



WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER

E. Lopez St., Jaro, Iloilo City

"PhilHealth Accredited Health Care Provider"

Tel No.: (033) 320 2431 | Fax No.: (033) 3202623 | Email Address: medcenter@wvvsu.edu.ph



Standard Form Number: SF-GOOD-59
Revised on: May 24, 2004
Standard Form Title: Request for Quotation

Date: July 1, 2021
Quotation No.: SBAC 21-01
ABC: P 750,000.00

(Name of Company)

(Address)

Please quote your lowest price on the item/s listed below, subject to the General Conditions stated below, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than JUL 08 2021 in the returned envelope.

JULIUS B. UNДАР

Vice Chairperson, Special Bids and Awards Committee

- Note: 1. ALL ENTRIES MUST BE CLEARLY WRITTEN.
2. DELIVERY PERIOD WITHIN 30 CALENDAR DAYS FROM RECEIPT OF PURCHASE ORDER.
3. WARRANTY SHALL BE FOR A PERIOD OF MONTHS FOR SUPPLIES & MATERIALS, YEAR FOR EQUIPMENT FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY.
4. PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS.
5. DOCUMENTS TO BE ATTACHED UPON SUBMISSION OF THIS QUOTATION: 1) Mayor's/Business Permit 2) PhilGEPS Certification 3) Income/Business Tax Return 4) Omnibus Sworn Statement
6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED (For Equipment)
7. ALTERNATIVE BID OFFER IS NOT ALLOWED.

Table with 7 columns: ITEM NO., ITEM & DESCRIPTION, BRAND NAME/ MODEL NO., QTY., UNIT, UNIT PRICE, TOTAL. Row 1: 1, Portable Blood Analysis System, 1, Unit. Includes technical specifications like System Description, Sample Types, Time to Result, Calibration, etc.



WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER

E. Lopez St., Jaro, Iloilo City

"PhilHealth Accredited Health Care Provider"

Tel No. : (033) 320 2431 | Fax No. : (033) 3202623 | Email Address: medcenter@wvsu.edu.ph



Standard Form Number: SF-GOOD-59

Revised on: May 24, 2004

Standard Form Title: **Request for Quotation**

Date: **July 1, 2021**
Quotation No.: **SBAC 21-01**
ABC: **P 750,000.00**

ITEM NO.	ITEM & DESCRIPTION	BRAND NAME/	QTY.	UNIT	UNIT PRICE	TOTAL
		MODEL NO.				
	• Height: Host - 1.06 in 27 mm Reader -2 in 51 mm					
	• Weight: Host - 12.5 oz 359 g Reader - <1.1 lb 354 g					
	• Display: Host: 3.5 in LCD					
	Environmental Requirements:					
	Operating Temperature: 0°C–50°C (Host) 15°C–30°C (Reader)					
	Humidity: Up to 95% relative humidity, non-condensing					
	Barometric Pressure: 400–825 mmHg (53.33-110 kPa)					
	ACCESSORIES					
	• Printer and thermal paper 5 rolls					
	• 1TB Hard Disk Drive (HDD) Storage Device (for Data Storage)					
	• Uninterruptible Power Supply (UPS) compatible to the unit					
	• Test Card: 50 pieces					
	Storage: 15–30°C					
	Shelf Life: Up to 5 months					
	Size:3.39 in (L) × 2.13 in (W) × 0.06 in (H) 86 mm (L) × 54 mm (W) × 1.4 mm (H)					
	Measured Parameters:					
	> pH - pH units					
	> pCO2 - mmHg					
	> pO2 - mmHg					
	> Na+ - mmol/L mEq/L					
	> K+ - mmol/L mEq/L					
	> Ca++ - mmol/L mg/dL mEq/L					
	> Cl- - mmol/L mEq/L					
	> Glu - mmol/L mg/dL g/L					
	> Lac - mmol/L mg/dL g/L					
	> Crea - mg/dL μmol/L					
	> Hct - %PCV L/L					
	Calculated Parameters:					
	> cHgb - g/dLmmol/Lg/L					
	> cHCO3 - nmmol/L mEq/L					
	> cTCO2 - mmol/L mEq/L					
	> BE(ecf) - mmol/L mEq/L					
	> BE(b) - mmol/L mEq/L					
	> cSO2 - %					
	> eGFR - mL/min/ 1.73m2					



WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER

E. Lopez St., Jaro, Iloilo City

"PhilHealth Accredited Health Care Provider"

Tel No.: (033) 320 2431 | Fax No.: (033) 3202623 | Email Address: medcenter@wvssu.edu.ph



Standard Form Number: SF-GOOD-59

Revised on: May 24, 2004

Standard Form Title: **Request for Quotation**

Date: **July 1, 2021**
Quotation No.: **SBAC 21-01**
ABC: **P 750,000.00**

ITEM NO.	ITEM & DESCRIPTION	BRAND NAME/ MODEL NO.	QTY.	UNIT	UNIT PRICE	TOTAL
	> eGFR-a - mL/min/ 1.73m2					
	> AGap - mmol/LmEq/L					
	> AGapK - mmol/L mEq/L					
	> A - mmHg kPa					
	> A-a - mmHg kPa					
	> a/A - % fraction					
	Consumables to be included:					
	> 2 boxes test cards (50 test cards/ box)					
	> 1 box control Level 1					
	> 1 box control Level 2					
	> 1 box control Level 3					
	Service and Maintenance					
	> One (1) year warranty on parts and services					
	> Quarterly Preventive Maintenance					
	> Semi annual calibration service					
	> Submit work schedule for preventive maintenance and calibration					
	> Provide User and Service Equipment Manual in English format					
	> Provide technical phone call support					
	> Initial and On-site response time within 24 hours					
	----- Nothing Follows -----					

Purpose: For all areas, for COVID use

Mode: **Small Value Procurement**

P.R. #: **21-05-142**

Dated: **May 28, 2021**

Delivery Period: _____

Warranty: _____

Price Validity: _____

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

Printed Name/Signature _____

Tel. No./Cellphone No. _____

E-mail Address _____

Canvassed by: _____

Date _____