



# PHILIPPINE INTERNATIONAL TRADING CORPORATION

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

## Request for Quotation RFQ Reference No. GPG-EP-2020-058 (EMERGENCY PROCUREMENT)

### SUPPLY, DELIVERY, TESTING AND COMMISSIONING OF FIVE (5) UNITS ANESTHESIA MACHINE WITH MULTIPARAMETER PATIENT MONITOR AND TRANSPORT MONITOR FOR THE DEPARTMENT OF ANESTHESIOLOGY OF THE PHILIPPINE GENERAL HOSPITAL (PGH)

The **Philippine International Trading Corporation (PITC)** and the **Philippine General Hospital (PGH)** intend to apply the sum of **PESOS: FIFTEEN MILLION & 00/100 ONLY (Php15,000,000.00)** being the Approved Budget for the Contract (ABC) to payment under the contract for the **SUPPLY, DELIVERY, TESTING AND COMMISSIONING OF FIVE (5) UNITS ANESTHESIA MACHINE WITH MULTIPARAMETER PATIENT MONITOR AND TRANSPORT MONITOR**, more particularly described as follows:

Item Description	Quantity	Approved Budget for the Contract (ABC) (₱) (VAT Inclusive)	
		Unit Price	Total Price
Anesthesia Machine with Multiparameter Patient Monitor and Transport Monitor	5 units	3,000,000.00	<b>15,000,000.00</b>

**NOTE:**

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

May we request Authorized Manufacturers/ Local First-Tier Distributors to submit quotation under the following requirements, terms and conditions for compliance. **Local First Tier Distributor** are those directly appointed by the principal manufacturer.

**For submission:**

**1. Minimum Eligibility Requirements:**

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

**2. Technical Requirements:**

- Completely filled out PITC Technical Quotation Forms: **Annex I**;
- 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 the following:
  - Anesthesia Machine
  - Multiparameter Patient Monitor
  - Transport Monitor



- c. **For Manufacturers:** Certification that the supplier has been in the business of manufacturing anesthesia 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:

- That the manufacturer has been in the business manufacturing anesthesia equipment for ten (10) years;
  - That the principal and the local distributor must have been in the business partnership for the last five (5) years;
  - That service engineers are factory trained on service and repair
- d. Omnibus Sworn Statement, **Annex II**;
- a) Authority of the designated representative
  - 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.

### **Requirements if Awarded the Contract**

- Delivery Period: Within 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 **Tuesday, 01 September 2020 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.apolarin@pitc.gov.ph](mailto:jinky.apolarin@pitc.gov.ph)
- [jinky.apolarin@pitc1973.onmicrosoft.com](mailto:jinky.apolarin@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 F. 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 Five (5) Units  
Anesthesia Machine with Multiparameter Patient Monitor and Transport Monitor for the  
Department of Anesthesiology of the Philippine General Hospital (PGH).

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Name of Company (in print)

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Signature of Company Authorized Representative

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Name & Designation of Company Authorized Representative (in print)

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

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Date



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

Annex I (Page 1 of 9)

**PHILIPPINE INTERNATIONAL TRADING CORPORATION  
TECHNICAL QUOTATION FORM**

**SUPPLY, DELIVERY, TESTING AND COMMISSIONING OF FIVE (5) UNITS ANESTHESIA MACHINE WITH MULTIPARAMETER PATIENT MONITOR AND TRANSPORT MONITOR FOR THE DEPARTMENT OF ANESTHESIOLOGY OF THE PHILIPPINE GENERAL HOSPITAL (PGH)  
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**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
<b>A. Anesthesia Machine</b>		
1.	Must have Three Gas Systems (O2, Med. Air and N2O)	
2.	Must have dual tubes (Macro and Micro) for each gas; Lowest oxygen flow for micro must be 50ml or below	
3.	With separate auxiliary outlet of oxygen with own flow meter for nasal cannula/face mask use with 0 to 15L/min flow	
4.	Must have auxiliary common gas outlet for non-rebreathing system (NRBS)	
5.	Mechanical proportion control device O2-N2O Link system with O2 concentration not lower than 25% range; Automatic N2O cut-off in case of low O2 supply pressure of less than 100 kPa	
6.	Must have at least two (2) Vaporizer Mounts: One (1) Isoflurane and One (1) Sevoflurane vaporizer compatible with the machine	
7.	Must be equipped with standard pin index yoke for gases (for oxygen only); May have yoke for N2O also	
8.	Must have reusable breathing circuit natural latex-free and autoclavable at 134°C for up to 10mins. or settings prescribed by manufacturer	
9.	Breathing system must be fully integrated in the workstation	
10.	One step bag-vent switch turns ventilator on/off	
11.	Adjustable pressure limiting valve range 1 to 75 cmH2O and with tactile indicator	
12.	Circuit volume of 2.6L maximum including canister capable of low-flow anesthesia	
13.	Easy to remove/no tools needed for assembly/disassembly of breathing system	
14.	Quick-change CO2 absorber with water tap (CO2 cannister, 1500G or lower)	
15.	Must have active gas scavenging system	

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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Signature of Company Authorized Representative

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Line No.	TECHNICAL SPECIFICATIONS	Supplier’s Statement of Compliance
16.	Must be equipped with gas pressure gauges (pipeline & cylinder)	
17.	Must be equipped with oxygen flush valve	
18.	Re-usable breathing head corrugated tubings must have universal adaptors/coupling	
19.	High-pressure tubings/adaptor/connector/coupling for pipeline gases: Machine side: DISS; Gas pipeline outlet side: Medstar/Oxequip™ type or DISS	
20.	Medical grade Electrical outlets with circuit breaker fuse in AM anesthesia machine base unit	
21.	Anesthesia Machine Base Unit – standard for equipment model (trolley, drawers, mounts, electricals, pneumatics)	
22.	Ventilator Specifications	
	a) Operating Modes:	
	• Volume Controlled Ventilation	
	• Pressure Controlled Ventilation	
	• Pressure Support	
	• Synchronized Intermittent Mandatory Ventilation	
	• Manual Ventilation	
	• Spontaneous Breathing	
	b) Monitored Parameters:	
	• Expired Volume	
	• Expired Flow	
	• Respiratory Rate	
	• Airway Pressure with Pressure waveform display	
	• Allows Alarm Management	

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	c) Control Input Ranges:	
	• Breathing Frequency (rate) 4 to 100 bpm (VCV, PCV)	
	• Positive End Expiratory Pressure (PEEP): Integrated and electronically controlled, range 4 to 30 cm H2O.	
	• Inspiration/Expiration Ratio (Ti:Te) 4:1 to 1:8	
	• Pressure Limiting (Plimit) 10 to 100 cmH2O (hPa).	
	• Tidal Volume (Vt) 20 to 1500mL in Volume Control	
	• Compliance Compensation on Delivered TV	
	• Pressure (P <sub>insp</sub> ) range: 5 to 60 cmH2O for Pressure Control	
	• Inspiratory pause (Tip:Ti): Off, 5 to 60% of T <sub>insp</sub>	
	• Inspiratory time (T <sub>insp</sub> ) range: 0.4 to 5sec	
	• Trigger window range: 5 to 90%	
	• Flow trigger: 0.5 to 15L/min	
	• Pressure trigger: -20 to 1 cmH2O	
	• Expiratory trigger level: 5 to 60%	
	• Min. frequency for Apnea-ventilation: 2 to 30 bpm for Pressure Support	
	• Tslope: 0 to 2sec with increments of 0.1 sec	
	• Low-flow compensation	
	d) Other Requirements	
	• Fresh Gas Decoupling or Dynamic Fresh Gas Compensation	
	• One bellows for all patient range (Neonate to adult)	
	• Allows direct access to ventilator parameters	

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Line No.	TECHNICAL SPECIFICATIONS	Supplier’s Statement of Compliance
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**B. Multiparameter Patient Monitor**

1.	At least 19-inch color LCD TFT touchscreen.	
2.	Suitable for monitoring the following patients: adult, pediatric, and neonate	
3.	Able to display 10 to 12 real-time waveforms	
4.	Full capacitive touchscreen for alarm silence, NBP start/stop, and freeze waveforms.	
5.	Parameters:	
	• ECG, impedance respiration	
	• SpO2	
	• Non-invasive blood pressure	
	• dual temperature	
	• 12L ECG	
6.	• Dual Invasive Blood Pressure	
	• CO2	
6.	With arrhythmia analysis including atrial fibrillation and end of atrial fibrillation detection.	
7.	With Sidestream CO2 monitoring	
8.	With perfusion indicator to determine signal quality	
9.	NBP measurement modes:	
	• Manual	
	• Automatic	
	• Stat.	
	• NBP can be used to assist in venous puncture.	

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Line No.	TECHNICAL SPECIFICATIONS	Supplier’s Statement of Compliance
10.	Screen layout choices: <ul style="list-style-type: none"> <li>• 10 to 12 waveform layout</li> <li>• Short trend layout</li> <li>• Large number layout</li> <li>• Oxy-Cardiorespirogram</li> <li>• Cascading ECG layout</li> <li>• 7-12 ECG layout</li> <li>• Large ECG layout</li> <li>• Overlap IBP layout.</li> </ul>	
11.	Can derive a multi-axis portrait from the ST analysis to help detect changes in ST values.	
12.	With manual event button to create a record of events	
13.	Can be connected to a central station using standard wired connection. Can be upgraded to connect using wireless connection.	
14.	Battery: Dual cell Lithium-ion battery	
15.	With audio and visual alarm reminder and 360° alarm light	
16.	Can store up to at least 200 alarms and manual events for the current patient. Alarms/events are viewable on-screen.	
17.	Trend database can store up to 120 to 240 hours (5 to 10 days) of trend data for a single patient, and full disclosure that can store up to 48 hours of waveform data (ECG II, V, SpO2, RR, CO2, ABP, PAP, OxyCRG).	
18.	With 3 default profiles (General ward, ICU, OR) and 3 customized profile.	
19.	With “demo” feature for staff training.	
20.	Capable of external slave display connection	
21.	HL7 Compliant output	
22.	With USB port and speakers	

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Line No.	TECHNICAL SPECIFICATIONS	Supplier’s Statement of Compliance
23.	With night mode to automatically reduce screen brightness, alarm volume and HR/pulse tone volume to minimize noise and promote patient rest at night.	
24.	Integrated handle for portability.	
25.	Supports the following modules: Bispectral Index Monitoring (BIS) and Multi-component Gas Analyzer	
26.	The following module must also be provided/unit: <ul style="list-style-type: none"> <li>• Neuromuscular Transmission (with adult and pediatric mechanosensors for blockade monitoring modes: single twitch, TOF, DBS, tetanus, PTC; nerve localization mode with electrosensor optional). Stand- alone NMT module is also acceptable</li> </ul>	
27.	Accessories:	
	a) Two (2) sets the following NBP cuffs with interconnect tubing: <ul style="list-style-type: none"> <li>• Big/Large Adult NBP cuffs</li> <li>• Adult NBP cuffs</li> <li>• Small Adult NBP cuffs</li> <li>• Pediatric cuffs</li> <li>• Infant cuffs</li> <li>• Neonate cuffs</li> </ul>	
	b) One (1) pc Reusable SpO2 sensor (Adult)/Unit	
	c) One (1) pc ECG- 5-lead ICU lead set with grabber cable (AAMI)/Unit	
	d) One (1) pc Power cord	
	e) One (1) pc mount	
	f) Two (2) reusable core/esophageal cable probe	
	g) Two (2) Biosensor or Utah transducer	

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Line No.	TECHNICAL SPECIFICATIONS	Supplier’s Statement of Compliance
<b>C. Transport Monitor</b>		
1.	Must be portable, lightweight, not more than 1.6 kg	
2.	Display: Color LCD, Capacitive Touch screen, Dimension Max. 7 inches	
3.	Screen Resolution: At least 1024 x 480.	
4.	Must be able to display 5 lead or 12 lead ECG waves.	
5.	Screen should be made of durable, lightweight scratch resistant glass.	
6.	Minimum of IP44 Ingress Protection	
7.	With disinfectant resistant housing.	
8.	Capable of retrospective trend upload of the last 8 hours of trend data to a compatible patient monitor.	
9.	Parameters: 3/5 lead ECG, SPO2, Respiration, NIBP (Variable cycle), Sidestream CO2	
10.	Battery: Lithium Ion with 4 to 6 hours capacity	
11.	With a docking station capable of charging and network connection.	

ITEM DESCRIPTION	Please Indicate the Brand and Model Number Being Offered:
<b>ANESTHESIA MACHINE</b>	
<b>MULTIPARAMETER PATIENT MONITOR</b>	
<b>TRANSPORT MONITOR</b>	

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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.			
	<b>Please list down the name and contact details of three (3) Tertiary hospitals, including the S.I. No issued to them:</b>			
	<b>Name &amp; Address</b>		<b>Contact Numbers</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.			
	<b>Please specify the details of the ISO Certificate:</b>			
	<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			
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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**PHILIPPINE INTERNATIONAL TRADING CORPORATION  
TECHNICAL QUOTATION FORM**

**SUPPLY, DELIVERY, TESTING AND COMMISSIONING OF FIVE (5) UNITS ANESTHESIA MACHINE WITH MULTIPARAMETER PATIENT MONITOR AND TRANSPORT MONITOR FOR THE DEPARTMENT OF ANESTHESIOLOGY OF THE PHILIPPINE GENERAL HOSPITAL (PGH)  
RFQ Reference No. GPG-EP-2020-058  
EMERGENCY PROCUREMENT**

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**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.	REQUIREMENTS IF AWARDED THE CONTRACT	Supplier’s Statement of Compliance
1)	<b>Delivery Period:</b> Delivery Period: Within Ninety (90) 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>Acceptance Parameters:</b> Must be used successfully on at least two (2) patients without technical problems	
5)	<b>Warranty period/ Coverage of Warranty:</b> <ul style="list-style-type: none"> <li>• At least Two (2) years on parts and services on the Anesthesia Machine. At least 1 year on parts and service on the Multiparameter Patient Monitor and Transport Monitor;</li> <li>• Free preventive maintenance during the warranty period.</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> <li>• Quotation of the Annual Preventive Maintenance Cost after the warranty period expires</li> </ul> Warranty shall commence from the date of acceptance by the end user after installation, testing and commissioning.	
6)	<b>Manuals:</b> Bidder must provide original and hard copy of Operator’s Manual in English Language upon delivery.	

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



**SUPPLY, DELIVERY, TESTING AND COMMISSIONING OF FIVE (5) UNITS ANESTHESIA MACHINE WITH MULTIPARAMETER PATIENT MONITOR AND TRANSPORT MONITOR FOR THE DEPARTMENT OF ANESTHESIOLOGY OF THE PHILIPPINE GENERAL HOSPITAL (PGH)  
RFQ Reference No. GPG-EP-2020-058**

**OMNIBUS SWORN STATEMENTS**

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

**AFFIDAVIT**

I/We, \_\_\_\_\_, of legal age, <civil status>, <nationality> 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 Proprietor**

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 such, I have the full power and authority to do, execute and perform any and all acts necessary to represent it in the bidding.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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 bidding.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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 in the abovementioned bidding, including signing all bidding documents and other related documents such as the contracts:

1) Name: \_\_\_\_\_ 2) Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Specimen Signature: \_\_\_\_\_

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 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 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 bidding 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 submits this Letter of Authorization in relation with Application to apply for Eligibility and to Bid for the subject contract to be bid.

In connection thereat, all public official, engineer, architect, surety company, bank institution or other person, company or corporation named in the eligibility documents and statements are hereby requested and authorized to furnish the Chairman, PITC Bids & Awards Committee I or her duly authorized representative/s any information necessary to verify the correctness and authenticity of any item stated in the said documents and statements or regarding our competence and general reputation.

I/We hereby give consent and give authority to the Chairman of **PITC Bids and Awards Committee I** or her duly authorized representative, to verify the authenticity and correctness, of any or all of the documents and statements submitted herein; and that I/we hereby hold myself liable, criminally or civilly, for any misrepresentation or false statements made therein which shall be ground for outright disqualification and/or ineligibility, and inclusion of my/our company among the contractors blacklisted from participating in future biddings of **Philippine International Trading Corporation**.

(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**

a) That I/we have taken steps to carefully examine all of the bidding documents;  
 b) That I/we acknowledge all conditions, local or otherwise affecting the implementation of the contract;  
 c) That I/we made an estimate of the facilities available and needed for the contract to be bid, if any;  
 d) That I/we will inquire or secure Supplemental /Bid Bulletins issued for this project;  
 e) 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;  
 f) That I have complied with our responsibility as provided for in the bidding documents and all Supplemental /Bid Bulletins;  
 g) That failure to observe any of the above responsibilities shall be at my own risk and  
 h) 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 our company 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.

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 FIVE (5) UNITS ANESTHESIA  
MACHINE WITH MULTIPARAMETER PATIENT MONITOR AND TRANSPORT MONITOR FOR  
THE DEPARTMENT OF ANESTHESIOLOGY OF THE PHILIPPINE GENERAL HOSPITAL (PGH)  
RFQ Reference No. GPG-EP-2020-058  
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	ABC (₱) (VAT Inclusive)			Supplier's Price Proposal (₱)	
	Quantity	Unit ABC	Total ABC	Unit Price	Total Price
Anesthesia Machine with Multiparameter Patient Monitor and Transfer Monitor	5 units	3,000,000.00	<b>15,000,000.00</b>		

**TOTAL PRICE (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