



REQUEST FOR QUOTATION (RFQ) No. 724-2024

Procurement Unit

The Tarlac State University (TSU), through its Bids and Awards Committee (BAC) and Procurement Unit, will undertake an **Alternative Method of Procurement through Negotiated Procurement** for the items stated below, in accordance with **Section 53.9 Small Value Procurement** of the Revised Implementing Rules and Regulations of Republic Act. No. 9184.

The TSU hereinafter referred to as "the Buyer", now requests submission of a price quotation for the subject below:

Purchase Request No.	DESCRIPTION/PARTICULARS	APPROVED BUDGET FOR THE CONTRACT (ABC) inclusive of VAT
2024-09-362 (PROCUREMENT)	VARIOUS MEDICINES	578,595.00
Purpose: Medicines -APP 3rd Quarter 2024		

Philgeps Posting: Active Date: 9/19/24 Closing Date: 9/26/24 Category: MBACN SUPPLIES & LAB. EQUIP. Reference No.: 11264757

Interested suppliers are required to submit the following documents:

- Valid and Current Mayor's / Business Permit
- Latest Income / Business Tax Return
- Proof of PhilGeps Registration
- Omnibus Sworn Statement
- Brochure, if applicable

TSU Condition of Sale:

- Delivery Schedule: 30 calendar days from receipt of approved PO/NTP
- Bid Validity: 120 calendar days from submission of bids
- Delivery Site: Supply and Property Management Unit, Tarlac State University
(045) 606-8159 / (045) 982-2605
- Warranty shall be for a period minimum of three (3) months of expendable supplies, or a supplies/equipment after acceptance by the procuring entity of the delivered

Award of contract shall be made to the bidder with the lowest quotation for the subject goods which comply with the minimum technical specifications and other terms and conditions stated herein.

Any alteration, erasures, or overwriting shall be valid only if they are signed or initialed by the bidder or his/her duly authorized representative.

Submission of duly signed Price Quotation Form (Attachment 1) and eligibility documents is not later than 9/26/24 at the Procurement Unit, Admin Building Tarlac State University, Tarlac City. Open submission may be done manually or through email at tsucanvassing@gmail.com

The penalty for late deliveries is one tenth (1/10) of one (1) percent of the cost of the underperformed portion for every day of delay. Once the cumulative amount of liquidated damages reaches ten (10%) percent of the contract price, the procuring entity shall rescind the contract without prejudice to other courses of action and remedies open to it.

The TSU reserves the right to reject any and all bids, declare a failure of bidding, or not award the contract in accordance with Section 41 of R.A 9184 and its IRR, without thereby incurring any liability to the affected bidder or bidders.


ELENA MAY T. TEOFILO
 Head, Procurement Unit

PRICE QUOTATION

Date: 9/17/2024
 RFQ No. 724-2024
 PR No. 2024-09-362 (PROCUREMENT)

The Bids and Awards Committee
 c/o Procurement Unit
 TSU, Tarlac City
 (045) 982 -4630 / (045) 606 -8157

Sir / Madam:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our price quotation for the item/s identified below:

ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
1	tube	ANESTHESIA, Lidocaine Hcl, Injection, 5 ml, exp date not less than 1 1/2 yrs	5		
2	tablet	ANTACID, Aluminum Hydroxide, Magnesium Hydroxide, Simeticone, exp date not less than 1 1/2 yrs	500		
3	tablet	ANTACID, Domperidone, exp date not less than 1 1/2 yrs	100		
4	tablet	ANTACID, Famotadine, Calcium Carbonate, Magnesium Hydroxide, Exp date not less than 1 1/2 yrs	300		
5	tablet	ANTACID, Omeprazole, 40mgs., Exp date not less than 1 1/2 yrs	200		
6	tablet	ANTACID, Ranitidine Hcl, 150mg, Exp date not less than 1 1/2 yrs	200		
7	tablet	ANTI-ASTHMA, Doxofyline, 400mg., Exp date not less than 1 1/2 yrs	300		
8	tablet	ANTI-ASTHMA, Salbutamol Sulfate, Bromhexine HCl, guaifenesin, Exp date not less than 1 yr	500		
9	nebules	ANTI-ASTHMA, Salbutamol, Nebules, Exp date not less than 1 yr	100		
10	capsule	ANTIBIOTIC, Cefalexin 250mg, Exp date not less than 2 yrs	200		
11	cap	ANTIBIOTIC, Cefalexin, 500 mgs., Exp date not less than 1 1/2 yrs	800		
12	capsule	ANTIBIOTIC, Ciprofloxacin, 500 mg., Exp date not less than 1 1/2 yrs	800		
13	cap	ANTIBIOTIC, Clindamycin, 300 mgs., Exp date not less than 1 yr	500		

Warranty : _____

The above-quoted price is inclusive of all costs and applicable taxes
 Very truly yours,

AUTHORIZED REPRESENTATIVE:

Signature : _____
 Printed Name : _____
 Date : _____
 Company Name Registered : _____
 E-mail Address : _____
 Contact no. : _____

BANK DETAILS:

Bank Name : _____
 Bank Address : _____
 Bank Account Name : _____
 Bank Account Number : _____

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Sir / Madam:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our price quotation for the item/s identified below:

ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
14	tablet	ANTIBIOTIC, Co-Amoxiclav, 625 mg., Exp date not less than 1 1/2 yrs	800		
15	tube	ANTIBIOTIC, Silver Sulfadiazine, Exp date not less than 1 1/2 yrs	2		
16	cap	ANTI-DIARRHEA, Loperamide, Exp date not less than 1 1/2 yrs	300		
17	capsule	ANTI-DIARRHEA, Racecadotril, 100 mg, Exp date not less than 7 months	500		
18	tablet	ANTIHISTAMINE, Cetirizine, 10mg	600		
19	amp	ANTIHISTAMINE, Diphenhydramine, Exp date not less than 1 1/2 yrs	20		
20	tablet	ANTIHISTAMINE, Loratadine, 10mg, Exp date not less than 1 1/2 yrs	900		
21	tablet	ANTI-HYPERTENSION, Captopril, 25 mg, Exp date not less than 1 1/2 yrs	50		
22	tablet	ANTI-HYPERTENSIVE, Amlodipine, 5mgs, Exp date not less than 3 yrs	100		
23	cap	ANTI-INFLAMMATORY, Celecoxib, 200 mgs, Exp date not less than 1 1/2 yrs	500		
24	vial	ANTI-INFLAMMATORY, Hydrocortisone Sodium succinate, 100 mg/2ml(Act-O-Vial), Exp date not less than 1 1/2 yrs	20		
25	tablet	ANTI-INFLAMMATORY, Prednisone, 20 mg, Exp date not less than 1 1/2 yrs	300		
26	tablet	ANTIPYRETIC, Paracetamol, 325 mgs, Exp date not less than 2 yrs	100		
27	caplet	ANTIPYRETIC, Paracetamol, 500 mgs, Exp date not less than 2 1/2 yrs	2000		

Warranty : _____

The above-quoted price is inclusive of all costs and applicable taxes

Very truly yours,

AUTHORIZED REPRESENTATIVE:

Signature : _____
 Printed Name : _____
 Date : _____
 Company Name Registered : _____
E-mail Address : _____
 Contact no. : _____

BANK DETAILS:

Bank Name : _____
 Bank Address : _____
 Bank Account Name : _____
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Sir / Madam:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our price quotation for the item/s identified below:

ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
28	bottle(s)	ANTISEPTIC SOLUTION, Povidone-Iodine, 120 ml solution, Exp date not less than 1 1/2 yrs	5		
29	bottle(s)	ANTISEPTIC SOLUTION, Povidone-Iodine, 55g, dry powder spray 2.5% antiseptic, wound remedy, Exp date not less than 1 1/2 yrs	5		
30	box	ANTISEPTIC SOLUTION, Povidone-Iodine, swabstick, 50pcs/box, Exp date not less than 1 yr	10		
31	tablet	ANTISPASMODIC, Hyoscine N-Butylbromide + Paracetamol 10mg/500mg, Exp date not less than 1 1/2 yrs	300		
32	tablet	ANTISPASMODIC, Hyoscine, N-Butylbromide, 20mg, Exp date not less than 1 yr	10		
33	tablet	ANTISPASMODIC, Hyoscine, N-Butylbromide, 10mg, Exp date not less than 2 yrs	400		
34	cap	ANTITUSSIVE, Dextromethorphan HBr, phenylephrine HCl, Paracetamol, Exp date not less than 1 1/2 yrs	500		
35	tablet	ANTI-VERTIGO, Meclizine, Exp date not less than 2 yrs	300		
36	tablet	ANTI-VOMITING, Metoclopramide, 10mg, Exp date not less than 1 1/2 yrs	50		
37	amp	ANTI-VOMITING, Metoclopramide, Exp date not less than 1 1/2 yrs	5		
38	tablet	DECONGESTANT, Phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Bioflu), Exp date not less than 2 yrs	1000		
39	tablet	DECONGESTANT, Phenylephrine, Chlorphenamine, Paracetamol 10mg/2mg/500 (Neosep), Exp date not less than 2 yrs	1000		
40	tablet	DECONGESTANT, Phenylpropanolamine HCl, Brompheniramine Maleate, Exp date not less than 1 yr	500		

Warranty : _____

The above-quoted price is inclusive of all costs and applicable taxes

Very truly yours,

AUTHORIZED REPRESENTATIVE:

Signature : _____

Printed Name : _____

Date : _____

Company Name Registered : _____

E-mail Address : _____

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BANK DETAILS:

Bank Name : _____

Bank Address : _____

Bank Account Name : _____

Bank Account Number : _____

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Sir / Madam:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our price quotation for the item/s identified below:

ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
41	capsule	DIETARY SUPPLEMENTARY, Multi Vitamins, Exp date not less than 1 1/2 yrs	800		
42	tablet	DIETARY SUPPLEMENTARY, Vitamin B Complex, Exp date not less than 1 yrs	200		
43	tube	EYE DROP, Maxitrol, Exp date not less than 1 1/2 yrs	5		
44	bottle(s)	EYE DROP, Tobramycin, Exp date not less than 1 1/2 yrs	10		
45	tube	EYE DROP, Visine (refresh), Exp date not less than 1 1/2 yrs	10		
46	bottle(s)	OINTMENT, Calamine + Dyphenhydramine, 30ml, Exp date not less than 2 yrs	10		
47	tube	OINTMENT, Mometasone Furoate, 10g, Exp date not less than 1 1/2 yrs	10		
48	tube	OINTMENT, Mupirocin + Bethamethasone Dipropionate, 5g, Exp date not less than 1 yr	10		
49	tube	OINTMENT, Mupirocin, Exp date not less than 1 yr	10		
50	bottle(s)	OINTMENT, Pain Killer, 120ml, PRO, Exp date not less than 1 1/2 yrs	50		
51	tube	OINTMENT, Povidone-Iodine, 10% topical ointment, 5g., Exp date not less than 2 yrs	5		
52	tube	OINTMENT, Sodium Fusidate, Exp date not less than 1 1/2 yrs	5		
53	cap	PAIN RELIEVER, Ibuprofen + Paracetamol 500mg/325mg, Exp date not less than 2 yrs	100		
54	softgel	PAIN RELIEVER, Ibuprofen, 200mg, Exp date not less than 1 yr	200		
55	tube	PAIN RELIEVER, Ketoprofen Gel, Exp date not less than 2 yrs	20		
56	amp	PAIN RELIEVER, Ketolac, Exp date not less than 1 1/2 yr	10		
57	capsule	PAIN RELIEVER, Mefenamic Acid, 250mg, Exp date not less than 2 yrs	200		
58	tablet	PAIN RELIEVER, Mefenamic Acid, 500mg, Exp date not less than 1 1/2 yrs	1000		

The above-quoted price is inclusive of all costs and applicable taxes

Very truly yours,

AUTHORIZED REPRESENTATIVE:

Signature : _____
 Printed Name : _____
 Date : _____
 Company Name Registered : _____
E-mail Address : _____
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Sir / Madam:

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ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
59	amp	PAIN RELIEVER, Tramadol, solution, for injection, Exp date not less than 1 1/2 yrs	10		
60	bottle(s)	SOLUTION, 0.9% Sodium Chloride Solution for Irrigation, 1000mL	5		
61	bottle(s)	SOLUTION, 0.9% Sodium Chloride Solution for IV Infusion, 1000mL	3		
62	bottle(s)	SOLUTION, 5% Dextrose in lactated ringer's solution for IV Infusion, 1000mL	3		
63	bottle(s)	SOLUTION, Plain lactated ringer's, for IV Infusion, 100mL	3		
64	bottle(s)	SPRAY, Cool Spray 250ml, Exp date not less than 1 1/2 yrs	30		
65	amp	VACCINE, Tetanus Toxoid,vaccine, Exp date not less than 1 1/2 yrs	20		
66	cap	VITAMINS, Sodium Ascorbate/Ascorbic Acid with Zinc, Exp date not less than 1 1/2 yrs	800		
67	box	ANTIBIOTIC, Amoxicillin 500mg 100/box	3		
68	bottle(s)	ORAL RINSE, Orahex Forte 500ml	5		
69	box	TRANEXAMIX ACID HEMOSTAN, 500mg 100/box	3		

The above-quoted price is inclusive of all costs and applicable taxes
 Very truly yours,

AUTHORIZED REPRESENTATIVE:

Signature : _____
 Printed Name : _____
 Date : _____
 Company Name Registered : _____
E-mail Address : _____
 Contact no. : _____

BANK DETAILS:

Bank Name : _____
 Bank Address : _____
 Bank Account Name : _____
 Bank Account Number : _____



Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 11264751
Procuring Entity TARLAC STATE UNIVERSITY
Title Various Medicines
Area of Delivery Tarlac

Solicitation Number:	724-2024	Status	Pending
Trade Agreement:	Implementing Rules and Regulations	Associated Components	3
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Bid Supplements	0
Classification:	Goods	Document Request List	0
Category:	Medical Supplies and Laboratory Instrument	Date Published	19/09/2024
Approved Budget for the Contract:	PHP 578,595.00	Last Updated / Time	18/09/2024 15:39 PM
Delivery Period:	30 Day/s	Closing Date / Time	26/09/2024 13:00 PM
Client Agency:			
Contact Person:	Tutchie Panlilio Clerk TSU, Romulo Blvd. San Vicente, Tarlac City, Philip Tarlac City Tarlac Philippines 2300 63-045-6068142 tsucanvassing@gmail.com		

Description

for Medical clinic use

Line Items

Item No.	Product/Service Name	Description	Quantity	UOM	Budget (PHP)
1	ANESTHESIA	Lidocaine Hcl, Injection, 5 ml, exp date not less than 1 1/2 yrs	5	Tube	550.00
2	ANTACID Aluminum Hydroxide,	Magnesium Hydroxide, Simeticone, exp date not less than 1 1/2 yrs	500	Tablet	7,500.00
3	ANTACID, Domperidone	exp date not less than 1 1/2 yrs	100	Tablet	2,000.00
4	ANTACID, Famotadine	Calcium Carbonate, Magnesium Hydroxide, Exp date not less than 1 1/2 yrs	300	Tablet	7,500.00
5	ANTACID, Omeprazole	40mgs., Exp date not less than 1 1/2 yrs	200	Tablet	8,000.00
6	ANTACID, Ranitidine Hcl	150mg, Exp date not less than 1 1/2 yrs	200	Tablet	2,200.00
7	ANTI-ASTHMA, Doxofyline	400mg., Exp date not less than 1 1/2 yrs	300	Tablet	10,500.00
8	ANTI-ASTHMA, Salbutamol Sulfate	Bromhexine HCI, guaifenesin, Exp date not less than 1 yr	500	Tablet	17,500.00
9	ANTI-ASTHMA, Salbutamol	Nebules, Exp date not less than 1 yr	100	Nebule	3,500.00
10	ANTIBIOTIC, Cefalexin	250mg, Exp date not less than 2 yrs	200	Capsule	5,000.00

11	ANTIBIOTIC, Cefalexin	500 mgs., Exp date not less than 1 1/2 yrs	800	Capsule	11,200.00
12	ANTIBIOTIC, Ciprofloxacin	500 mg., Exp date not less than 1 1/2 yrs	800	Capsule	56,000.00
13	ANTIBIOTIC, Clindamycin	300 mgs., Exp date not less than 1 yr	500	Capsule	19,000.00
14	ANTIBIOTIC, Co-Amoxiclav	625 mg., Exp date not less than 1 1/2 yrs	800	Tablet	65,600.00
15	ANTIBIOTIC, Silver Sulfadiazine	Exp date not less than 1 1/2 yrs	2	Tube	1,200.00
16	ANTI-DIARRHEA, Loperamide	Exp date not less than 1 1/2 yrs	300	Capsule	4,950.00
17	ANTI-DIARRHEA, Racecadotril	100 mg, Exp date not less than 7 months	500	Capsule	27,500.00
18	ANTIHISTAMINE, Cetirizine	10mg	600	Tablet	9,000.00
19	ANTIHISTAMINE, Diphenhydramine	Exp date not less than 1 1/2 yrs	20	Ampule	3,400.00
20	ANTIHISTAMINE, Loratadine	10mg, Exp date not less than 1 1/2 yrs	900	Tablet	9,900.00
21	ANTI-HYPERTENSION, Captopril	25 mg, Exp date not less than 1 1/2 yrs	50	Tablet	850.00
22	ANTI-HYPERTENSIVE, Amlodipine	5mgs, Exp date not less than 3 yrs	100	Tablet	1,000.00
23	ANTI-INFLAMMATORY, Celecoxib	200 mgs, Exp date not less than 1 1/2 yrs	500	Capsule	12,500.00
24	ANTI-INFLAMMATORY, Hydrocortisone Sodium succinate	100 mg/2ml(Act-O-Vial), Exp date not less than 1 1/2 yrs	20	Vial	10,000.00
25	ANTI-INFLAMMATORY, Prednisone,	20 mg, Exp date not less than 1 1/2 yrs	300	Tablet	4,200.00
26	ANTIPYRETIC, Paracetamol	325 mgs, Exp date not less than 2 yrs	100	Tablet	1,000.00
27	ANTIPYRETIC, Paracetamol	500 mgs, Exp date not less than 2 1/2 yrs	2,000	Capsule	20,000.00
28	ANTISEPTIC SOLUTION, Povidone-Iodine	120 ml solution, Exp date not less than 1 1/2 yrs	5	Bottle	1,400.00
29	ANTISEPTIC SOLUTION, Povidone-Iodine	55g, dry powder spray 2.5% antiseptic, wound remedy, Exp date not less than 1 1/2 yrs	5	Bottle	2,000.00
30	ANTISEPTIC SOLUTION, Povidone-Iodine	swabstick, 50pcs/box, Exp date not less than 1 yr	10	Box	6,600.00
31	ANTISPASMODIC, Hyoscine N-Butylbromide + Paracetam	10mg/500mg, Exp date not less than 1 1/2 yrs	300	Tablet	13,200.00
32	ANTISPASMODIC, Hyoscine, N-Butylbromide	20mg, Exp date not less than 1 yr	10	Tablet	1,500.00
33	ANTISPASMODIC, Hyoscine, N-Butylbromide	10mg, Exp date not less than 2 yrs	400	Tablet	15,400.00
34	ANTITUSSIVE, Dextromethorphan HBr	phenylephrine HCl, Paracetamol, Exp date not less than 1 1/2 yrs	500	Capsule	11,000.00
35	ANTI-VERTIGO, Meclizine	Exp date not less than 2 yrs	300	Tablet	4,500.00
36	ANTI-VOMITING, Metoclopramide	10mg, Exp date not less than 1 1/2 yrs	50	Tablet	1,100.00
37	ANTI-VOMITING, Metoclopramide	Exp date not less than 1 1/2 yrs	5	Ampule	825.00
38	DECONGESTANT, Phenylephrine Chlorphenamine	Paracetamol 10mg/2mg/500 (Bioflu), Exp date not less than 2 yrs	1,000	Tablet	12,000.00
39	DECONGESTANT, Phenylephrine, Chlorphenamine	Paracetamol 10mg/2mg/500 (Neosep), Exp date not less than 2 yrs	1,000	Tablet	12,000.00
40	DECONGESTANT, Phenylpropanolamine HCl	Brompheniramine Maleate, Exp date not less than 1 yr	500	Tablet	11,000.00
41	DIETARY SUPPLEMENTARY, Multi Vitamins	Exp date not less than 1 1/2 yrs	800	Capsule	24,000.00
42	DIETARY SUPPLEMENTARY, Vitamin B Complex	Exp date not less than 1 yrs	200	Tablet	2,400.00

43	EYE DROP, Maxitrol	Exp date not less than 1 1/2 yrs	5	Tube	3,000.00
44	EYE DROP, Tobramycin	Exp date not less than 1 1/2 yrs	10	Bottle	4,000.00
45	EYE DROP, Visine (refresh)	Exp date not less than 1 1/2 yrs	10	Tube	2,200.00
46	OINTMENT, Calamine + Dyphenhydramine	30ml, Exp date not less than 2 yrs	10	Bottle	3,300.00
47	OINTMENT, Mometasone Furoate	10g, Exp date not less than 1 1/2 yrs	10	Tube	6,600.00
48	OINTMENT, Mupirocin + Bethamethasone Dipropionate	5g, Exp date not less than 1 yr	10	Tube	8,000.00
49	OINTMENT, Mupirocin	Exp date not less than 1 yr	10	Tube	8,000.00
50	OINTMENT, Pain Killer	120ml, PRO, Exp date not less than 1 1/2 yrs	50	Bottle	8,000.00
51	OINTMENT, Povidone-Iodine,	10% topical ointment, 5g., Exp date not less than 2 yrs	5	Tube	2,000.00
52	OINTMENT, Sodium Fusidate	Exp date not less than 1 1/2 yrs	5	Tube	4,400.00
53	PAIN RELIEVER, Ibuprofen + Paracetamol	500mg/325mg, Exp date not less than 2 yrs	100	Capsule	1,650.00
54	PAIN RELIEVER, Ibuprofen	200mg, Exp date not less than 1 yr (SOFGEL)	200	Capsule	3,300.00
55	PAIN RELIEVER, Ketoprofen Gel	Exp date not less than 2 yrs	20	Tube	14,000.00
56	PAIN RELIEVER, Ketolacc	Exp date not less than 1 1/2 yr	10	Ampule	910.00
57	PAIN RELIEVER, Mefenamic Acid	250mg, Exp date not less than 2 yrs	200	Capsule	2,000.00
58	PAIN RELIEVER, Mefenamic Acid	500mg, Exp date not less than 1 1/2 yrs	1,000	Tablet	10,000.00
59	PAIN RELIEVER, Tramadol	solution, for injection, Exp date not less than 1 1/2 yrs	10	Ampule	1,600.00
60	Sodium Chloride Solution for Irrigation	SOLUTION, 0.9% Sodium Chloride Solution for Irrigation, 1000mL	5	Bottle	750.00
61	Sodium Chloride Solution for IV Infusion	SOLUTION, 0.9% Sodium Chloride Solution for IV Infusion, 1000mL	3	Bottle	450.00
62	SOLUTION, 5% Dextrose	in lactated ringer's solution for IV Infusion, 1000mL	3	Bottle	450.00
63	SOLUTION, Plain lactated ringer's	for IV Infusion, 100mL	3	Bottle	450.00
64	Cool Spray	SPRAY, Cool Spray 250ml, Exp date not less than 1 1/2 yrs	30	Bottle	19,500.00
65	VACCINE, Tetanus Toxoid	vaccine, Exp date not less than 1 1/2 yrs	20	Ampule	4,400.00
66	VITAMINS	Sodium Ascorbate/Ascorbic Acid with Zinc, Exp date not less than 1 1/2 yrs	800	Capsule	12,000.00
67	ANTIBIOTIC, Amoxicillin	500mg 100/box	3	Box	4,950.00
68	ORAL RINSE	Orahex Forte 500ml	5	Bottle	3,300.00
69	TRANEXAMIC ACID HEMOSTAN	500mg 100/box	3	Box	8,910.00

Other Information

The bidders must download the attached documents in the associated component section.

Created by Tutchie Panlilio

Date Created 18/09/2024

The PhilGEPS team is not responsible for any typographical errors or misinformation presented in the system. PhilGEPS only displays information provided for by its clients, and any queries regarding the postings should be directed to the contact person/s of the concerned party.