



Republic of the Philippines
Department of Health
Baguio General Hospital and Medical Center
Baguio City

Procurement Management Office
REQUEST FOR QUOTATION

Form No. : HS- PS - 007
Revision No. : 1
Effectivity Date : December 1, 2015

Company Name: _____

Date Prepared: **September 09, 2020**

Requisition NO.: **2020-09-2032**

R.F.Q. NO.: **2020-09-0031**

Gentlemen:

Please quote your least price most advantageous to the Government for the following item and/or items for immediate delivery upon notice.

Please indicate the brand and manufacturer of the item being offered.

Item No.	QTY	UNIT	ARTICLES AND DESCRIPTION	Approved Budget for the Contract per unit / piece	Brand Name Specification Manufacturer	Price	
						Unit Cost	Total Cost
1	3	pack	TUMOR MARKER PLUS CONTROL TRI LEVEL, 6 x 2mL/pack, lyophilized or equivalent	₱ 108,000.00			
2	8	pack	Cardiac Marker Plus Control Trilevel, 6x3mL	₱ 28,000.00			
3	8	pack	Immunoassay Plus Control Trilevel, 12 x 5mL	₱ 36,000.00			
4	4	pack	Assayed Chemistry Control Level 1 and 2, 12 x 5mL/pack, lyophilized or equivalent	₱ 30,000.00			

For Clinical Chemistry Use

Note: This Request for Quotation be submitted by the canvasser at the **BGHMC BAC Office sealed** on or before

9/15/2020

Requested by:

F. Atos
FELICIDAD F. ATOS, MPA

SAO, Procurement Management Office

This is to certify that I personally distributed the Request for Price Quotation and that the entries herein provided are true and correct of my own personal knowledge and belief, under pain of action for falsification / Perjury.

Myself
BAC Member

This is to certify that I / We personally received the Request for Price Quotation and that the entries herein provided are true and correct of my own personal knowledge and belief.

Supplier
(Signature Over Printed Name)

Address: _____

Telephone Number: _____

Canvasser

email: bghmcprocurement@gmail.com