



# PHILIPPINE INTERNATIONAL TRADING CORPORATION

5/F NDC Building, 116 Tordesillas Street, Salcedo Village, Makati City

## Request for Quotation

RFQ Reference No. GPG-EP-2021-039

### (EMERGENCY PROCUREMENT)

## SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW ELECTROMYOGRAM MACHINE, 6-CHANNEL EMG/NCV AND EVOKE POTENTIALS FOR THE UNIVERSITY OF THE PHILIPPINES (MANILA) - PHILIPPINE GENERAL HOSPITAL (UPM-PGH) DEPARTMENT OF NEUROSCIENCES

The Philippine International Trading Corporation (PITC) and the University of the Philippine (Manila) – Philippine General Hospital (UPM-PGH) intend to apply the sum of PESOS: TWO MILLION NINE HUNDRED EIGHTY THOUSAND & 00/100 ONLY (Php 2,980,000.00) being the Approved Budget for the Contract (ABC) to payment under the contract for the **SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW ELECTROMYOGRAM MACHINE, 6-CHANNEL EMG/NCV AND EVOKE POTENTIALS**, more particularly described as follows:

Item Description	Quantity	Approved Budget for the Contract (ABC) (P)
Electromyogram Machine, 6-Channel EMG/NCV and Evoke Potentials	1 Unit	2,980,000.00

<b>DELIVERY PERIOD:</b>	Within Sixty (60) calendar days after receipt of Notice to Proceed
<b>DELIVERY PLACE:</b>	Equipment Section, Property and Supply Division, Philippine General Hospital, Taft Avenue, Manila

**Note:**

Bids received in excess of the ABC shall be automatically rejected.

In view of this, may we request Suppliers to submit quotation with the following requirements, terms and conditions for compliance.

**For submission:**

**1. Minimum Eligibility Requirements:**

- a. Valid and current Certificate of PhilGEPS Registration (Platinum Membership)
- b. DTI or SEC Registration;
- c. Business / Mayor's Permit for issued by the city or municipality where the principal place of business of the prospective supplier is located OR the equivalent document for Exclusive Economic Zones and Areas;

In cases recently expired Mayor's/ Business permits, said permit shall be submitted together with the official receipt for as proof that the bidder has applied for renewal within the period prescribed by the concerned local government unit, **provided that the renewed permit shall be submitted prior to payment;**

- d. Valid and current Tax Clearance per Executive Order 398 and Revenue Memorandum Order No. 46-2018;
- e. Copy of Audited Financial Statements for 2019 and 2018 (in comparative form or separate reports). The following reports **must be stamped "received"** by the BIR:
  - (a) Independent Auditor's Report;
  - (b) Balance Sheet (Statement of Financial Position); and
  - (c) Income Statement (Statement of Comprehensive Income).



## 2. Technical Requirements:

### a. Completely filled out PITC Technical Documents:

ANNEX	ITEM DESCRIPTION
ANNEX I	Technical Quotation Form
ANNEX I-A	Terms of Reference for Electromyogram Machine, 6-Channel EMG/NCV and Evoke Potentials

### b. Product Brochure / Technical Data Sheet and Instructions to use in Hard Copies (English Language) of the item/s being offered **showing compliance** to the technical specifications of UPM-PGH for following:

- Amplifier
- Base Unit
- Electric Stimulator
- Visual Stimulator
- Acoustic Stimulator
- Power Requirements
- Computer System
- Mobile Cart

### c. **For Philippine Eligible Local First Tier Distributors:** Copy of Valid and Current Certificate of Distributorship (as First Tier Distributor) issued by the principal manufacturer authorizing the bidder to sell/distribute the items subject of this bidding.

The Certificate MUST INDICATE/INCLUDE the following:

- a) That the manufacturer has been in the business manufacturing neurodiagnostic equipment for ten (10) years;
- b) That the principal and the local distributor must have been in the business partnership for the past two (2) years;
- c) that service engineers are factory trained on service and repair

### d. Omnibus Sworn Statement (Revised<sup>1</sup>), **Annex II**

## 3. Financial Requirements:

- a. Completely filled out PITC Financial Quotation Form: **Annex III** - Supplier's price proposal must not be more than the ceiling price per item and must be inclusive of VAT;
- b. Price must be valid for One Hundred Twenty (120) calendar days upon submission of quotation.

PITC reserves the right to reject any and all bids, declare a failure of bidding, or not award the contract at any time prior to contract award in accordance with Section 41 of the 2016 revised IRR of RA No. 9184, without thereby incurring any liability to the affected bidder or bidders.


Should your company be interested, you may submit your **quotation** on or before **Thursday, 21 January 2021 STRICTLY NOT LATER THAN 4:00 PM** thru the following email address:

- [erika.guycoa@pitc.gov.ph](mailto:erika.guycoa@pitc.gov.ph)
- [erika.guycoa@pitc1973.onmicrosoft.com](mailto:erika.guycoa@pitc1973.onmicrosoft.com)
- [jinky.apolinar@pitc.gov.ph](mailto:jinky.apolinar@pitc.gov.ph)
- [jinky.apolinar@pitc1973.onmicrosoft.com](mailto:jinky.apolinar@pitc1973.onmicrosoft.com)

**Note: Maximum size of email with attachment is six (6) MB only. You may email your quotation in parts if your attachment is more than six (6) MB.**

Thank you.



  
**CHRISTABELLE P. EBRIEGA**  
Vice President  
Government Procurement Group

After having carefully read and accepted the Terms and Conditions,  
I/we submit our quotation for the SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW  
ELECTROMYOGRAM MACHINE, 6-CHANNEL EMG/NCV AND EVOKE POTENTIALS FOR  
THE UNIVERSITY OF THE PHILIPPINES (MANILA) - PHILIPPINE GENERAL HOSPITAL  
(UPM-PGH) DEPARTMENT OF NEUROSCIENCES

\_\_\_\_\_  
Name of Company (in print)

\_\_\_\_\_  
Signature of Company Authorized Representative

\_\_\_\_\_  
Name & Designation of Company Authorized Representative (in print)

\_\_\_\_\_  
Contact Details (Tel. No., Fax No. & Email Address)

\_\_\_\_\_  
Date



**PLEASE USE THIS BID FORM. DO NOT RETYPE OR ALTER.**

Annex I (Page 1 of 3)

**PHILIPPINE INTERNATIONAL TRADING CORPORATION  
TECHNICAL QUOTATION FORM**

**SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW ELECTROMYOGRAM MACHINE, 6-CHANNEL EMG/NCV AND EVOKE POTENTIALS FOR THE UNIVERSITY OF THE PHILIPPINES (MANILA) - PHILIPPINE GENERAL HOSPITAL (UPM-PGH) DEPARTMENT OF NEUROSCIENCES**

**RFQ Reference No. GPG-EP-2021-039**

**EMERGENCY PROCUREMENT**

PHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATION

**INSTRUCTIONS TO THE SUPPLIER:** Indicate "COMPLY" if Supplier's Statement of Compliance meets the technical specifications as indicated. Do not leave any blank. A "YES" or "NO" entry will not be accepted. Failure to comply will result to rejection of the Supplier's proposal.

Line No.	PROJECT REQUIREMENTS	Supplier's Statement of Compliance
1)	<b>One (1) Lot consisting of the following item:</b>	
	A. Examination Programs	
	B. Amplifier Requirements	
	C. Base Unit	
	D. Electric Stimulator	
	E. Visual Stimulator	
	F. Acoustic Stimulator	
	G. Power Requirements	
	H. Computer System with Software	
	I. Mobile Cart	

ITEM DESCRIPTION	Please Specify the Brand and Model Number Being Offered:
<b>ELECTROMYOGRAM MACHINE, 6-CHANNEL EMG/NCV AND EVOKE POTENTIALS (BASE UNIT)</b>	

I/We, the undersigned Manufacturer/Supplier, having examined the Technical Documents for this project hereby OFFER to (supply/deliver/perform) the herein described items.  
 I/We undertake, if our proposal is accepted, to deliver the items in accordance with the terms and conditions contained in the Request for Quotation.  
 Until a formal Contract is prepared and signed, this proposal is binding on us.

\_\_\_\_\_

**Name of Company (in print)**

\_\_\_\_\_

**Signature of Company Authorized Representative**

\_\_\_\_\_

**Name & Designation (in print)**

\_\_\_\_\_

**Date**



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Annex I (Page 2 of 3)

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TECHNICAL QUOTATION FORM**

**SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW ELECTROMYOGRAM MACHINE, 6-CHANNEL EMG/NCV AND EVOKE POTENTIALS FOR THE UNIVERSITY OF THE PHILIPPINES (MANILA) - PHILIPPINE GENERAL HOSPITAL (UPM-PGH) DEPARTMENT OF NEUROSCIENCES  
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Line No.	OTHER REQUIREMENTS	Supplier's Statement of Compliance			
1)	Supplier must have supplied the same brand of equipment being offered to at least three (3) Tertiary Hospitals in Metro Manila.				
	Please list down the name and contact details of three (3) Tertiary hospitals, including the S.I. No issued to them:				
	<b>Name &amp; Address</b>		<b>Contact Numbers</b>	<b>E-mail Address</b>	<b>Sales Invoice (S.I.) No. Issued</b>
	1.				
	2.				
2)	The manufacturer of the item being offered must have a valid and current ISO Certification.				
	Please specify the details of the ISO Certificate:				
	<b>Name of Third-party Issuing Agency</b>		<b>ISO Number</b>	<b>Validity Period</b>	
3)	The manufacturer of the item being offered must have existing branch office, sales office and/ or distributor's office in the following areas: a. Any country in Western Europe b. US/ Canada c. Japan				
	Bidder's must have valid and current License to Operate (LTO) as a Medical Device Importer / Distributor issued by the Philippine Food and Drug Administration (PFDA). Provided, that the application for renewal was made timely as per PFDA Circular No. 2011-004				
	In case of expired LTO, the following copies shall be submitted: (i) Expired LTO (ii) Application for renewal; and Official Receipt as proof of payment of renewal of LTO				
5)	Bidder warrants that it has Service Center/s for the items being offered within Metro Manila.				
6)	Bidder certifies that at least one (1) service engineer is available locally to provide quick on-site support.				

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TECHNICAL QUOTATION FORM**

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Line No.	REQUIREMENTS IF AWARDED THE CONTRACT	Supplier's Statement of Compliance
1)	<b>Delivery Period:</b> Sixty (60) calendar days after receipt of Notice to Proceed	
2)	<b>Delivery Place:</b> Equipment Section, Property and Supply Division, Philippine General Hospital, Taft Avenue, Manila	
3)	<b>Delivery Conditions:</b> <ul style="list-style-type: none"> <li>All deliveries must be done in the presence of Inspection Team consisting of one (1) PITC representative and one (1) authorized representative of the UPM-PGH</li> <li>During delivery, the Supplier shall be responsible in unloading the items from the container/truck to the designated delivery center. In the absence of materials handling equipment at the site, the Supplier at his expense shall provide the necessary equipment such as but not limited to: forklifts, hand pallet truck, etc.</li> <li>All costs during the delivery, handling, including transportation and other related expenses shall be borne by the Supplier.</li> </ul>	
4)	<b>Warranty period/ Coverage of Warranty:</b> <ul style="list-style-type: none"> <li>Two (2) years on parts and service on the Amplifier, Base Unit, Stimulators, Mobile Cart and Computer System Free Preventive Maintenance during the warranty period expires;</li> <li>Free software upgrade for the life of the machine.</li> <li>Undertaking to provide a service unit for components except accessories and consumables that need repair during the warranty period within 48 hours of notification.</li> </ul> Warranty shall commence from the date of acceptance by the end user after installation, testing and commissioning.	
5)	<b>Manuals:</b> Bidder must provide original and hard copy of Operator's Manual in English Language upon delivery.	
6)	<b>Acceptance Parameters:</b> Must be used successfully for one (1) week without technical problems on live patients.	
7)	<b>Product Orientation/ Training:</b> Undertaking to provide product orientation for maximum of two (2) end users	

I/We, the undersigned Manufacturer/Supplier, having examined the Technical Documents for this project hereby OFFER to (supply/deliver/perform) the herein described items.

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Date



### TERMS OF REFERENCE

PGH Form No. G-240005



**PHILIPPINE GENERAL HOSPITAL**  
**The National University Hospital**  
 University of the Philippines Manila  
 Taft Avenue, Manila  
 554-8400  
*PHIC – Accredited Health Care Provider*  
*ISO 9001:2008 Certified*



### TERMS OF REFERENCE

<b>1.</b>	<b>Name of Project:</b>  Supply, Delivery, Testing and Commissioning of One Unit Electromyogram Machine, 6-Channel EMG/NCV and Evoke Potentials for the Philippine General Hospital Department of Neurosciences (as of January 15, 2021)
<b>Requirements (which may be included in the Technical Bid Form)</b> (TOR may be attached to the bidding documents for bidder's signature for Conformance)	
<b>2.</b>	<b>Components:</b> A. Examination Programs B. Amplifier C. Base Unit D. Electric Stimulator E. Visual Stimulator F. Acoustic Stimulator G. Power Requirements H. Computer System with Software I. Mobile Cart J. Consumables
<b>3.</b>	<b>Scope of Work: Supply, Delivery, Testing and Commissioning</b>
<b>4.</b>	<b>Technical Specifications for the item/s:</b> <b>A. Examination Programs:</b> 1. Nerve conduction study a. NCS b. MCS c. SCS d. F-wave e. H-reflex f. Collision g. Repetitive stimulation h. Blink reflex 2. Electromyography a. EMG b. EMG2 c. SFEMG d. MacroEMG 3. Evoked potentials a. Standard SEP examination: SEP (somatosensory evoked potential), SSEP (short-latency SEP), ECG-SSEP (ECG-triggered SSEP), ESCP (evoked spinal cord potential) b. Standard Visual Evoked Potential (VEP) examination: Pattern-VEP, Goggle-VEP, Flash-VEP, ERG (electroretinogram), EOG (electrooculogram) c. Standard Auditory Evoked Potential (AEP) examination: ABR (auditory brainstem response), EcochG (electrocochleogram) 4. Autonomic nervous system test a. Sympathetic Skin Response  <b>B. Amplifier:</b> 1. Number of channels: 6-channels with at least 3 DIN inputs 2. Number of breakout boxes: up to 2 3. Input impedance:

	<b>Designation</b>	<b>Date</b>
	<b>Name &amp; Signature of Authorized Representative</b>	
	<b>Bidder's Company Name</b>	

Conforme:



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- a. Differential Model: 200 M Ohm  $\pm$  20%
- b. Common Mode:  $\geq$ 1000 M Ohm
- 4. Noise Level:
  - a.  $<$  0.6  $\mu$ Vrms at 1 Hz to 10 kHz
  - b.  $<$  1.1  $\mu$ Vrms at 1 Hz to 10 kHz (when the active electrode cable is used)
- 5. Common mode rejection ratio:
  - a.  $\geq$ 112 dB (isolation mode)
  - b.  $\geq$ 106dB (balanced mode)
  - c.  $\geq$ 90dB (balanced mode, when the active electrode is used)
- 6. Sensitivity: 1, 2, 5, 10, 20, 50, 100, 200, 500  $\mu$ V/div, 1, 2, 5, 10 mV/div  $\pm$ 5%
- 7. Low-cut filter: 0.01, 0.02, 0.05, 0.1, 0.2, 0.5, 1, 2, 5, 10, 20, 30, 50, 100, 200, 500 Hz, 1, 2, 3 kHz ( $\pm$ 20%)
- 8. High-cut filter:
  - a. Channel 1 and 2: 10, 20, 50, 100, 200, 500 Hz, 1, 1.5, 2, 3, 5, 10, 20 kHz
  - b. Channel 3 to 5: Upper limit 10 kHz at  $-12$  dB/oct ( $\pm$ 20%)
- 9. AC interference notch filter: 50 or 60 Hz (Rejection ratio:  $<$  1/20)
- 10. Reset: Available
- 11. Rectification: Off, Half, Full
- 12. Skin-electrode contact impedance check: 2, 5, 10, 20, 50 k $\Omega$  indication
- 13. Amplitude calibration: 1, 10, 100  $\mu$ V, 1, 10 mV (within  $\pm$ 5%)
- C. Acquisition Specifications:**
  - 1. A/D converter: 18 bits
  - 2. Time base modes: Individually selected for each channel
  - 3. Monitor time base: 5, 10, 20, 30, 50 ms/div, 0.1, 0.2, 0.5, 1 s/div (within  $\pm$ 5%)
  - 4. Data points: 2048/20 div
  - 5. Conversion speed: 5  $\mu$ s/1 ch, 10  $\mu$ s/2 ch, 20  $\mu$ s/3 and 4 ch, 50  $\mu$ s/5 to 10 ch, 100  $\mu$ s/11 and 12 ch
  - 6. Analysis time base: 0.1, 0.2, 0.5, 1, 2, 3, 5, 10, 20, 30, 50 ms/div, 0.1, 0.2, 0.5, 1 s/div (within  $\pm$ 5%) or,
    - 0.1 to 0.9 ms in 0.1 ms steps (within  $\pm$ 5%)
    - 1 to 99 ms in 1.0 ms steps (within  $\pm$ 5%)
    - 100 to 1000 ms in 0.01 s steps (within  $\pm$ 5%)
  - 7. Delay time:  $-10$  to 10 div in 1 div steps or 0 to 500 ms in 0.1 ms steps
  - 8. Number of averages: 1 to 9999
  - 9. Artifact reject inhibit range:  $\pm$ 1 to  $\pm$ 5 div in 0.1 div steps, Off
  - 10. Waveform storage capacity: Depends on the hard disk free space of the PC unit
- D. Display Specifications:**
  - 1. Display size: 22 inches (wide screen)
  - 2. Resolution: 1680 lines  $\times$  1050 dots
  - 3. Number of examination windows: up to 12
  - 4. Waveform display mode: Monitor (free run), Sweep (trigger), Average
  - 5. Cursor: Two vertical or horizontal lines for time or amplitude measurements, One vertical line for mark set
  - 6. Scale: 5, 10, 15, 20 div
  - 7. Grid: Line, dot, off
- E. Base Unit Specifications:**
  - 1. Must have connector for the following:
    - a. Electrical stimulator
    - b. Amplifier
    - c. Auditory and visual stimulator and triggers input / output
    - d. Temperature probe
  - 2. Dedicated keyboard for following stimulation parameters:
    - a. Stimulation intensity
    - b. Pulse duration
    - c. Repetition rate

Date \_\_\_\_\_

Designation \_\_\_\_\_

Name & Signature of Authorized Representative \_\_\_\_\_

Bidder's Company Name \_\_\_\_\_

Conforme: \_\_\_\_\_





### TERMS OF REFERENCE

PGH Form No. O-240008



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- d. Single pulse
  - e. Recurrent stimulation
  - f. Reset
  - g. Superimpose and cascade
  - 3. Dedicated keyboard for signal display:
    - a. Sweep selection
    - b. Sensitivity and time base management
    - c. Markers
    - d. Print
  - 4. Keyboard for software controls
  - 5. Numerical keyboard and an audio mute button
  - 6. Direct link to the computer via USB cable
- F. Electrical Stimulator:**
- 1. Hardware: Two (2) Units Controllable Handheld Probe (for collision study)
  - 2. Performance Specs:
    - a. Probe shall include control of stimulus intensity and single/recurrent stimulation start; two removal or adjustable steel 1.5 to 2.5 cm center to center spacing range (adjustable for pediatric application)
    - b. Number of channels: 2 (monophasic/biphasic stimulation, high current stimulation)
    - c. Output mode: Constant current
    - d. Output current:
      - Monophasic/biphasic stimulation  
 0 to 100 mA (load resistance: 1 kΩ, step can be selected from 0.05, 0.1, 0.2, 0.5, 1 mA)
      - High current stimulation  
 0 to 200 mA (load resistance: 1 kΩ, step can be selected from 0.05, 0.1, 0.2, 0.5, 1 mA)
    - e. Range of load resistance:  $R = V/I$  ( $0 \Omega \leq R \leq 50 \text{ k}\Omega$ )
      - R: load resistance
      - V: internal voltage
      - (V=200: monophasic stimulation, V=120: biphasic stimulation)
      - I: stimulation intensity
    - f. Stimulation pulse duration: 1, 0.5, 0.3, 0.2, 0.1, 0.05, 0.03, 0.02, 0.01 ms
      - 0.1ms to 1 ms: within  $\pm 10\%$
      - 0.05 ms: within  $\pm 20\%$
      - 0.03 s or less or when stimulation intensity is set to 2 mA or less:  
 The stimulation pulse duration must not exceed the selected stimulation pulse duration setting.
    - g. Number of outputs on the stimulation pod: 5
    - h. Output current measurement function: Available
    - i. Biphasic stimulation mode: Positive, negative, bipolar, alternate
    - j. Temperature measurement: 0 to 45°C (32 to 113°F)  $\pm 0.1^\circ\text{C}$  (0.18°F)
- G. Visual Stimulator:**
- 1. Stimulation modes: Pattern reversal, LED goggles, External visual
  - 2. One (1) unit Pattern stimulator at least 22 inch TFT display
    - a. The following pattern type should be available:
      - Checkerboard
      - Horizontal Bars
      - Vertical Bars
    - b. Number of horizontal divisions: 4, 8, 16, 32, 64, 128
    - c. Field format: Full, left, right, upper, lower, upper left, lower left, upper right and lower right
    - d. Brightness: More than 80 cd/m<sup>2</sup>
  - 3. One (1) Unit Goggle with 5 mm Cable
    - a. Type of stimulations must include: Onset, Reversal, Goggles

Bidder's Company Name	Name & Signature of Authorized Representative
Designation	Date

Conforme:



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- b. Examination Side: Right, Left, Both
- H. Acoustic Stimulator:**
1. Hardware:
    - a. Two (2) Unit Headphones (1 adult, 1 pediatric)
  2. Performance Specifications:
    - a. Headphones shall be color-coded in red and blue to indicate side.
    - b. Stimulation waveform: Click, Tone burst
    - c. Stimulation phase (polarity): Condensation (positive), Rarefaction (negative), Alternating
    - d. Stimulation intensity: 0 to 135 dB SPL (within ±2 dB)
    - e. Contralateral white noise masking: -10, -20, -30, -40, -50 dB or off (within ±5 dB)
    - f. Click pulse duration: 0.1, 0.2, 0.3, 0.5, 1 ms (within ±5%)
    - g. Tone burst frequency:
      - With a list box: 125, 250, 500, 1 k, 1.5 k, 2 k, 3 k, 4 k, 6 k, 8 kHz (within ±5%)
      - With a keyboard: 50 Hz to 10 kHz (within ±5%)
    - h. Plateau time of tone burst:
      - With a list box: 0, 1, 2, 5, 10, 20, 50, 100, 200, 500, 1000 ms (within ±5%)
      - With a keyboard: 0 to 1,000 ms in 1 ms steps (within ±5%)
    - i. Rise/fall time of tone burst:
      - With a list box: 0.1, 0.2, 0.3, 0.5, 1, 2, 3, 10 ms (within ±5%)
      - With a keyboard: 0.1 to 3000 ms in 0.1 ms steps (within ±5%)
- I. Power Requirements**
1. Line voltage and frequency: 100 to 120 V and 220 to 240 V ±10%, 50/60 Hz ±1%
- J. One (1) Computer System with Software**
1. CPU:
    - a. Processor Intel Core i5 5<sup>th</sup> Generation
    - b. 8 GB RAM
    - c. 256 GB SSD plus 1 TB HDD
    - d. OS: Windows 10, 64 bit
    - e. One (1) Display Port
    - f. One (1) HDMI Port
    - g. DVD-RW Drive
    - h. 10/100 Mbit TP Network
  2. One (1) Unit Monitor:
    - a. at least 22 inches size
    - b. 1680 x 1050 pixels resolution
  3. One (1) pc QWERTY Keyboard
  4. One (1) pc Optical Mouse
  5. One (1) Unit Isolation Transformer (Third Party)
  6. One (1) Unit UPS (Third Party)
  7. One (1) Unit Continuous Ink Deskjet Printer (Third Party)
  8. Software:
    - a. The database shall come with an intuitive and simple user interface
    - b. The database shall be available with software to provide an interface between the Patient/Data Management software and a Hospital Information System (HIS) via an HL7 (Health Level 7) communications protocol
    - c. The database shall include at least 16 customizable fields.
    - d. The database shall provide predefined lists of operators, referring doctors, diagnosis and conclusions selectable for each field from a dropdown list.
    - e. The database shall provide user programmable filters per each database field + multiple criteria filters.
    - f. When a study is started, all data shall be automatically stored in the database without the need of

Conforme:	Date
Bidder's Company Name	Designation
Name & Signature of Authorized Representative	



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PGH Form No. D-240005



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*PHIC – Accredited Health Care Provider*  
**ISO 9001:2008 Certified**



<p>confirming storage of information.</p> <ul style="list-style-type: none"> <li>g. The software shall provide a tool for simulating a recording for training purposes</li> <li>h. The system shall be able to create reports and export them into PDF format.</li> <li>i. Study data shall be automatically exportable in text format.</li> <li>j. Study result tables shall be exportable in excel format.</li> <li>k. The software shall be available with selectable background colors: black or white</li> <li>l. Software shall be available in the English Language</li> <li>m. Nerve Conduction Studies Acquisition software</li> <li>n. Electromyography Acquisition software</li> <li>o. Quantitative EMG Acquisition software</li> <li>p. Single Fiber EMG Acquisition software</li> <li>q. Evoked potentials Acquisition software</li> <li>r. Autonomic Nervous System Acquisition software</li> </ul> <p><b>K. One (1) Unit Mobile Cart</b></p> <ul style="list-style-type: none"> <li>1. Wheeled aluminum cart equipped with 4 wheels and minimum 2 breaks.</li> <li>2. Must be equipped with an arm holder on left and right side of the system.</li> <li>3. Shall include a monitor holder adaptable in height and able to rotate in two dimensions.</li> <li>4. Must include space for a printer.</li> <li>5. Must include space for the operator's legs while seated.</li> <li>6. Must have space for additional basket to store supplies.</li> </ul> <p><b>L. EMG/NCV Consumables</b></p> <ul style="list-style-type: none"> <li>1. One (1) Box Disposable Concentric Needle Electrodes, 1.5" (38mm) length, 0.45mm (26G), 25 pouch per box</li> <li>2. One (1) Box Disposable Concentric Needle Electrodes, 1" (25mm) length, 0.30mm (30G), 25 pouch per box</li> <li>3. One (1) Box Disposable Monopolar Needle, 2" (50mm) length, 0.45mm (26G), 40 pieces per box</li> <li>4. One (1) Box Disposable Monopolar Needle, 1.5" (38mm) length, 0.36mm (28G), 40 pieces per box</li> <li>5. One (1) pc Electrodes Needle Holder (Cable), 59" (1.5m), 5-pin DIN</li> <li>6. One (1) Pack Disposable Stainless Steel Scalp Needle Electrodes, 0.4" (10mm) length, 0.03mm (30G) diameter, 0.7mm male touch proof, 40 per pack</li> <li>7. One (1) pc Hand-Held Felt Pad Stimulating Electrode, 79" (2m), 5-pin DIN</li> <li>8. One (1) pc Reusable Digital Ring Electrode, 39" (1m), 5-pin DIN</li> <li>9. One (1) pc Disposable Nutab Adhesive Electrodes, 10 sheets of 10 electrodes per pack</li> <li>10. One (1) pc 1 HUSH Alligator-Clip Cable, 3 color-coded clips, 39" (1m), 5-pin DIN</li> <li>11. One (1) pack Reusable "Tangle Free" 10mm Gold EEG Stamped Cup Electrodes, 79" (2.0m), 12 pcs per pack</li> <li>12. One (1) Pack 3" Reusable Stackable Jumper/Linker Cables, 3" (8cm), 4 per pack</li> <li>13. One (1) Pack Reusable Ground Strap Electrode, 7" (18.5cm) Velcro strap length, 0.8" (20mm) width, 59" (1.5 m), 1 per pack</li> <li>14. One (1) Box Surgical Tape, 1" (2.5cm) width, 30' (9m) roll, 12 pcs. per box</li> <li>15. One (1) Tube Electrode Gel, 8.5oz (250g) tube</li> <li>16. Three (3) Jars Conductive Paste, 8oz (228g)</li> <li>17. Three (3) Tubes Skin Prep Gel, 4oz (114g) tube</li> <li>18. One (1) Pack Retractable Measurement Tape, inches &amp; centimeters, 1 per pack</li> <li>19. One (1) Pack Single Fiber Needle Electrode 1" (25mm) / 0.35mm (27G) 1 per pack</li> <li>20. One (1) Pack Needle Holder (Cable) 47" (1.2m) Gold-plated subminiature 1 per pack</li> </ul> <p><b>5. Requirement if awarded the contract:</b></p> <ul style="list-style-type: none"> <li>5.1. <b>Delivery Period:</b> Within sixty (60) Calendar Days after receipt of Notice to Proceed (NTP).</li> <li>5.2. <b>Delivery Place:</b> Property Section, Philippine General Hospital, Taft Avenue, Manila</li> <li>5.3. <b>Warranty Period/ Coverage of Warranty:</b> At least Two (2) years on parts and service on the Amplifier, Base Unit, Stimulators, Mobile Cart and Computer System. Free quarterly preventive maintenance. During the warranty period. Warranty Period shall commence from the date of acceptance by the end user. Free software upgrade</li> </ul>	<p style="text-align: right;">Date</p> <hr/> <p style="text-align: right;">Designation</p> <hr/> <p style="text-align: right;">Name &amp; Signature of Authorized Representative</p> <hr/> <p style="text-align: right;">Company Name</p> <hr/> <p>Conforme:</p>
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# TERMS OF REFERENCE

PGH Form No. D-240005



**PHILIPPINE GENERAL HOSPITAL**  
**The National University Hospital**  
 University of the Philippines Manila  
 Taft Avenue, Manila  
 554-8400  
 PHIC – Accredited Health Care Provider  
 ISO 9001:2008 Certified



for the life of the machine.
5.4. Certification from at least three (3) Tertiary Hospitals in the Philippines that they have been supplied the same brand of equipment being offered by the supplier. Sales invoice from at least three (3) tertiary hospitals in Metro Manila may also be presented in lieu of the Hospital Certification.
5.5. Undertaking to provide a service unit for components except accessories and consumables that need repair during the warranty period within 48 hours of notification.
5.6. Certification by the principal that service engineers are factory trained on service and repair
5.7. Certification by the supplier that at least one service engineer is available locally to provide quick on-site support.
5.8. List of Service Center/s in Metro Manila
5.9. License to Operate from DOH-FDA
5.10. ISO compliance document of the manufacturer
5.11. List of manufacturer's branch office/ sales office/ distribution office in the following: a) any country in Western Europe, b) US/Canada, and c) Japan
5.12. Manuals: The supplier must provide original and hard copy of operators' manual in English Language upon delivery.
5.13. Acceptance Parameters. Visual and functional testing. Must be used successfully for one (1) week without technical problems on live patient
<b>Other requirements to be required/submitted by the Bidder for bid opening (as applicable)</b>
1. Brochures or technical data sheet for all items except consumables.
2. SEC registration to prove that the supplier is in the business of importing and supplying medical equipment for the past two (2) years.
3. Certification that the manufacturer has been in the business of manufacturing neurodiagnostic equipment for at least 10 years.
4. Copy of the current Certificate of Distributorship. The principal and the local distributor must have been in business partnership for at least two (2) years.

Requested by:

*Dioquino*  
**CARISSA PAZ DIOQUINO-MALIGASO, MD**  
 Chair Department of Neurosciences

Prepared by:

*Racel*  
**RACEL IRENEO LUIS C. QUEROL, MD**  
 TWG Representatives/s

Recommended by:

*M. Margarita Lat-Luna*  
**MA. MARGARITA LAT-LUNA, MD**  
 Provisional Member

Approved by:

*Gerardo*  
**GERARDO D. LEGASPI, MD**  
 Director

Conforme:

Date

Designation

Name & Signature of Authorized Representative

Bidder's Company Name



## Omnibus Sworn Statement (Revised<sup>1</sup>)

REPUBLIC OF THE PHILIPPINES )  
CITY/MUNICIPALITY OF \_\_\_\_\_ ) S.S.

### AFFIDAVIT

I, [Name of Affiant], of legal age, [Civil Status], [Nationality], and residing at [Address of Affiant], after having been duly sworn in accordance with law, do hereby depose and state that:

1. *[Select one, delete the other:]*

*[If a sole proprietorship:]* I am the sole proprietor or authorized representative of [Name of Bidder] with office address at [address of Bidder];

*[If a partnership, corporation, cooperative, or joint venture:]* I am the duly authorized and designated representative of [Name of Bidder] with office address at [address of Bidder];

2. *[Select one, delete the other:]*

*[If a sole proprietorship:]* As the owner and sole proprietor, or authorized representative of [Name of Bidder], I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached duly notarized Special Power of Attorney;

*[If a partnership, corporation, cooperative, or joint venture:]* I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached [state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable)];

3. [Name of Bidder] is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, **by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;**

4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;

5. [Name of Bidder] is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

<sup>1</sup> Pursuant to GPPB Resolution No. 16-2020 dated 16 September 2020

6. *[Select one, delete the rest:]*

*[If a sole proprietorship:]* The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;



*[If a partnership or cooperative:]* None of the officers and members of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

*[If a corporation or joint venture:]* None of the officers, directors, and controlling stockholders of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. *[Name of Bidder]* complies with existing labor laws and standards; and
8. *[Name of Bidder]* is aware of and has undertaken the responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:
  - a. Carefully examining all of the Bidding Documents;
  - b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
  - c. Making an estimate of the facilities available and needed for the contract to be bid, if any; and
  - d. Inquiring or securing Supplemental/Bid Bulletin(s) issued for the *[Name of the Project]*.
9. *[Name of Bidder]* did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.
10. **In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.**

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_ day of \_\_\_, 20\_\_ at \_\_\_\_\_, Philippines.

*[Insert NAME OF BIDDER OR ITS AUTHORIZED REPRESENTATIVE]*

*[Insert signatory's legal capacity]*

Affiant

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_, Philippines, by the affiant/s himself/herself/themselves whom I was able to personally identify through his/her/their *[insert type of valid government identification card used]*, which he/she/they has/have presented to me.

Witness my hand and seal this \_\_\_ day of *[month]* *[year]*.



**NAME OF NOTARY PUBLIC**

Serial No. of Commission \_\_\_\_\_

Notary Public for \_\_\_\_\_ until \_\_\_\_\_

Roll of Attorneys No. \_\_\_\_\_

PTR No. \_\_\_\_\_ *[date issued], [place of issue]*

IBP No. \_\_\_\_\_ *[date issued], [place of issue]*

Doc No. \_\_\_\_\_

Page No. \_\_\_\_\_

Book No. \_\_\_\_\_

Series of \_\_\_\_\_



**PLEASE USE THIS BID FORM. DO NOT RETYPE OR ALTER.**

**Annex III**

**PHILIPPINE INTERNATIONAL TRADING CORPORATION  
FINANCIAL QUOTATION FORM**

**SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW ELECTROMYOGRAM MACHINE, 6-CHANNEL EMG/NCV AND EVOKE POTENTIALS FOR THE UNIVERSITY OF THE PHILIPPINES (MANILA) - PHILIPPINE GENERAL HOSPITAL (UPM-PGH) DEPARTMENT OF NEUROSCIENCES**

**RFQ Reference No. GPG-EP-2021-039  
EMERGENCY PROCUREMENT**

**PRICE MUST BE INCLUSIVE OF VAT**

PHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATION

**NOTE: Supplier's price proposal/quotation must not exceed the ABC/Ceiling Price per item. The Supplier shall shoulder all transportation costs and bears all risk until the goods have been delivered to the site.**

Description	Quantity	ABC (PhP)	Supplier's Price Proposal (PhP)
Electromyogram Machine, 6-Channel EMG/NCV and Evoke Potentials	1 Unit	2,980,000.00	

Amount in Words:

**Note:**

- I. Price must be valid for One Hundred Twenty (120) days upon submission of quotation;
- II. The Supplier shall shoulder all transportation costs and bears all risk until the goods have been delivered to the site. If delivery is outside Metro Manila, all expenses (airfare, hotel accommodation, per diem, etc.) relative to delivery shall be borne by the Supplier.
- III. Payment to Supplier of the Contract Price, net of applicable withholding tax shall be made within fifteen (15) days after full delivery, and submission of the required documents as follows:
  1. Original and duplicate **BIR VAT registered Supplier's Invoice** issued under the name of the UPM-PGH indicating UPM-PGH TIN: 000-864-006-018. Entries must be typewritten, or computer printed and must be duly acknowledged and received by UPM-PGH's authorized representative;
  2. **Original and duplicate Delivery Receipt** issued under the name of the UPM-PGH duly acknowledged and received by UPM-PGH's authorized representative and countersigned by PITC QAIT representative; and
  3. Original Joint Certificate of Acceptance issued by authorized representatives of UPM-PGH and PITC.
  4. Beneficiary Certificate issued by UPM-PGH that the following documents were submitted/complied by the supplier:
    - a) Certification from at least three (3) Tertiary Hospitals in the Philippines that they have been supplied the same brand of equipment being offered by the supplier. Sales Invoice from at least three (3) tertiary hospitals in Metro Manila may also be presented in lieu of the Hospital Certification.
    - b) Valid & current ISO Certificate in the name of the manufacturer;
    - c) Valid & current License to Operate (LTO) issued by Philippine Food and Drug Administration (PFDA);
    - d) List of Authorized Service Center/s in Metro Manila (with available spare parts, indicating address, telephone & fax numbers, email address and contact person);
    - e) Certificate by the Supplier that at least one (1) service engineer is available locally to provide quick on-site support.
  5. As one of documentary requirements for payment (as applicable), submit certified true copies of pertinent tax receipts and duties paid on the imported parts/equipment pursuant to COA Memo No. 90-684 dated Dec. 5, 1990/Administrative Order No. 200 dated November 20, 1990. For locally purchased materials, the BIR registered sales invoice of the seller is acceptable.

**SUPPLIER'S UNDERTAKING**

I/We, the undersigned Manufacturer/Supplier, having examined the Technical Documents for this project hereby OFFER to (supply/deliver/perform) the herein described items.

I/We undertake, if our proposal is accepted, to deliver the items in accordance with the terms and conditions contained in the Request for Quotation. Until a formal Contract is prepared and signed, this proposal is binding on us.

\_\_\_\_\_  
Name of Company (in print)

\_\_\_\_\_  
Signature of Company Authorized Representative

\_\_\_\_\_  
Name & Designation (in print)

\_\_\_\_\_  
Date