



REQUEST FOR QUOTATION (RFQ) No. 513-2024

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
2024-06-260 (PROCUREMENT)	VARIOUS MEDICINES	511,825.00
<i>Purpose: Medicines - APP 2nd Quarter 2024.</i>		

Philgeps Posting: Active Date: 6/28/24 Closing Date: 7/4/24 Category: MEDICAL SUPPLIES & LAB EQUIP. Reference No.: 10996243

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 7/4/24 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. TOFILO
 Head, Procurement Unit

PRICE QUOTATION

Date: 6/27/2024
 RFQ No. 513-2024
 PR No. 2024-06-260 (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, Simeicone, 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	100		
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	200		
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	500		
12	capsule	ANTIBIOTIC, Ciprofloxacin, 500 mg., Exp date not less than 1 1/2 yrs	500		
13	cap	ANTIBIOTIC, Clindamycin, 300 mgs., Exp date not less than 1 yr	500		
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	3		

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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ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
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	800		
21	tablet	ANTI-HYPERTENSION, Captopril, 25 mg, Exp date not less than 1 1/2 yrs	50		
22	tablet	ANTI-HYPERYTENSIVE, 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	800		
24	vial	ANTI-INFLAMMATORY, Hydrocortisone Sodium succinate, 100 mg/2ml(Act-O-Vial), Exp date not less than 1 1/2 yrs	15		
25	tablet	ANTI-INFLAMMATORY, Prednisone, 20 mg, Exp date not less than 1 1/2 yrs	200		
26	tablet	ANTIPYRETIC, Paracetamol, 325 mgs, Exp date not less than 2 yrs	200		
27	caplet	ANTIPYRETIC, Paracetamol, 500 mgs, Exp date not less than 2 1/2 yrs	2500		
28	bottle(s)	ANTISEPTIC SOLUTION, Povidone-Iodine, 120 ml solution, Exp date not less than 1 1/2 yrs	5		

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
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	10		
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	500		
32	tablet	ANTISPASMODIC, Hyoscine, N-Butylbromide, 10mg, Exp date not less than 2 yrs	400		
33	cap	ANTITUSSIVE, Dextromethorphan HBr, phenylephrine HCl, Paracetamol, Exp date not less than 1 1/2 yrs	300		
34	tablet	ANTI-VERTIGO, Meclizine, Exp date not less than 2 yrs	200		
35	tablet	ANTI-VOMITING, Metoclopramide, 10mg, Exp date not less than 1 1/2 yrs	50		
36	amp	ANTI-VOMITING, Metoclopramide, Exp date not less than 1 1/2 yrs	5		
37	tablet	DECONGESTANT, Phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Bioflu), Exp date not less than 2 yrs	500		
38	tablet	DECONGESTANT, Phenylephrine, Chlophenamine, Paracetamol 10mg/2mg/500 (Neosep), Exp date not less than 2 yrs	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 : _____
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RFQ No. 513-2024
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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
39	tablet	DECONGESTANT, Phenylpropanolamine HCl, Brompheniramine Maleate, Exp date not less than 1 yr	500		
40	capsule	DIETARY SUPPLEMENTARY, Multi Vitamins, Exp date not less than 1 1/2 yrs	500		
41	tablet	DIETARY SUPPLEMENTARY, Vitamin B Complex, Exp date not less than 1 yrs	300		
42	tube	EYE DROP, Maxitrol, Exp date not less than 1 1/2 yrs	5		
43	bottle(s)	EYE DROP, Tobramycin, Exp date not less than 1 1/2 yrs	5		
44	tube	EYE DROP, Visine (refresh), Exp date not less than 1 1/2 yrs	10		
45	bottle(s)	OINTMENT, Calamine + Dyphenhydramine, 30ml, Exp date not less than 2 yrs	5		
46	tube	OINTMENT, Mometasone Furoate, 10g, Exp date not less than 1 1/2 yrs	10		
47	tube	OINTMENT, Mupirocin + Bethamethasone Dipropionate, 5g, Exp date not less than 1 yr	10		
48	tube	OINTMENT, Mupirocin, Exp date not less than 1 yr	10		
49	bottle(s)	OINTMENT, Pain Killer, 120ml, PRO, Exp date not less than 1 1/2 yrs	40		
50	tube	OINTMENT, Povidone-Iodine, 10% topical ointment, 5g., Exp date not less than 2 yrs	5		

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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 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
51	tube	OINTMENT, Sodium Fusidate, Exp date not less than 1 1/2 yrs	5		
52	cap	PAIN RELIEVER, Ibuprofen + Paracetamol 500mg/325mg, Exp date not less than 2 yrs	100		
53	softgel	PAIN RELIEVER, Ibuprofen, 200mg, Exp date not less than 1 yr	200		
54	tube	PAIN RELIEVER, Ketoprofen Gel, Exp date not less than 2 yrs	15		
55	capsule	PAIN RELIEVER, Mefenamic Acid, 250mg, Exp date not less than 2 yrs	200		
56	tablet	PAIN RELIEVER, Mefenamic Acid, 500mg, Exp date not less than 1 1/2 yrs	800		
57	amp	PAIN RELIEVER, Tramadol, solution, for injection, Exp date not less than 1 1/2 yrs	5		
58	bottle(s)	SOLUTION, 0.9% Sodium Chloride Solution for Irrigation, 1000mL	5		
59	bottle(s)	SOLUTION, 0.9% Sodium Chloride Solution for IV Infusion, 1000mL	3		
60	bottle(s)	SOLUTION, 5% Dextrose in lactated ringer's solution for IV Infusion, 1000mL (2024)	3		

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
61	bottle(s)	SOLUTION, Plain lactated ringer's, for IV Infusion, 100mL	2		
62	bottle(s)	SPRAY, Cool Spray 250ml, Exp date not less than 1 1/2 yrs	30		
63	amp	VACCINE, Tetanus Toxoid,vaccine, Exp date not less than 1 1/2 yrs	20		
64	cap	VITAMINS, Sodium Ascorbate/Ascorbic Acid with Zinc, Exp date not less than 1 1/2 yrs	1000		

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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GEPS

Philippine Government Electronic Procurement System

Central Portal for
Philippine Government
Procurement Opportunities

Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 10996213
Procuring Entity TARLAC STATE UNIVERSITY
Title Various Medicines
Area of Delivery Tarlac

Solicitation Number: 513-2024	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	28/06/2024
Approved Budget for the Contract: PHP 511,825.00	Last Updated / Time	27/06/2024 17:34 PM
Delivery Period: 30 Day/s	Closing Date / Time	04/07/2024 13:00 PM
Client Agency:		
Contact Person: Tutchie Panlilio Clerk TSU, Romulo Blvd. San Vicente, Tarlac City, Philip Tarlac Philippines 2300 63-045-6068142 tsucanvassing@gmail.com		

Description

Medicines APP 2nd Quarter 2024

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	100	Tablet	4,000.00
6	ANTACID	Ranitidine Hcl, 150mg, Exp date not less than 1 1/2 yrs	200	Tablet	2,200.00
7	ANTI-ASTHMA	Doxoflyline, 400mg., Exp date not less than 1 1/2 yrs	200	Tablet	7,000.00
8	ANTI-ASTHMA	Salbutamol Sulfate, Bromhexine HCl, 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	500	Capsule	7,000.00
12	ANTIBIOTIC	Ciprofloxacin, 500 mg., Exp date not less than 1 1/2 yrs	500	Capsule	35,000.00
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	3	Tube	1,800.00
16	ANTI-DIARRHEA	Loperamide, Exp date not less than 1 1/2 yrs	300	Capsule	4,950.00
17	ANTI-DIARRHEA	Racecadobril, 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	800	Tablet	8,800.00
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	800	Capsule	20,000.00
24	ANTI-INFLAMMATORY	Hydrocortisone Sodium succinate, 100 mg/2ml(Act-O-Vial), Exp date not less than 1 1/2 yrs	15	Vial	7,500.00
25	ANTI-INFLAMMATORY	Prednisone, 20 mg, Exp date not less than 1 1/2 yrs	200	Tablet	2,800.00
26	ANTIPYRETIC	Paracetamol, 325 mgs, Exp date not less than 2 yrs	200	Tablet	2,000.00
27	ANTIPYRETIC	Paracetamol, 500 mgs, Exp date not less than 2 1/2 yrs (caplet)	2,500	Capsule	25,000.00
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	10	Bottle	4,000.00
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 + Paracetamol 10mg/500mg, Exp date not less than 1 1/2 yrs	500	Tablet	22,000.00
32	ANTISPASMODIC	Hyoscine, N-Butylbromide, 10mg, Exp date not less than 2 yrs	400	Tablet	15,400.00
33	ANTITUSSIVE	Dextromethorphan HBr, phenylephrine HCl, Paracetamol, Exp date not less than 1 1/2 yrs	300	Capsule	6,600.00
34	ANTI-VERTIGO	Meclizine, Exp date not less than 2 yrs	200	Tablet	3,000.00
35	ANTI-VOMITING	Metoclopramide, 10mg, Exp date not less than 1 1/2 yrs	50	Tablet	1,100.00
36	ANTI-VOMITING	Metoclopramide, Exp date not less than 1 1/2 yrs	5	Ampule	825.00
37	DECONGESTANT	Phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Bioflu), Exp date not less than 2 yrs	500	Tablet	6,000.00
38	DECONGESTANT	Phenylephrine, Chlorphenamine, Paracetamol 10mg/2mg/500 (Neosep), Exp date not less than 2 yrs	500	Tablet	6,000.00
39	DECONGESTANT	Phenylpropanolamine HCl, Brompheniramine Maleate, Exp date not less than 1 yr	500	Tablet	11,000.00
40	DIETARY SUPPLEMENTARY	Multi Vitamins, Exp date not less than 1 1/2 yrs	500	Capsule	15,000.00
41	DIETARY SUPPLEMENTARY	Vitamin B Complex, Exp date not less than 1 yrs	300	Tablet	3,600.00

42	EYE DROP	Maxitrol, Exp date not less than 1 1/2 yrs	5	Tube	3,000.00
43	EYE DROP	Tobramycin, Exp date not less than 1 1/2 yrs	5	Bottle	2,000.00
44	EYE DROP	Visine (refresh), Exp date not less than 1 1/2 yrs	10	Tube	2,200.00
45	OINTMENT	Calamine + Dyphenhydramine, 30ml, Exp date not less than 2 yrs	5	Bottle	1,650.00
46	OINTMENT	Mometasone Furoate, 10g, Exp date not less than 1 1/2 yrs	10	Tube	6,600.00
47	OINTMENT	Mupirocin + Bethamethasone Dipropionate, 5g, Exp date not less than 1 yr	10	Tube	8,000.00
48	OINTMENT	Mupirocin, Exp date not less than 1 yr	10	Tube	8,000.00
49	OINTMENT	Pain Killer, 120ml, PRO, Exp date not less than 1 1/2 yrs	40	Bottle	6,400.00
50	OINTMENT	Povidone-Iodine, 10% topical ointment, 5g, Exp date not less than 2 yrs	5	Tube	2,000.00
51	OINTMENT	Sodium Fusidate, Exp date not less than 1 1/2 yrs	5	Tube	4,400.00
52	PAIN RELIEVER	Ibuprofen + Paracetamol 500mg/325mg, Exp date not less than 2 yrs	100	Capsule	1,650.00
53	PAIN RELIEVER	Ibuprofen, 200mg, Exp date not less than 1 yr (softgel)	200	Tablet	3,300.00
54	PAIN RELIEVER	Ketoprofen Gel, Exp date not less than 2 yrs	15	Tube	10,500.00
55	PAIN RELIEVER	Mefenamic Acid, 250mg, Exp date not less than 2 yrs	200	Capsule	2,000.00
56	PAIN RELIEVER	Mefenamic Acid, 500mg, Exp date not less than 1 1/2 yrs	800	Tablet	8,000.00
57	PAIN RELIEVER	Tramadol, solution, for injection, Exp date not less than 1 1/2 yrs	5	Ampule	800.00
58	SOLUTION	0.9% Sodium Chloride Solution for Irrigation, 1000mL	5	Bottle	750.00
59	SOLUTION	0.9% Sodium Chloride Solution for IV Infusion, 1000mL	3	Bottle	450.00
60	SOLUTION	SOLUTION, 5% Dextrose in lactated ringer's solution for IV Infusion, 1000mL	3	Bottle	450.00
61	SOLUTION	Plain lactated ringer's, for IV Infusion, 100mL	2	Bottle	300.00
62	SPRAY	Cool Spray 250ml, Exp date not less than 1 1/2 yrs	30	Bottle	19,500.00
63	VACCINE	Tetanus Toxoid, vaccine, Exp date not less than 1 1/2 yrs	20	Ampule	4,400.00
64	VITAMINS	Sodium Ascorbate/Ascorbic Acid with Zinc, Exp date not less than 1 1/2 yrs	1,000	Capsule	15,000.00

Other Information

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

Created by Tutchie Panillo

Date Created 27/06/2024

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.