

## *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 21-19 Procurement of Various Drugs and Medicines-D  
Revised as indicated in the Bid Bulletin No. 01-2021*

Item No.	Description	Quantity		Total	Delivered, Weeks/Months
1	0.9 NSS 50 ml./vial	2000	vial		
2	Aciclovir 25mg/ml, 10 ml vial	400	vial		
3	Amikacin Sulfate 100 mg. /amp.	800	amp.		
4	Amikacin Sulfate 250 mg. /amp.	600	amp.		
5	Amikacin Sulfate 500mg/amp.	800	amp.		
6	Ampicillin 250 mg/vial	5000	vial		
7	Carboprost Trometamol <b>250mcg/ ml. Inj.</b>	500	amp.		
8	Cefazolin 1 gram/vial	3500	vial		
9	Cefepime 500 mg/vial	300	vial		
10	Cefepime 1gram/vial	800	vial		
11	Cefotaxime 500 mg/vial	600	vial		
12	Cefoxitin 1 gram/vial	1000	vial		
13	Ceftazidime 1gm/vial	600	vial		
14	Ceftriaxone 1 gram I.V./ I.M	11960	vial		
15	Cefuroxime 750 mg/vial	1500	vial		
16	Cefuroxime 1.5gram/vl.	600	vial		
17	Ciprofloxacin 200 mg./100 ml.	1000	vial		
18	Cyclophosphamide 500mg powder vial	20	vial		
19	Dextrose 50% 50 ml./vial	3000	vial		
20	Diphenhydramine Hcl 50 mg./ <b>1ml / amp.</b>	500	amp.		
21	Doxorubicin 50mg powder vial	50	vial		
22	Fluconazole 2mg/ml. 100ml/vl.	300	vial		
23	Furosemide 20 mg./amp.	9100	amp		

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Item No.	Description	Quantity		Total	Delivered, Weeks/Months
24	Gentamycin Sulfate 80 mg./amp.	3000	amp		
25	Ketorolac 30 mg/amp.	2000	amp.		
26	Methylprednisolone Sodium <b>Acetate 40mg/ vl.</b>	300	vial		
27	Metronidazole 500 mg. I.V. 100 ml/vl.	9026	vial		
28	Midazolam 5 mg./ml./amp.	1500	amp.		
29	Omeprazole 40 mg./amp. IV	10000	amp.		
30	Oxacillin 500 mg./vial	3000	vial		
31	Oxytocin 10 IU/amp.	600	amp.		
32	Paracetamol 10mg/ml., 100ml/vl.	200	vial		
33	Paracetamol 150mg/ml. 2ml/amp.	5000	amp.		
34	Phytomenadione 10 mg/amp (Adult)I.V./I.M.	2000	amp.		
35	Sodium Chloride 50 meq/vial	1200	vial		
36	Sterile Water for inj.50 ml.	2000	bot		
37	Succinylcholine Chloride 200mg/ml., 10ml/vl. Solution	300	vial		
38	Tetanus Toxoid <b>0.5 ml. /amp.</b>	2000	amp		
39	Vancomycin 500mg/vial	5000	vial		

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

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

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

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