PHILIPPINE INTERNATIONAL TRADING CORPORATION

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

Request for Quotation

RFQ Reference No. GPG-EP-2020-052

(EMERGENCY PROCUREMENT)

SUPPLY, DELIVERY, TESTING AND COMMISSIONING OF ONE (1) UNIT BRAND NEW DIGITAL C-ARM FOR THE UNIVERSITY OF THE PHILIPPINES (MANILA) - PHILIPPINE GENERAL HOSPITAL (UPM-PGH) DEPARTMENT OF ORTHOPEDICS

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: SEVEN MILLION FIVE HUNDRED THOUSAND & 00/100 ONLY (Php 7,500,000.00)** being the Approved Budget for the Contract (ABC) to payment under the contract for the **SUPPLY, DELIVERY, TESTING AND COMMISSIONING OF ONE (1) UNIT BRAND NEW DIGITAL C-ARM,** more particularly described as follows:

Item Description	Quantity	Approved Budget for the Contract (ABC) (₱)
Digital C-Arm	1 Unit	7,500,000.00

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 PhilGEPS Registration
   b. DTI or SEC Registration;
   c. Business / Mayor's Permit for 2020 issued by the city or municipality where the principal place of business of the prospective supplier is located;
   d. Valid and current Tax Clearance

2. **Technical Requirements:**
   a. Completely filled out PITC Technical Quotation Forms: Annex I-A;
   b. Completely filled out Bidder's Statement of Reference of Technical Specifications: Annex I-B;
   c. Brochures or Technical Data Sheet or equivalent document for the Digital C-Arm being bid. Internet downloads may be included to supplement the information contained in the original brochures.
      - The documents will be evaluated to ensure compliance with the required technical specifications
   d. **For Manufacturers:** Certification that the supplier has been in the business of manufacturing radiographic equipment for at least ten (10) years.

      OR

      For 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 radiographic equipment for at least ten (10) years;
b) That the principal and the local distributor must have been in the business partnership for at past two (2) years;
c) Certification by the principal that service engineers are factory trained on service and repair.

e. Omnibus Sworn Statement, **Annex II**;

a) Authority of the designated representative with corresponding proof of authorization;
b) Non-inclusion in blacklist or under suspension status;
c) Authenticity of Submitted Documents;
d) Authority to validate Submitted Documents;
e) Disclosure of Relations;
f) Compliance with existing labor laws and standards;
g) Bidders Responsibilities;
h) Did not pay any form of consideration.

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.

Requirement if Awarded the contract

- Delivery Period: Ninety (90) calendar days after receipt of Notice to Proceed
- Delivery Place: Equipment Section, Property and Supply Division, Philippine General Hospital, Taft Avenue, Manila

Should your company be interested, you may submit your **quotation** on or before **Thursday, 01 October 2020 STRICTLY NOT LATER THAN 5:00 PM** thru the following email address:

- **erika.guycoa@pitc.gov.ph**
- **erika.guycoa@pitc1973.onmicrosoft.com**
- **jinky.apolinar@pitc.gov.ph**
- **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, DELIVERY, TESTING AND COMMISSIONING OF ONE (1) UNIT BRAND NEW DIGITAL C-ARM FOR THE UNIVERSITY OF THE PHILIPPINES (MANILA) - PHILIPPINE GENERAL HOSPITAL (UPM-PGH) DEPARTMENT OF ORTHOPEDICS

_____
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

PITC

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

PHILIPPINE INTERNATIONAL TRADING CORPORATION
TECHNICAL QUOTATION FORM

SUPPLY, DELIVERY, TESTING AND COMMISSIONING OF ONE (1) UNIT BRAND NEW DIGITAL C-ARM FOR THE UNIVERSITY OF THE PHILIPPINES (MANILA) - PHILIPPINE GENERAL HOSPITAL (UPM-PGH) DEPARTMENT OF ORTHOPEDICS

RFQ Reference No. GPG-EP-2020-052

EMERGENCY PROCUREMENT

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.	TECHNICAL SPECIFICATIONS		Supplier's Statement of Compliance
A. ONE (1) UNIT BRAND NEW DIGITAL C-ARM			
1)	**Detector**	a) At least 9-inch Image Intensifier (I.I.) b) Trimodal capable (23cm, 16cm to 17cm, 12cm to 14cm) c) Detector Quantitative Efficiency: At least 58 to 65% d) Automatic and manual gain control	
2)	**Generator**	a) X-Ray generator type: Compact High Frequency, at least 78KHz b) Power rating, kW @ 100 kVp: at least 15 kW	
3)	**X-ray Tube**	a) Stationary of Rotating Anode X-ray tube b) Dual focal spot: i. Small Focal Spot: 0.3mm ii. Large Focal Spot: 0.6mm c) Tube assembly total filtration: At least 4 Al equivalent d) Anode heat capacity: At least 315 kHU e) Anode Cooling rate: At least 75.6 kHU/min f) Housing heat capacity: At least 1890 kHU g) Housing cooling rate: At least 16.1 kHU/min h) Heat indications on the mobile view station	
4)	**Collimator:**	a) Collimator type: Iris or two (2) independent lead shutter type with steel wedge b) Material: Tungsten, rotatable, double leaf or lead shutter type c) Collimators are adjustable without x-ray exposure	

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.

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Name of Company (in print)

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Line No.	TECHNICAL SPECIFICATIONS		Supplier's Statement of Compliance
5)	**Grid**	Removable anti scatter grid or embedded in the detector	
6)	**Fluoroscopy Mode**	a) kVP range: Min range 40 – 110 kV b) mA range: Min range 0.10 to 20 mA c) Auto and manual fluoroscopy modes must be present	
7)	**Pulsed Fluoroscopy Mode**	a) kVP range: Min range 40 – 110 kV b) mA range: Min range 0.5 to 60 mA c) Pulse rate: 6.5, 12.5 pulses per second d) Auto and manual pulsed fluoroscopy modes must be present	
8)	**Digital Spot Mode**	a) kVP range: 40 – 110 b) mA range: up to 125 mA c) Automatic exposure termination	
9)	**Radiographic Mode**	mA: 2.5 to 60 mA	

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Line No.	TECHNICAL SPECIFICATIONS	Supplier's Statement of Compliance
10)	**The following image processing feature must be present:** a) Must feature automatic brightness stabilization b) Able to dynamically sense the collimator position and automatically adjust brightness and contrast to produce high image quality c) Must have metal artifact reduction feature. d) Reduces blooming when capturing images of anatomy with varying density which enhances anatomy of interest while attenuating background features e) Noise and motion artifact reduction feature f) Reduces lag and improves detail in images when moving the C-arm, repositioning anatomy of interest, or introducing a tool into the field of view g) Able to automatically adjust contrast on tissue with different densities h) Dynamic recursive filter with adaptation to motion i. Allows user to adjust noise filter levels to produce high image quality ii. Provides optimum image quality even when motion is introduced to the field i) Automatic and manual digital brightness and contrast control j) Auto adaptive non-uniformity correction k) Image edge enhancement l) Negate mode or similar technology m) Save and auto-save n) Swap and auto-swap o) Last image hold p) Image zoom and roam q) Left-right image reversal r) Top-bottom image invert s) Digital image rotation i. 360-degree real time rotation for live and static images ii. Image positioning without additional exposure t) Image measurement and annotation software i. Image measurement including distance and angle • Multi-unit support (French, mm, inch) • User calibration ii. Image annotation u) Must be capable of Digital Subtraction Angiography	

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Line No.	TECHNICAL SPECIFICATIONS		Supplier's Statement of Compliance
11)	**Image Display Monitor**	a) Image Display Monitor i. Must be at least two (2) units 19-inch touchscreen LCD ii. One (1) dedicated monitor for live image and one (1) dedicated iii. Max brightness: at least 600 Cd/m2 iv. At least 170 degrees horizontal and vertical viewing angle v. Resolution: at least 1280 x 1024 b) Tablet on C-arm/ Control Console i. At least 10.1-inch tablet with touchscreen system control • 30° up/ 10° down tilt • 270° side/side swivel	
12)	**C-arm dimensions and movement**	a) Free space: 76.6 to 78cm b) SID: 98 to 100cm c) Depth: 61 to 66 cm d) Horizontal travel: At least 20cm e) Vertical travel: At least 44cm f) Panning motion: +/- 10 degrees g) Pivot lateral rotation: At least +/- 180 degrees h) Orbital rotation: At least 135 degrees	
13)	**Patient Privacy Protection**	a) Password protection b) Blank screen function c) Delete all patient information	
14)	**Storage**	At least 100,000 image storage	
15)	**DICOM 3**	a) Basic DICOM i. DICOM worklist ii. DICOM storage iii. DICOM print b) DICOM Query and Retrieve c) DICOM Worklist d) MPPS	

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Line No.	TECHNICAL SPECIFICATIONS		Supplier's Statement of Compliance
16)	**Dosed reduction management features**	a) Dose reduction positioning i. Laser aimer on image intensifier and tube side ii. Real-time rotation for static images b) Provides real-time dose information i. Dose rate, accumulated dose, DAP ii. Multi-unit support (Gy, Rad) c) Low dose imaging mode for pediatrics must be present i. Low dose mode ii. Pulsed imaging mode d) Must have Radiation Dose Structured Report (RDSR) e) X-ray Dose summary data output and archive i. Dose summary export and print out ii. Dose information transfer via DICOM (RDSR)	
17)	**Connectivity**	a) USB – At least two ports with compatibility for film/ paper printer b) DICOM printer support c) Ethernet – at least one port d) Room interface – one HDMI port or DVI out connector	
18)	**Power Supply**	a) Must have an AVR appropriate for the unit with surge protection (Third Party) b) Input Power: 220/ 230/ 240 VAC, 50 to 60 Hz	
19)	**Safety**	a) C-arm in use indicator b) C-arm switch must have safety features for enabling/ disabling x-ray and lift movement	

B. ACCESSORIES

1.	One (1) Unit Foot switch with save button	
2.	One (1) Unit Hand switch	
3.	Lead gowns: At least 5 complete set with thyroid shield (Third Party)	

ITEM DESCRIPTION	Please Indicate the Brand and Model Number Being Offered:
DIGITAL C-ARM	

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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:				
	Name & Address	**Contact Numbers**	**E-mail Address**	**Sales Invoice (S.I.) No. Issued**	
	1.				
	2.				
	3.				
2)	The manufacturer of the item being offered must have a valid and current ISO Certification.				
	Please specify the details of the ISO Certificate:				
	Name of Third-party Issuing Agency	**ISO Number**		**Validity Period**	
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				
4)	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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Line No.	REQUIREMENTS IF AWARDED THE CONTRACT	Supplier's Statement of Compliance
1)	**Delivery Period:** Ninety (90) calendar days after receipt of Notice to Proceed	
2)	**Delivery Place:** Equipment Section, Property and Supply Division, Philippine General Hospital, Taft Avenue, Manila	
3)	**Delivery Conditions:** • 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 • 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. • All costs during the delivery, handling, including transportation and other related expenses shall be borne by the Supplier.	
4)	**Warranty period/ Coverage of Warranty:** • At least **One (1) year** on **parts and Two (2) years** for **service** on **C-Arm;** at least **One (1) year** on **parts and service** on the **accessories;** • Undertaking to provide a service unit for components except accessories and consumables that need repair during the warranty period within seventy-two (72) hours of notification; • Free Preventive Maintenance during the warranty period expires Warranty shall commence from the date of acceptance by the end user after installation, testing and commissioning.	
5)	**Manuals:** Bidder must provide original and hard copy of Operator's Manual in English Language upon delivery.	
6)	**Acceptance Parameters:** Successfully use of the equipment on at least two (2) patients without technical problems.	
7)	**Product Orientation/ Training:** Undertaking to provide product orientation for end users	

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RFQ Reference No. GPG-EP-2020-052

BIDDER'S REFERENCE OF TECHNICAL SPECIFICATIONS

DESCRIPTION	(PLEASE INDICATE THE BRAND/MODEL NUMBER BEING OFFERED)
DIGITAL C-ARM	_____

TECHNICAL SPECIFICATIONS	REFERENCE *(Indicate where the particular technical specification can be validated, i.e. Page number of brochure/data sheet, manual)*
A. ONE (1) UNIT BRAND NEW DIGITAL C-ARM	
1. Detector	
a) At least 9-inch Image Intensifier (I.I.)	
b) Trimodal capable (23cm, 16cm to 17cm, 12cm to 14cm)	
c) Detector Quantitative Efficiency: At least 58 to 65%	
d) Automatic and manual gain control	
2. Generator	
a) X-Ray generator type: Compact High Frequency, at least 78KHz	
b) Power rating, kW @ 100 kVp: at least 15 kW	
3. X-ray Tube	
a) Stationary of Rotating Anode X-ray tube	
b) Dual focal spot:	
i. Small Focal Spot: 0.3mm	
ii. Large Focal Spot: 0.6mm	
c) Tube assembly total filtration: At least 4 Al equivalent	
d) Anode heat capacity: At least 315 kHU	
e) Anode Cooling rate: At least 75.6 kHU/min	
f) Housing heat capacity: At least 1890 kHU	
g) Housing cooling rate: At least 16.1 kHU/min	
h) Heat indications on the mobile view station	
4. Collimator	
a) Collimator type: Iris or two (2) independent lead shutter type with steel wedge	
b) Material: Tungsten, rotatable, double leaf or lead shutter type	
c) Collimators are adjustable without x-ray exposure	
5. Grid	
Removable anti scatter grid or embedded in the detector	
6. Fluoroscopy Mode	
a) kVP range: Min range 40 – 110 kV	
b) mA range: Min range 0.10 to 20 mA	
c) Auto and manual fluoroscopy modes must be present	

TECHNICAL SPECIFICATIONS	REFERENCE *(Indicate where the particular technical specification can be validated, i.e. Page number of brochure/data sheet, manual)*
7. Pulsed Fluoroscopy Mode	
a) kVP range: Min range 40 – 110 kV	
b) mA range: Min range 0.5 to 60 mA	
c) Pulse rate: 6.5, 12.5 pulses per second	
d) Auto and manual pulsed fluoroscopy modes must be present	
8. Digital Spot Mode	
a) kVP range: 40 – 110	
b) mA range: up to 125 mA	
c) Automatic exposure termination	
9. Radiographic Mode	
mA: 2.5 to 60 mA	
10. The following image processing feature must be present:	
a) Must feature automatic brightness stabilization	
b) Able to dynamically sense the collimator position and automatically adjust brightness and contrast to produce high image quality	
c) Must have metal artifact reduction feature.	
d) Reduces blooming when capturing images of anatomy with varying density which enhances anatomy of interest while attenuating background features	
e) Noise and motion artifact reduction feature	
f) Reduces lag and improves detail in images when moving the C-arm, repositioning anatomy of interest, or introducing a tool into the field of view	
g) Able to automatically adjust contrast on tissue with different densities	
h) Dynamic recursive filter with adaptation to motion	
i. Allows user to adjust noise filter levels to produce high image quality	
ii. Provides optimum image quality even when motion is introduced to the field	
i) Automatic and manual digital brightness and contrast control	
j) Auto adaptive non-uniformity correction	
k) Image edge enhancement	
l) Negate mode or similar technology	
m) Save and auto-save	
n) Swap and auto-swap	
o) Last image hold	
p) Image zoom and roam	
q) Left-right image reversal	
r) Top-bottom image invert	
s) Digital image rotation	
i. 360-degree real time rotation for live and static images	
ii. Image positioning without additional exposure	

TECHNICAL SPECIFICATIONS	REFERENCE *(Indicate where the particular technical specification can be validated, i.e. Page number of brochure/data sheet, manual)*
t) Image measurement and annotation software	
i. Image measurement including distance and angle	
• Multi-unit support (French, mm, inch)	
• User calibration	
ii. Image annotation	
u) Must be capable of Digital Subtraction Angiography	
11. Image Display Monitor	
a) Image Display Monitor	
i. Must be at least two (2) units 19-inch touchscreen LCD	
ii. One (1) dedicated monitor for live image and one (1) dedicated	
iii. Max brightness: at least 600 Cd/m2	
iv. At least 170 degrees horizontal and vertical viewing angle	
v. Resolution: at least 1280 x 1024	
b) Tablet on C-arm/ Control Console	
i. At least 10.1-inch tablet with touchscreen system control	
• 30° up/ 10° down tilt	
• 270° side/side swivel	
12. C-arm dimensions and movement	
a) Free space: 76.6 to 78cm	
b) SID: 98 to 100cm	
c) Depth: 61 to 66 cm	
d) Horizontal travel: At least 20cm	
e) Vertical travel: At least 44cm	
f) Panning motion: +/- 10 degrees	
g) Pivot lateral rotation: At least +/- 180 degrees	
h) Orbital rotation: At least 135 degrees	
13. Patient Privacy Protection	
1. Password protection	
2. Blank screen function	
3. Delete all patient information	
14. Storage	
At least 100,000 image storage	
15. DICOM 3	
a) Basic DICOM	
i. DICOM worklist	
ii. DICOM storage	
iii. DICOM print	
b) DICOM Query and Retrieve	
c) DICOM Worklist	
d) MPPS	

TECHNICAL SPECIFICATIONS	REFERENCE *(Indicate where the particular technical specification can be validated, i.e. Page number of brochure/data sheet, manual)*
16. Dosed reduction management features	
a) **Dose reduction positioning**	
i. Laser aimer on image intensifier and tube side	
ii. Real-time rotation for static images	
b) Provides real-time dose information	
i. Dose rate, accumulated dose, DAP	
ii. Multi-unit support (Gy, Rad)	
c) Low dose imaging mode for pediatrics must be present	
i. Low dose mode	
ii. Pulsed imaging mode	
d) Must have Radiation Dose Structured Report (RDSR)	
e) X-ray Dose summary data output and archive	
i. Dose summary export and print out	
ii. Dose information transfer via DICOM (RDSR)	
17. Connectivity	
a) USB – At least two ports with compatibility for film/ paper printer	
b) DICOM printer support	
c) Ethernet – at least one port	
d) Room interface – one HDMI port or DVI out connector	
18. Power supply	
a) Must have an AVR appropriate for the unit with surge protection (Third Party)	
b) Input Power: 220/ 230/ 240 VAC, 50 to 60 Hz	
19. Safety	
a) C-arm in use indicator	
b) C-arm switch must have safety features for enabling/ disabling x-ray and lift movement	

Certified by:

_____

Representative's Name and Signature

Date: _____

SUPPLY, DELIVERY, TESTING AND COMMISSIONING OF ONE (1) UNIT BRAND NEW DIGITAL C-ARM FOR THE UNIVERSITY OF THE PHILIPPINES (MANILA) - PHILIPPINE GENERAL HOSPITAL (UPM-PGH) DEPARTMENT OF ORTHOPEDICS

RFQ Reference No. GPG-EP-2020-052

Approved Budget for the Contract: ₱7,500,000.00

OMNIBUS SWORN STATEMENTS

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF _____) SS.

AFFIDAVIT

I/We, _____, of legal age, with residence at _____, after having been duly sworn to in accordance with law do hereby certify under oath as follows:

(a)
AUTHORITY OF THE DESIGNATED REPRESENTATIVE
(Please check appropriate box and fill up blanks)

☐ **Sole Proprietorship**

That I am the sole proprietor of <company name/name of supplier> with business address at _____, Telephone No. _____, with Fax No. _____ and e-mail address _____ and as owner and sole proprietor, I have the full power and authority to do, execute and perform any and all acts necessary to represent it in the shopping/small value procurement.

Name: _____
Tittle: _____
Specimen Signature: _____

- OR -

That I am the duly authorized representative of the owner/sole proprietor of <company name/name of supplier> with business address at _____, Telephone No. _____, with Fax No. _____ and e-mail address _____ as shown in the attached Special Power of Attorney, and granted full power and authority to do, execute and perform any and all acts necessary to represent it in the shopping/small value procurement.

Name: _____
Tittle: _____
Specimen Signature: _____

Note: ***Please attach a Special Power of Attorney, if not the Sole Proprietor/Owner.***

☐ **Corporation, Partnership, Cooperative**

That I/we am/are the duly authorized representative/s of <company name>, located at _____, with Telephone No. _____; Fax No. _____ and e-mail address, _____, as shown in the attached Secretary's Certificate issued by the corporation or the members of the joint venture, and granted full power and authority to execute and perform any and all acts necessary and/or to represent our company, including signing all documents and other related documents such as the contracts:

1) Name: _____
Title: _____
Specimen Signature: _____

2) Name: _____
Title: _____
Specimen Signature: _____

Note: ***Please attach duly executed Secretary's Certificate.***

(b)
NON-INCLUSION IN THE BLACKLIST NOR UNDER SUSPENSION STATUS BY ANY AGENCY OR GOVERNMENT INSTRUMENTALITY

That the firm I/we represent is not blacklisted or barred/suspended from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financial institution whose blacklisting rules have been recognized by the Government Procurement Policy Board.

(c)
AUTHENTICITY OF SUBMITTED DOCUMENTS

That each of the documents submitted by our company in satisfaction of the requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct.

(d)
AUTHORITY TO VALIDATE SUBMITTED DOCUMENTS

The undersigned duly authorized representative of the Applicant, for and in behalf of the Applicant, hereby Authorizes the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted.

(e)
DISCLOSURE OF RELATIONS

That for and in behalf of the Bidder, I/we hereby declare that the sole proprietor or proprietress/all officers and members of the partnership or cooperative/all officers, directors, and controlling stockholders of the corporation/all partners and members of the Joint Venture are not related by consanguinity or affinity up to the third civil degree with the **Head of the Procuring Entity**, members of the **Board of Directors**, the **President**, **Officers** or **Employees** having direct access to information that may substantially affect the result of the bidding such as, but not limited to, the **members of the PITC BAC**, the **members of the TWG of PITC**, the **PITC BAC Secretariat**, the **head of the end-user unit**, and the **project consultants.** It is fully understood that the existence of the aforesaid relation by consanguinity or affinity of the Bidder with the aforementioned Officers of the Corporation shall automatically disqualify the Bid.

(f)
COMPLIANCE WITH EXISTING LABOR LAWS AND STANDARDS

That our company diligently abides and complies with existing labor laws and standards.

(g)

BIDDER'S RESPONSIBILITIES

1. That I/we have taken steps to carefully examine all of the bidding documents;
2. That I/we acknowledge all conditions, local or otherwise affecting the implementation of the contract;
3. That I/we made an estimate of the facilities available and needed for the contract to be bid, if any;
4. That the submission of all bidding requirements shall be regarded as acceptance of all conditions of bidding and all requirements of authorities responsible for certifying compliance of the contract;
5. That I have complied with our responsibility as provided for in the bidding documents and all its attachments;
6. That failure to observe any of the above responsibilities shall be at my own risk; and
7. That I agree to be bound by the terms and conditions stated in the Conditions of the Contract for this project.

(h)

DID NOT PAY ANY FORM OF CONSIDERATION

That I/we 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 project or activity.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 2020 at _____, Philippines.

_____
Bidder's Authorized Representative
Signature over Printed Name

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____ at _____, Philippines. Affiant exhibited to me his/her competent Evidence of Identity (as defined by the 2004 Rules on Notarial Practice) _____ issued _____ at _____, Philippines.

Doc. No. _____
Page No. _____
Book No. _____
Series of 2020

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

Annex III

PHILIPPINE INTERNATIONAL TRADING CORPORATION
FINANCIAL QUOTATION FORM

SUPPLY, DELIVERY, TESTING AND COMMISSIONING OF ONE (1) UNIT BRAND NEW DIGITAL C-ARM FOR THE UNIVERSITY OF THE PHILIPPINES (MANILA) - PHILIPPINE GENERAL HOSPITAL (UPM-PGH) DEPARTMENT OF ORTHOPEDICS

RFQ Reference No. GPG-EP-2020-052

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)
Brand New Digital C-Arm	1 Unit	7,500,000.00	

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. Quotation of the Annual Preventive Maintenance Cost after the warranty period expires.
6. 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