



REPUBLIC OF THE PHILIPPINES
PRESIDENTIAL COMMUNICATIONS OPERATIONS OFFICE
Tanggapang Pampanguluhan sa Operasyong Pangkomunikasyon
Malacañang, Manila

BIDS AND AWARDS COMMITTEE – II

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|--|---|-----------------------------|--------------------------------|
| Project: | SUPPLY, DELIVERY, AND SERVICE OF COVID-19 SWAB TESTING REQUIREMENTS FOR PHILSYS CAMPAIGN | Date: | 02/08/2021 |
| PR No.: | 2021-02-0030 | Quotation Number | 2021-02-0020 |
| Approved Budget: for the Contract | FOUR HUNDRED FIFTY THOUSAND PESOS (P450,000.00) | Mode of Procurement: | SMALL VALUE PROCUREMENT |

Please quote your lowest price on the item/s listed below and submit filled out quotation duly signed by your representative not later than **15 FEBRUARY 2021** at **08:00 AM** at the New Executive Bldg., JP Laurel St., San Miguel Manila, or through e-mail via psu.pcoo@gmail.com.

General Conditions:

- Suppliers shall submit their quotations using this Prescribed Form. Failure to do so shall be render the quotation unresponsive.
- Delivery period within **THREE (3) CALENDAR DAYS** from receipt of the Purchase Order Form.
- Payment will be on a **SEND BILL ARRANGEMENT**; i.e. full payment will be made after the completion of the event or delivery of the service.
- Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for equipment, from date of acceptance by PCOO.
- Price validity shall be for a period of sixty (60) calendar days.
- Price quotations shall be **INCLUSIVE OF ALL COSTS AND APPLICABLE TAXES**.
- Suppliers shall submit the following updated documents together with this Request for Quotation Form or submission offer prior to the indicated deadline of submission:
 - ✓ Mayor's / Business Permit
 - ✓ PhilGEPS Registration Number
 - Income/Tax Return
 - ✓ Omnibus Sworn Statement
 - Professional License/Curriculum Vitae (*for Consulting Services*)
 - ✓ BIR Form 2303 (Certificate of Registration)

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|-----------------------|---|-------|--------------------|---|-------|
| Company Name | : | _____ | TIN No | : | _____ |
| Address | : | _____ | Contact No. | : | _____ |
| Email | : | _____ | | | |
| Representative | : | _____ | | | |

| Item No. | Technical Specifications | Qty. | Unit | Unit Price | Total |
|----------|---|------|------|------------|-------|
| | Supply, Delivery, and Service of Covid-19 Swab Testing requirements for PhilSys Campaign (Minimum of 100 pax) Technical Specifications: a. The kit is based on real-time RT-PCR technology, for the qualitative detection of SARS-CoV-2 specific RNA. The assay includes a positive control and an internal control. b. The kit measures simultaneously 3 target genes in a single tube: SARS-CoV-2 gene E, gene N, gene ORF1ab. c. The probes specific for SARS-CoV-2 RNA are labeled with the fluorophore FAM (ORF1ab), HEX/VIC/JOE (gene N), and Cal Red 610/ROX/TEXAS RED (gene E). The probe specific for Internal Control (IC) is labeled with the fluorophore Cy5. | 1 | LOT | | |



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| | <p>d. For use with ABI Prism(R)7500/7900; Bio-Rad CFX96; Rotor GeneTM 6000; SLAN; MIC POC Dx48 Instrument.</p> <p>e. qPCR testing for specific RNA in bronchoalveolar lavage, sputum, swab, and endotracheal aspirate samples.</p> <p>Application:</p> <p>a. Bronchoalveolar lavage, Sputum, COVID-19, Swab, Endotracheal aspirate.</p> <p>Storage/Expiration:</p> <p>a. -20±5°C / All reagents can be used till the expiration date indicated on the kit label.</p> <p>Limit of Detection:</p> <p>a. 1×10³ copies/ml.</p> <p>Terms included:</p> <p>a. Supply and delivery of Swab Testing will be on-site (location is to be announced, but within Metro Manila area only);</p> <p>b. Result must be released within 24-36 hours upon conduct of the RT PCR;</p> <p>c. Conduct actual test</p> <p>d. Provide official test result and assessment;</p> <p>e. Licensed Medical Technologist</p> <p>Eligibility requirement:</p> <p>a. Testing Kit must be FDA approved;</p> <p>b. Supplier/Service Provider must be PhilGEPS registered; and</p> <p>c. Submit Mayor's Permit, Omnibus Sworn Statement, and Income or Business Tax Return.</p> <p>Payment method:</p> <p>a. Send bill arrangement after release of result per batch.</p> <p>b. For additional personnel/employees for swab testing: Send bill arrangement.</p> <p>c. No down payment</p> <p>d. Inclusive of all costs and applicable taxes</p> <p>****Nothing follows****</p> <p>TOTAL AMOUNT</p> | | | | P _____ |
|--|---|--|--|--|----------------|

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

Printed Name / Signature

Date