



**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: medocenter@wvsu.edu.ph



**SUPPLEMENTAL/BID BULLETIN**

Project Reference No. **IB No. 22-38**  
Name of the Project **Procurement of Various Drugs and Medicines-C**  
Location of the Project **WVSU Medical Center**

**ADDENDUM NO. 01 - 2022**

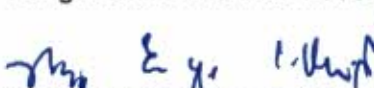
September 1, 2022

This Addendum No. 01 is issued to modify or amend items in the Bidding Documents. Attached are the revised Section III. Bid Data Sheet (page 12), Section VI. Schedule of Requirements (pages 17), Section VII. Technical Specifications (page 18) and Price Schedule for Goods (pages 21 - 22). These shall form an integral part of the Bidding Documents.

**A. Section VII. Technical Specifications**

Item No.	Item Description	Qty	Unit	Corrections/Modifications/Amendments
4	Epoetin Alfa 4,000 IU pfs	2000	pfs	Epoetin Alfa 4,000 IU <b>1ml/pfs</b>

For guidance and information of all concerned.

  
**MARY EUGENE C. ORILLO**  
Chairperson  
Bids and Awards Committee

Received by the Bidder:

\_\_\_\_\_  
Printed Name & Signature

\_\_\_\_\_  
Name of Bidder/Company

Date: \_\_\_\_\_

## Section III. Bid Data Sheet

*IB No. 22-38 Procurement of Various Drugs and Medicines-C (Revised as indicated in the Bid Bulletin)*

ITB Clause																																													
5.3	For this purpose, contracts similar to the Project shall be: <ol style="list-style-type: none"> <li>a. <b><u>Procurement of Various Drugs and Medicines.</u></b></li> <li>b. Completed within <b><u>2 years</u></b> prior to the deadline for the submission and receipt of bids.</li> </ol>																																												
7.1	N/A																																												
12	The price of the Goods shall be quoted DDP <b><u>in Philippines</u></b> or the applicable International Commercial Terms (INCOTERMS) for this Project.																																												
14.1	The bid security shall be in the form of a Bid Securing Declaration, or any of the following forms and amounts: <ol style="list-style-type: none"> <li>a. The amount of not less than <b><u>PhP 141,159.92</u></b> [Indicate the amount equivalent to two percent (2%) of ABC], if bid security is in cash, cashier's/manager's check, bank draft/guarantee or irrevocable letter of credit; or</li> <li>b. The amount of not less than <b><u>PhP 352,899.80</u></b> [Indicate the amount equivalent to five percent (5%) of ABC] if bid security is in Surety Bond.</li> </ol>																																												
19.3	<p><b><i>Procurement of Various Drugs and Medicines-C</i></b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">Item No.</th> <th style="width: 55%;">Description</th> <th style="width: 10%;">Qty.</th> <th style="width: 10%;">Unit</th> <th style="width: 15%;">Total ABC</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Enoxaparine Na 40mg/0.4ml, prefilled syringe</td> <td style="text-align: center;">1500</td> <td style="text-align: center;">PFS</td> <td style="text-align: right;">292,500.00</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Enoxaparine Na 60mg/0.6ml, prefilled syringe</td> <td style="text-align: center;">300</td> <td style="text-align: center;">PFS</td> <td style="text-align: right;">83,496.00</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Methylprednisolone Na 1 gram/vl</td> <td style="text-align: center;">300</td> <td style="text-align: center;">vial</td> <td style="text-align: right;">630,000.00</td> </tr> <tr> <td style="text-align: center;">4</td> <td>Epoetin Alfa 4,000 IU <b><i>1ml/pfs</i></b></td> <td style="text-align: center;">2000</td> <td style="text-align: center;">pfs</td> <td style="text-align: right;">700,000.00</td> </tr> <tr> <td style="text-align: center;">5</td> <td>Albumin (Human) 25% 50ml./vl.</td> <td style="text-align: center;">1800</td> <td style="text-align: center;">vial</td> <td style="text-align: right;">4,320,000.00</td> </tr> <tr> <td style="text-align: center;">6</td> <td>Immunoglobulin, Normal Human (IVIG) 50mg/ml, 50ml/vl.</td> <td style="text-align: center;">75</td> <td style="text-align: center;">vial</td> <td style="text-align: right;">319,500.00</td> </tr> <tr> <td style="text-align: center;">7</td> <td>Immunoglobulin, Normal Human (IVIG) 50mg/ml, 100ml/vl.</td> <td style="text-align: center;">75</td> <td style="text-align: center;">vial</td> <td style="text-align: right;">712,500.00</td> </tr> </tbody> </table>					Item No.	Description	Qty.	Unit	Total ABC	1	Enoxaparine Na 40mg/0.4ml, prefilled syringe	1500	PFS	292,500.00	2	Enoxaparine Na 60mg/0.6ml, prefilled syringe	300	PFS	83,496.00	3	Methylprednisolone Na 1 gram/vl	300	vial	630,000.00	4	Epoetin Alfa 4,000 IU <b><i>1ml/pfs</i></b>	2000	pfs	700,000.00	5	Albumin (Human) 25% 50ml./vl.	1800	vial	4,320,000.00	6	Immunoglobulin, Normal Human (IVIG) 50mg/ml, 50ml/vl.	75	vial	319,500.00	7	Immunoglobulin, Normal Human (IVIG) 50mg/ml, 100ml/vl.	75	vial	712,500.00
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20.2	<b><i>No additional Requirements.</i></b>																																												
21.2	<b><i>No additional contract documents</i></b>																																												

## ***Section VI. Schedule of Requirements***

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

***IB No. UMC 22-38 Procurement of Various Drugs and Medicines-C (Revised as indicated in the Bid Bulletin)***

Item No.	Description	Quantity		Total	Delivered, Weeks/Months
1	Enoxaparine Na 40mg/0.4ml, prefilled syringe	1500	PFS		
2	Enoxaparine Na 60mg/0.6ml, prefilled syringe	300	PFS		
3	Methylprednisolone Na 1 gram/vl	300	vial		
4	Epoetin Alfa 4,000 IU <b>1ml/pfs</b>	2000	pfs		
5	Albumin (Human) 25% 50ml./vl.	1800	vial		
6	Immunoglobulin, Normal Human (IVIG) 50mg/ml, 50ml/vl.	75	vial		
7	Immunoglobulin, Normal Human (IVIG) 50mg/ml, 100ml/vl.	75	vial		
	<i>---Nothing Follows ---</i>				

Name of Bidder: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
*(Printed Name and Signature)*

Designation: \_\_\_\_\_

Date: \_\_\_\_\_



## Section VII. Technical Specifications

**IB No. UMC 22-38 Procurement of Various Drugs and Medicines-C (Revised as indicated in the Bid Bulletin)**

Item No.	Specification	Statement of Compliance			
		Qty	Unit	Brand	Statement of Compliance
	<b>Procurement of Various Drugs and Medicines-C</b>				
1	Enoxaparine Na 40mg/0.4ml, prefilled syringe	1500	PFS		
2	Enoxaparine Na 60mg/0.6ml, prefilled syringe	300	PFS		
3	Methylprednisolone Na 1 gram/vl	300	vial		
4	Epoetin Alfa 4,000 IU <i>1ml/pfs</i>	2000	pfs		
5	Albumin (Human) 25% 50ml./vl.	1800	vial		
6	Immunoglobulin, Normal Human (IVIG) 50mg/ml, 50ml/vl.	75	vial		
7	Immunoglobulin, Normal Human (IVIG) 50mg/ml, 100ml/vl.	75	vial		
	<b>Requirements:</b>				
	1. License to Operate authenticated by FDA				
	2. Photocopy of Certificate of Product Registration (CPR) for each item				
	3. Certified true copy of Certificate of Good Manufacturing Practice (CGMP) attached in each CPR				
	4. Authenticated copy of Certificate of Appointment or Distributorship from the manufacturer				
	5. Certification that the expiration date shall be at least eighteen (18) months from the date of delivery				
	6. Items may be delivered on a staggered basis within two (2) months				
	a. First delivery of 50% should be delivered within fifteen (15) days upon receipt of NTP				
	b. Second delivery should be 50% of the total quantity awarded				

Name of Bidder: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
(Printed Name and Signature)

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

**Price Schedule for Goods Offered from Abroad**  
*[shall be submitted with the Bid if bidder is offering goods from Abroad]*

**For Goods Offered from Abroad**

Name of Bidder \_\_\_\_\_ *Project ID No. UMC 22-38 Page 1 of 1*

***Revised as indicated in the Bid Bulletin No. 01-2022***

1	2	3	4	5	6	7	8	9
Item	Description	Country of origin	Quantity	Unit Price CIF port of entry (specify port) or CIP named place (specify border point or place of destination)	Total CIF or CIP price per item (col. 4 x 5)	Unit Price Delivered Duty Unpaid (DDU)	Unit Price Delivered Duty Paid (DDP)	Total Price Delivered DDP (col 4 x 8)
1	Enoxaparine Na 40mg/0.4ml, prefilled syringe		1500 PFS					
2	Enoxaparine Na 60mg/0.6ml, prefilled syringe		300 PFS					
3	Methylprednisolone Na 1 gram/vl		300 vial					
4	Epoetin Alfa 4,000 IU 1ml/pfs		2000 pfs					
5	Albumin (Human) 25% 50ml./vl.		1800 vial					
6	Immunoglobulin, Normal Human (IVIG) 50mg/ml, 50ml/vl.		75 vial					
7	Immunoglobulin, Normal Human (IVIG) 50mg/ml, 100ml/vl.		75 vial					
	<b>TOTAL BID</b>							

Name: \_\_\_\_\_

Legal Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Duly authorized to sign the Bid for and behalf of: \_\_\_\_\_

**Price Schedule for Goods Offered from Within the Philippines**

*[shall be submitted with the Bid if bidder is offering goods from within the Philippines]*

**For Goods Offered from Within the Philippines**

Name of Bidder \_\_\_\_\_ *Project ID No. UMC 22-38 Page 1 of 1*

Revised as indicated in the Bid Bulletin No. 01-2022

1	2	3	4	5	6	7	8	9	10
Item	Description <b>PROCUREMENT OF VARIOUS DRUGS AND MEDICINES-C</b>	Country of origin	Quantity	Unit price EXW per item	Transportation and all other costs incidental to delivery, per item	Sales and other taxes payable if Contract is awarded, per item	Cost of Incidental Services, if applicable, per item	Total Price, per unit (col 5+6+7+8)	Total Price delivered Final Destination (col 9) x (col 4)
1	Enoxaparine Na 40mg/0.4ml, prefilled syringe		1500 PFS						
2	Enoxaparine Na 60mg/0.6ml, prefilled syringe		300 PFS						
3	Methylprednisolone Na 1 gram/vl		300 vial						
4	Epoetin Alfa 4,000 IU <b>1ml/pfs</b>		2000 pfs						
5	Albumin (Human) 25% 50ml./vl.		1800 vial						
6	Immunoglobulin, Normal Human (IVIG) 50mg/ml, 50ml/vl.		75 vial						
7	Immunoglobulin, Normal Human (IVIG) 50mg/ml, 100ml/vl.		75 vial						
	<b>TOTAL BID</b>								

Name: \_\_\_\_\_

Legal Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Duly authorized to sign the Bid for and behalf of: \_\_\_\_\_