| | | A/D Convereter 12 bits | | | |
| | | Input Voltage range: +/-5mVp-p | | | |
| | | Time constant: .=3.2s | | | |
| | | Frequency response: 0.05Hz-150Hz | | | |
| | | Calibration voltage: 1mV+-3% | | | |
| | | Sensitivity: 2.5, 5, 10, 20, (mm/mV) | | | |
| | | Input impedance: .=50Mohms | | | |
| | | Input cicuit current: <=50nA | | | |
| | | Noise level: <=15uVp-p | | | |
| | | Anti Baseline Drift: Automatic | | | 1 |
| | | Patient Leakage current: <10uA (220V-240V) | | | 127 |
| | | Patient auxillary current: ,0.1uA (DC) | | | |
| | | Filters: EMG filter 25Hz/35Hz/45Hz/OFF | | | |
| | | Power supply: 110-240 VAC, 50Hz/60Hz, 70VAC | | | |
| | | Battery: Built-in rechargeable Li-ion battery 14.4 V for 3 hrs of continuous operation | | | |
| | | Recorder: Thermal Printer | | | |
| | | Print Channels: Manual: 3, 3/2, 1CH Auto: 3, 3x2, 3+1R, 1, 1+R CH Rhythm: Single Lead | | | |
| | | Recording paper: 80mmx20m | | | |
| | | Display: wide screen display | | | |
| | | Standard Accessories: Power Cord - 1pc, Patient Cable - 1pc, Chest electrodes - 6pcs, Limb Electrodes - 4pcs, Thermal Recording paper - 2pcs | | | |
| | | Bulb type chest electrodes - 6pcs | | | |
| 2 | roll | ECG Thermal Paper (80mmx20m) - compatible with ECG Machine | 5 | | |
| | | ***For Medical-Dental Use*** | k. | | |

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

| anvassed By: | Printed Name / Signature |
|-----------------------------------------------------------------------------------------------------|--------------------------|
| ROSALINO G. PALO, JR. Authorized Canvasser | Tel. No. / Cellphone No. |
| Form No. :FM-USeP-PUR-05 Issue Status :01 Revision No. :00 Date Effective :10 October 2016 | TIN No. of Establishmen |
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