



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

BIDS AND AWARDS COMMITTEE – II

Project:	RT-PCR TEST OF PCOO SWF PERSONNEL (CONSUMABLE)	Date:	March 29, 2021
PR No.:	2021-01-0021	Quotation Number	2021-03-0060
Approved Budget: for the Contract	SEVEN HUNDRED THOUSAND PESOS (P700,000.00)	Mode of Procurement:	SMALL VALUE

Please quote your lowest price on the item/s listed below and submit filled out quotation duly signed by your representative not later than **05 APRIL 2021** at **10:00 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 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)

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

Item No.	Technical Specifications	Qty.	Unit	Unit Price	Total
	COVID-19 SWAB TESTING FOR PCOO EMPLOYEES (200 TESTS CONSUMABLE) Technical Specifications: <ol style="list-style-type: none">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.The kit measures simultaneously 3 target genes in a single tube: SARS-CoV-2 gene E, gene N, gene ORF1ab.The probes specific for SARS-CoV-2 RNA are labelled 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 labelled with the fluorophore Cy5.For use with ABI Prism (R) 7500/7900; Bio-Rad CFX96; Rotor GeneTM 6000; SLAN; MIC POC Dx48 Instrument..qPCR testing for specific RNA in bronchoalveolar lavage, sputum, swab, and endotracheal aspirate samples. Application: <ol style="list-style-type: none">Bronchoalveolar lavage, Sputum, Covid-19, Swab. Endotracheal aspirate. Storage/ Expiration: <ol style="list-style-type: none">-20±5°C/ All reagents can be used till the expiration date indicated on the kit label. Limit of Detection: <ol style="list-style-type: none">1x10³ copies/ml.	200			



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	<p><u>Terms included:</u></p> <ul style="list-style-type: none">a. Supply and delivery of Swab Testingb. Result must be released within 24 hours or less upon conduct of the RT PCR;c. Conduct actual testd. Provide official test result and assessment;e. Licensed Medical Technologist <p><u>Eligibility requirement:</u></p> <ul style="list-style-type: none">a. Testing Kit must be FDA approved;b. Testing Laboratory must be DOH approved;c. Supplier/Service Provider must be PhilGEPS registered; andd. Submit Mayor's Permit, Omnibus Sworn Statement, and Income or Business Tax Return. <p><u>Payment method:</u></p> <ul style="list-style-type: none">a. Send bill arrangement after release of result per batch.b. For additional personnel/ employees for swab testing: Send bill arrangement. <p>****Nothing follows****</p> <p>TOTAL AMOUNT</p>				P _____
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After having carefully **read and accepted your General Conditions**, I quote you on the item at prices noted above.

Printed Name / Signature

Date