



Republic of the Philippines
Department of the Interior and Local Government
BUREAU OF FIRE PROTECTION
NATIONAL HEADQUARTERS



Project Reference Number : RFQ18-108
Location of the Project : BUREAU OF FIRE PROTECTION - NATIONAL HEADQUARTERS
Agham Rd., Bgry. Bagong Pag-asa, Diliman, Quezon City
Standard Form Number : SF-GOOD-60
Revised on : 24-May-18

REQUEST FOR QUOTATION

**CONDUCT OF MEDICAL ASSESSMENT TEST FOR ALL BFP-NHQ PERSONNEL
FOR THE HEALTH AND FITNESS PROGRAM**

Please quote your lowest price on the items/s listed below, subject to the General Conditions on the last page starting the shortest time of delivery and submit your sealed quotation duly signed by your representative not later than **01:00 PM 11 September 2018** at the Office of the BAC Secretariat, Rm. 502, Supply Management Division, BFP-NHQ, Agham Road, Bgry. Bagong Pag-Asa, Quezon City. LATE SUBMISSION WILL NOT BE ACCEPTED.

Note:

1. DELIVERY PERIOD: Please see below
2. DELIVERY LOCATION: Bureau of Fire Protection National Headquarters, Agham Road, Bgry. Bagong Pag-Asa, Quezon City
3. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY;
4. PRICE VALIDITY SHALL BE FOR A PERIOD OF ONE HUNDRED TWENTY (120) CALENDAR DAYS; AND
5. THE FOLLOWING DOCUMENTS SHALL BE ATTACHED TO THE DULY ACCOMPLISHED QUOTATION FORM TO WIT:
 - a. Mayor's / Business permit
 - b. Philgeps Registration Number
 - c. Omnibus Sworn Statement
 - d. Income / Business Tax Return

Item No.	DESCRIPTION	QTY		ABC UNIT PRICE	ABC TOTAL PRICE	UNIT PRICE	TOTAL PRICE
	CONDUCT OF MEDICAL ASSESSMENT TEST FOR ALL BFP-NHQ PERSONNEL FOR THE HEALTH AND FITNESS PROGRAM						
1	Laboratory Examination:	629	Pax	1,000.00	629,000.00		
	a. Electrocardiogram						
	b. Chest X-ray						
	c. Complete Blood Count						
	d. Blood Chemistry:						
	- Fasting Blood Sugar (CBC)						
	-Creatinine Blood Test (CBT)						
	-Total Cholesterol						
	e. Urinalysis						
	f. Drug Test						
	g. Hepatitis B (Screening Test)						
	Requirements:						
	1. Certification or Registration from the DOH that the Clinic / Laboratory is a Tertiary Medical Facility.						
	2. The Medical Laboratory offers the above Laboratory Examinations.						
	3. The Medical Laboratory facility can accommodate up to 630 persons, with large and clean space or Mobile Laboratory						
	Date of Delivery/Completion/Service: Within November 2018						
	Mode of Procurement: NP-SVP						
GRAND TOTAL					629,000.00		

(Total Amount in Words)

The above quoted prices are inclusive of all cost and applicable taxes.

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.

Name and Signature of Authorize Representative

Company Name/Business name

Tel. No. / Cellphone No./ email address

Date