



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:	April 05, 2021
PR No.:	2021-01-0021	Quotation Number	2021-03-0060-B
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 **12 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](mailto: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)

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

Item No.	Technical Specifications	Qty.	Unit	Unit Price	Total
	<b>COVID-19 SWAB TESTING FOR PCOO EMPLOYEES (200 TESTS CONSUMABLE)</b>  <b>Technical Specifications:</b> <ol style="list-style-type: none"><li>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.</li><li>The kit measures simultaneously 3 target genes in a single tube: SARS-CoV-2 gene E, gene N, gene ORF1ab.</li><li>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.</li><li>For use with ABI Prism (R) 7500/7900; Bio-Rad CFX96; Rotor Gene<sup>TM</sup> 6000; SLAN; MIC POC Dx48 Instrument..</li><li>qPCR testing for specific RNA in bronchoalveolar lavage, sputum, swab, and endotracheal aspirate samples.</li></ol> <b>Application:</b> <ol style="list-style-type: none"><li>Bronchoalveolar lavage, Sputum, Covid-19, Swab. Endotracheal aspirate.</li></ol> <b>Storage/ Expiration:</b> <ol style="list-style-type: none"><li>-20±5°C/ All reagents can be used till the expiration date indicated on the kit label.</li></ol> <b>Limit of Detection:</b> <ol style="list-style-type: none"><li>1x10<sup>3</sup> copies/ml.</li></ol>	200			



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