



# REQUEST FOR QUOTATION (RFQ) No. 028-2024

## 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
2024-01-016 (PROCUREMENT)	VARIOUS MEDICINES	748,295.00
Purpose: Medicines - APP 1st Quarter 2024		

Philgeps Posting: Active Date: 2/3/24 Closing Date: 2/8/24 Category: Medical Supplies & Lab. Equip. Reference No.: 16523738

Interested suppliers are required to submit the following documents:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Valid and Current Mayor's / Business Permit | <input checked="" type="checkbox"/> Latest Income / Business Tax Return |
| <input checked="" type="checkbox"/> Proof of PhilGeps Registration              | <input checked="" type="checkbox"/> Omnibus Sworn Statement             |
|   | <input type="checkbox"/> Brochure, if applicable                        |

TSU Condition of Sale:

- Delivery Schedule: 30 calendar days from receipt of approved PO/NTP
- Bid Validity: 70 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

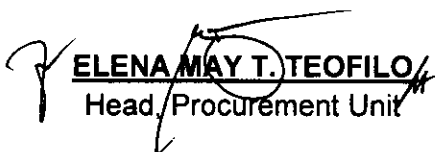
Award of contract shall be made to the bidder with the lowest quotation for the subject goods which comply with the minimum technical specifications and other terms and conditions stated herein.

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 2/8/24 at the Procurement Unit, Admin Building Tarlac State University, Tarlac City. Open submission may be done manually or through email at [tsucanvassing@gmail.com](mailto: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. TEOFILO**  
 Head, Procurement Unit

**PRICE QUOTATION**

Date: 1/30/2024  
 RFQ No. 028-2024  
 PR No. 2024-01-016 (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	box	ANESTHETIC, Lidocaine, 50's/box	5		
3	tablet	ANTACID, Aluminum Hydroxide, Magnesium Hydroxide, Simeticone, exp date not less than 1 1/2 yrs	500		
4	tablet	ANTACID, Domperidone, exp date not less than 1 1/2 yrs	100		
5	tablet	ANTACID, Famotadine, Calcium Carbonate, Magnesium Hydroxide, Exp date not less than 1 1/2 yrs	500		
6	tablet	ANTACID, Omeprazole, 40mgs., Exp date not less than 1 1/2 yrs	200		
7	tablet	ANTACID, Ranitidine Hcl, 150mg, Exp date not less than 1 1/2 yrs	200		
8	tablet	ANTI-ASTHMA, Doxofylone, 400mg., Exp date not less than 1 1/2 yrs	300		
9	tablet	ANTI-ASTHMA, Salbutamol Sulfate, Bromhexine HCl, guaifenesin, Exp date not less than 1 yr	800		
10	nebules	ANTI-ASTHMA, Salbutamol, Nebules, Exp date not less than 1 yr	100		
11	capsule	ANTIBIOTIC, Cefalexin 250mg, Exp date not less than 2 yrs	200		

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
12	cap	ANTIBIOTIC, Cefalexin, 500 mgs., Exp date not less than 1 1/2 yrs	1000		
13	capsule	ANTIBIOTIC, Ciprofloxacin, 500 mg., Exp date not less than 1 1/2 yrs	800		
14	cap	ANTIBIOTIC, Clindamycin, 300 mgs., Exp date not less than 1 yr	500		
15	tablet	ANTIBIOTIC, Co-Amoxiclav, 625 mg., Exp date not less than 1 1/2 yrs	800		
16	box	ANTIBIOTIC, Mefenamic Acid, 500mg 100/box	4		
17	tube	ANTIBIOTIC, Silver Sulfadiazine, Exp date not less than 1 1/2 yrs	3		
18	cap	ANTI-DIARRHEA, Loperamide, Exp date not less than 1 1/2 yrs	300		
19	capsule	ANTI-DIARRHEA, Racecadotril, 100 mg, Exp date not less than 7 months	500		
20	tablet	ANTIHISTAMINE, Cetirizine, 10mg	600		
21	amp	ANTIHISTAMINE, Diphenhydramine, Exp date not less than 1 1/2 yrs	40		
22	tablet	ANTIHISTAMINE, Loratadine, 10mg, Exp date not less than 1 1/2 yrs	900		

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 : \_\_\_\_\_  
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ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
23	tablet	ANTI-HYPERTENSION, Captopril, 25 mg, Exp date not less than 1 1/2 yrs	50		
24	tablet	ANTI-HYPERYTENSIVE, Amlodipine, 5mgs, Exp date not less than 3 yrs	100		
25	cap	ANTI-INFLAMMATORY, Celecoxib, 200 mgs, Exp date not less than 1 1/2 yrs	800		
26	vial	ANTI-INFLAMMATORY, Hydrocortisone Sodium succinate, 100 mg/2ml(Act-O-Vial), Exp date not less than 1 1/2 yrs	20		
27	tablet	ANTI-INFLAMMATORY, Prednisone, 20 mg, Exp date not less than 1 1/2 yrs	300		
28	tablet	ANTIPYRETIC, Paracetamol, 325 mgs, Exp date not less than 2 yrs	200		
29	caplet	ANTIPYRETIC, Paracetamol, 500 mgs, Exp date not less than 2 1/2 yrs	3000		
30	bottle(s)	ANTISEPTIC SOLUTION, Povidone-Iodine, 120 ml solution, Exp date not less than 1 1/2 yrs	10		
31	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		
32	box	ANTISEPTIC SOLUTION, Povidone-Iodine, swabstick, 50pcs/box, Exp date not less than 1 yr	10		

Warranty : \_\_\_\_\_

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Sir / Madam:

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ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
33	tablet	ANTISPASMODIC, Hyoscine N-Butylbromide + Paracetamol 10mg/500mg, Exp date not less than 1 1/2 yrs	500		
34	ampule	ANTISPASMODIC, Hyoscine N-Butylbromide, 20 mg, Exp date not less than 1 yr	10		
35	tablet	ANTISPASMODIC, Hyoscine, N-Butylbromide, 10mg, Exp date not less than 2 yrs	1000		
36	cap	ANTITUSSIVE, Dextromethorphan HBr, phenylephrine HCl, Paracetamol, Exp date not less than 1 1/2 yrs	1000		
37	tablet	ANTI-VERTIGO, Meclizine, Exp date not less than 2 yrs	300		
38	tablet	ANTI-VOMITING, Metoclopramide, 10mg, Exp date not less than 1 1/2 yrs	50		
39	amp	ANTI-VOMITING, Metoclopramide, Exp date not less than 1 1/2 yrs	5		
40	tablet	DECONGESTANT, Phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Bioflu), Exp date not less than 2 yrs	1000		
41	tablet	DECONGESTANT, Phenylephrine, Chlorphenamine, Paracetamol 10mg/2mg/500 (Neosep), Exp date not less than 2 yrs	1000		
42	tablet	DECONGESTANT, Phenylpropanolamine HCl, Brompheniramine Maleate, Exp date not less than 1 yr	1000		

Warranty : \_\_\_\_\_

The above-quoted price is inclusive of all costs and applicable taxes  
 Very truly yours,

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Signature : \_\_\_\_\_  
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ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
43	bottle(s)	DESCOSEPT, AF, 100ml	10		
44	capsule	DIETARY SUPPLEMENTARY, Multi Vitamins, Exp date not less than 1 1/2 yrs	800		
45	tablet	DIETARY SUPPLEMENTARY, Vitamin B Complex, Exp date not less than 1 yrs	300		
46	tube	EYE DROP, Maxitrol, Exp date not less than 1 1/2 yrs	5		
47	bottle(s)	EYE DROP, Tobramycin, Exp date not less than 1 1/2 yrs	10		
48	tube	EYE DROP, Visine (refresh), Exp date not less than 1 1/2 yrs	10		
49	bottle(s)	OINTMENT, Calamine + Dyphenhydramine, 30ml, Exp date not less than 2 yrs	10		
50	tube	OINTMENT, Mometasone Furoate, 10g, Exp date not less than 1 1/2 yrs	10		
51	tube	OINTMENT, Mupirocin + Bethamethasone Dipropionate, 5g, Exp date not less than 1 yr	10		
52	tube	OINTMENT, Mupirocin, Exp date not less than 1 yr	10		
53	bottle(s)	OINTMENT, Pain Killer, 120ml, PRO, Exp date not less than 1 1/2 yrs	50		
54	tube	OINTMENT, Povidone-Iodine, 10% topical ointment, 5g., Exp date not less than 2 yrs	5		

Warranty : \_\_\_\_\_

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Very truly yours,

**AUTHORIZED REPRESENTATIVE:**

Signature : \_\_\_\_\_  
 Printed Name : \_\_\_\_\_  
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ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
55	tube	OINTMENT, Sodium Fusidate, Exp date not less than 1 1/2 yrs	5		
56	cap	PAIN RELIEVER, Ibuprofen + Paracetamol 500mg/325mg, Exp date not less than 2 yrs	200		
57	softgel	PAIN RELIEVER, Ibuprofen, 200mg, Exp date not less than 1 yr	300		
58	tube	PAIN RELIEVER, Ketoprofen Gel, Exp date not less than 2 yrs	20		
59	amp	PAIN RELIEVER, Ketorolac, Exp date not less than 1 1/2 yrs	10		
60	capsule	PAIN RELIEVER, Mefenamic Acid, 250mg, Exp date not less than 2 yrs	200		
61	tablet	PAIN RELIEVER, Mefenamic Acid, 500mg, Exp date not less than 1 1/2 yrs	1000		
62	amp	PAIN RELIEVER, Tramadol, solution, for injection, Exp date not less than 1 1/2 yrs	10		
63	bottle(s)	SOLUTION, 0.9% Sodium Chloride Solution for Irrigation, 1000mL	5		
64	bottle(s)	SOLUTION, 0.9% Sodium Chloride Solution for IV Infusion, 1000mL	3		
65	bottle(s)	SOLUTION, 5% Dextrose in lactated ringer's solution for IV Infusion, 1000mL	3		

Warranty : \_\_\_\_\_  
 The above-quoted price is inclusive of all costs and applicable taxes

Very truly yours,

**AUTHORIZED REPRESENTATIVE:**

Signature : \_\_\_\_\_  
 Printed 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
66	gallon	SOLUTION, Cidex Solution	3		
67	bottle(s)	SOLUTION, Plain lactated ringer's, for IV Infusion, 100ml.	3		
68	bottle(s)	SPRAY, Cool Spray 250ml, Exp date not less than 1 1/2 yrs	50		
69	vial	STERILE WATER, for injection, 50ml, solvent, Parenteral Prep, Exp date not less than 3 yrs	5		
70	bottle(s)	TOPICAL, ANESTHETIC 29.6ml	2		
71	amp	VACCINE, Tetanus Toxoid, vaccine, Exp date not less than 1 1/2 yrs	30		
72	cap	VITAMINS, Sodium Ascorbate/Ascorbic Acid with Zinc, Exp date not less than 1 1/2 yrs	1000		
73	box	ANTIBIOTIC, Amoxicillin, 500mg 100/box	4		
74	bottle(s)	ORAL RINSE, Orahex Forte, 500ml	5		
75	bottle(s)	SOLUTION, Normal Saline	2		
76	box	TRANEXAMIC ACID HEMOSTAN, 500mg 100/Box	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 : \_\_\_\_\_





# Bid Notice Abstract

## Request for Quotation (RFQ)

**Reference Number** 10523738  
**Procuring Entity** TARLAC STATE UNIVERSITY  
**Title** Various Medicines  
**Area of Delivery** Tarlac

<b>Solicitation Number:</b> 028-2024	<b>Status</b>	<b>Pending</b>
<b>Trade Agreement:</b> Implementing Rules and Regulations	<b>Associated Components</b>	3
<b>Procurement Mode:</b> Negotiated Procurement - Small Value Procurement (Sec. 53.9)	<b>Bid Supplements</b>	0
<b>Classification:</b> Goods	<b>Document Request List</b>	0
<b>Category:</b> Medical Supplies and Laboratory Instrument	<b>Date Published</b>	03/02/2024
<b>Approved Budget for the Contract:</b> PHP 748,295.00	<b>Last Updated / Time</b>	02/02/2024 11:03 AM
<b>Delivery Period:</b> 30 Day/s	<b>Closing Date / Time</b>	08/02/2024 13:00 PM
<b>Client Agency:</b>		
<b>Contact Person:</b> Tutchie Panlilio Clerk TSU, Romulo Blvd. San Vicente, Tarlac City, Philip Tarlac City Tarlac Philippines 2300 63-045-6068142  tsucanvassing@gmail.com		

**Description**

Medicines \_APP 1st 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	ANESTHETIC	Lidocaine, 50's/box	5	Box	7,500.00
3	ANTACID	Aluminum Hydroxide, Magnesium Hydroxide, Simeticone, exp date not less than 1 1/2 yrs	500	Tablet	7,500.00
4	ANTACID	Domperidone, exp date not less than 1 1/2 yrs	100	Tablet	2,000.00
5	ANTACID	Famotadine, Calcium Carbonate, Magnesium Hydroxide, Exp date not less than 1 1/2 yrs	500	Tablet	12,500.00
6	ANTACID	Omeprazole, 40mgs., Exp date not less than 1 1/2 yrs	200	Tablet	8,000.00
7	ANTACID	Ranitidine Hcl, 150mg, Exp date not less than 1 1/2 yrs	200	Tablet	2,200.00
8	ANTI-ASTHMA	Doxofyline, 400mg., Exp date not less than 1 1/2 yrs	300	Tablet	10,500.00
9	ANTI-ASTHMA	Salbutamol Sulfate, Bromhexine HCl, guaifenesin, Exp date not less than 1 yr	800	Tablet	28,000.00
10	ANTI-ASTHMA	Salbutamol, Nebules, Exp date not less than 1 yr	100	Nebule	3,500.00
11	ANTIBIOTIC	Cefalexin 250mg, Exp date not less	200	Capsule	5,000.00

		than 2 yrs			
12	ANTIBIOTIC	Cefalexin, 500 mgs., Exp date not less than 1 1/2 yrs	1,000	Capsule	14,000.00
13	ANTIBIOTIC	Ciprofloxacin, 500 mg., Exp date not less than 1 1/2 yrs	800	Capsule	56,000.00
14	ANTIBIOTIC	Clindamycin, 300 mgs., Exp date not less than 1 yr	500	Capsule	19,000.00
15	ANTIBIOTIC	Co-Amoxiclav, 625 mg., Exp date not less than 1 1/2 yrs	800	Tablet	65,600.00
16	ANTIBIOTIC	Silver Sulfadiazine, Exp date not less than 1 1/2 yrs	4	Box	6,600.00
17	ANTIBIOTIC	Silver Sulfadiazine, Exp date not less than 1 1/2 yrs	3	Tube	1,800.00
18	ANTI-DIARRHEA	Loperamide, Exp date not less than 1 1/2 yrs	300	Capsule	4,950.00
19	ANTI-DIARRHEA	Racecadotril, 100 mg, Exp date not less than 7 months	500	Capsule	27,500.00
20	ANTIHISTAMINE	Cetirizine, 10mg	600	Tablet	9,000.00
21	ANTIHISTAMINE	Diphenhydramine, Exp date not less than 1 1/2 yrs	40	Ampule	6,800.00
22	ANTIHISTAMINE	Loratadine, 10mg, Exp date not less than 1 1/2 yrs	900	Tablet	9,900.00
23	ANTI-HYPERTENSION	Captopril, 25 mg, Exp date not less than 1 1/2 yrs	50	Tablet	850.00
24	ANTI-HYPERTENSIVE	Amlodipine, 5mgs, Exp date not less than 3 yrs	100	Tablet	1,000.00
25	ANTI-INFLAMMATORY	Celecoxib, 200 mgs, Exp date not less than 1 1/2 yrs	800	Capsule	20,000.00
26	ANTI-INFLAMMATORY	Hydrocortisone Sodium succinate, 100 mg/2ml(Act-O-Vial), Exp date not less than 1 1/2 yrs	20	Vial	10,000.00
27	ANTI-INFLAMMATORY	Prednisone, 20 mg, Exp date not less than 1 1/2 yrs	300	Tablet	4,200.00
28	ANTIPYRETIC	Paracetamol, 325 mgs, Exp date not less than 2 yrs	200	Tablet	2,000.00
29	ANTIPYRETIC	Paracetamol, 500 mgs, Exp date not less than 2 1/2 yrs (caplet)	3,000	Capsule	30,000.00
30	ANTISEPTIC SOLUTION	Povidone-Iodine, 120 ml solution, Exp date not less than 1 1/2 yrs	10	Bottle	2,800.00
31	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
32	ANTISEPTIC SOLUTION	Povidone-Iodine, swabstick, 50pcs/box, Exp date not less than 1 yr	10	Box	6,600.00
33	ANTISPASMODIC	Hyoscine N-Butylbromide + Paracetamol 10mg/500mg, Exp date not less than 1 1/2 yrs	500	Tablet	22,000.00
34	ANTISPASMODIC	Hyoscine N-Butylbromide, 20 mg., Exp date not less than 1 yr	10	Ampule	1,500.00
35	ANTISPASMODIC	Hyoscine, N-Butylbromide, 10mg, Exp date not less than 2 yrs	1,000	Tablet	38,500.00
36	ANTITUSSIVE	Dextromethorphan HBr, phenylephrine HCl, Paracetamol, Exp date not less than 1 1/2 yrs	1,000	Capsule	22,000.00
37	ANTI-VERTIGO	Meclizine, Exp date not less than 2 yrs	300	Tablet	4,500.00
38	ANTI-VOMITING	Metoclopramide, 10mg, Exp date not less than 1 1/2 yrs	50	Tablet	1,100.00
39	ANTI-VOMITING	Metoclopramide, Exp date not less than 1 1/2 yrs	5	Ampule	825.00
40	DECONGESTANT	Phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Bioflu), Exp date not less than 2 yrs	1,000	Tablet	12,000.00
41	DECONGESTANT	Phenylephrine, Chlorphenamine, Paracetamol 10mg/2mg/500 (Neosep), Exp date not less than 2 yrs	1,000	Tablet	12,000.00

42	DECONGESTANT	Phenylpropanolamine HCl, Brompheniramine Maleate, Exp date not less than 1 yr	1,000	Tablet	22,000.00
43	DESCOCEPT	AF, 100ml	10	Bottle	25,000.00
44	DIETARY SUPPLEMENTARY	Multi Vitamins, Exp date not less than 1 1/2 yrs	800	Capsule	24,000.00
45	DIETARY SUPPLEMENTARY	Vitamin B Complex, Exp date not less than 1 yrs	300	Tablet	3,600.00
46	EYE DROP	Maxitrol, Exp date not less than 1 1/2 yrs	5	Tube	3,000.00
47	EYE DROP	Tobramycin, Exp date not less than 1 1/2 yrs	10	Bottle	4,000.00
48	EYE DROP	Visine (refresh), Exp date not less than 1 1/2 yrs	10	Tube	2,200.00
49	OINTMENT	Calamine + Dyphenhydramine, 30ml, Exp date not less than 2 yrs	10	Bottle	3,300.00
50	OINTMENT	Mometasone Furoate, 10g, Exp date not less than 1 1/2 yrs	10	Tube	6,600.00
51	OINTMENT	Mupirocin + Bethamethasone Dipropionate, 5g, Exp date not less than 1 yr	10	Tube	8,000.00
52	OINTMENT	Mupirocin, Exp date not less than 1 yr	10	Tube	8,000.00
53	OINTMENT	Pain Killer, 120ml, PRO, Exp date not less than 1 1/2 yrs	50	Bottle	8,000.00
54	OINTMENT	Povidone-Iodine, 10% topical ointment, 5g, Exp date not less than 2 yrs	5	Tube	2,000.00
55	OINTMENT	Sodium Fusidate, Exp date not less than 1 1/2 yrs	5	Tube	4,400.00
56	PAIN RELIEVER	Ibuprofen + Paracetamol 500mg/325mg, Exp date not less than 2 yrs	200	Capsule	3,300.00
57	PAIN RELIEVER	Ibuprofen, 200mg, Exp date not less than 1 yr (softgel)	300	Tablet	4,950.00
58	PAIN RELIEVER	Ketoprofen Gel, Exp date not less than 2 yrs	20	Tube	14,000.00
59	PAIN RELIEVER	Ketorolac, Exp date not less than 1 1/2 yrs	10	Ampule	910.00
60	PAIN RELIEVER	Mefenamic Acid, 250mg, Exp date not less than 2 yrs	200	Capsule	2,000.00
61	PAIN RELIEVER	Mefenamic Acid, 500mg, Exp date not less than 1 1/2 yrs	1,000	Tablet	10,000.00
62	PAIN RELIEVER	Tramadol, solution, for injection, Exp date not less than 1 1/2 yrs	10	Ampule	1,600.00
63	Sodium Chloride Solution	SOLUTION, 0.9% Sodium Chloride Solution for Irrigation, 1000ml	5	Bottle	750.00
64	Sodium Chloride Solution	SOLUTION, 0.9% Sodium Chloride Solution for IV Infusion, 1000ml	3	Bottle	450.00
65	SOLUTION, 5% Dextrose	5% Dextrose in lactated ringer's solution for IV Infusion, 1000ml	3	Bottle	450.00
66	Cidex Solution	SOLUTION, Cidex Solution	3	Gallon	5,400.00
67	SOLUTION, Plain lactated ringer's,	SOLUTION, Plain lactated ringer's, for IV Infusion, 100ml	3	Bottle	450.00
68	SPRAY	Cool Spray 250ml, Exp date not less than 1 1/2 yrs	50	Bottle	32,500.00
69	STERILE WATER	for injection, 50ml, solvent; Parenteral Prep, Exp date not less than 3 yrs	5	Vial	500.00
70	TOPICAL	ANESTHETIC 29.6ml	2	Bottle	1,700.00
71	VACCINE	Tetanus Toxoid, vaccine, Exp date not less than 1 1/2 yrs	30	Ampule	6,600.00
72	VITAMINS	Sodium Ascorbate/Ascorbic Acid with Zinc, Exp date not less than 1 1/2 yrs	1,000	Capsule	15,000.00
73	ANTIBIOTIC	Amoxicillin, 500mg 100/box	4	Box	6,600.00
74	ORAL RINSE	Orahex Forte, 500ml	5	Bottle	3,300.00

75	SOLUTION	Normal Saline	2	Bottle	550.00
76	TRANEXAMIC ACID HEMOSTAN	500mg 100/Box	3	Box	8,910.00

**Other Information**

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

**Created by** Tutchie Panlilio

**Date Created** 02/02/2024

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.