Province of Davao del Norte

Government Center, Mankilam, Tagum City

PR Number : 1403-0820

Bid Number : **B20140020**

Date : <u>April 15, 2014</u>

Page : 1

Item No. Qty./Unit			Bid Price
No.	2-1-7-2-2	Item	Unit Price Total Amount
``	•••••••••••••••••••••••••••••••••••••••		
1	30 PC	20 CC SYRINGE	
2	2 PC.	ABDOMINAL SUCTION	
3	20 ROLL	ABSORBENT COTTON, 400GM.	
4	8 ROLL	ABSORBENT GAUZE SPONGES/BANDAGE, FINS, 28X24 MESH 1	·
5	1 LITER	ACETIC ACID 10%	
6	15 TUBE	ADHESIVE PLASTER, HOSPITAL SIZE	
7	1 PC	ADULT BAG VALVE MASK	
8	9 VIAL	ANTI D	
9	3 VIAL	ANTI HUMAN GLOBUTIN	
10	6 VIAL	ANTI-A TYPING SERA	
11	5 VIAL	ANTI-B TYPING SERA	
12		APPLICATOR STICKS, 200'S	
13	1 PC	ARMSLING - MEDIUM , ASSORTED SIZE	
14		AUTOCLAVE TAPE INDICATOR	
15	250 PC	BABY TAG - ASSORTED COLORS	
16	25 BOX	BIOSTIX URINE STRIPS	
17	50 PC.	BLOOD TRANSFUSION SET	
18		BLUE TIPS 500/PACK	
19	10 PC.	CAST PADDING ASSORTED	
20	2 BOX	CAUTERY PENCIL	
21	1 PC	CERVICAL COLLAR - ADULT	
	η σενιταί ανισί αβς	RATORY EXPENSES, DDN HOSPITAL (KAPALONG ZONE)	
		THE CONTRACT (ABC) : $P = \frac{890,148.2}{890,148.2}$	28
	WAREHOUSE	· · · · ·	—
Perio	d of Delivery	: day/s	UST SPECIFY/INDICATE
	-		IES UPON QUOTATION
		······································	
		INSTRUCTIONS IN FILLING UP 1	THIS BID FORM
		1. Bidder must read carefully the stateme	ent at the back
Bid	s Distributed '	hereof.	
		2. Bid Quotation must be typewritten or	
		black ink.	Name of Establishment
		3. Unit price, total amount and grand/log properly indicated.	t price must be
		4. Delivery period must be indicated in t	he Bid form unless
		otherwise provided by the procuring u	
		to indicate the period of delivery shal	
		10 days delivery after receipt of the I	
		5. Place of Delivery shall be at the PGS	
		unless otherwise indicated in the bid f 6. Submit Bid in the sealed envelope.	orm. Signature of Bidder
		7. Unprinted name of establishment, un	•
		bidder and unsigned bid shall be disqual	

8. Erasures/alterations should be initialed accordingly.

Province of Davao del Norte

Government Center, Mankilam, Tagum City

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Bid Number : B20140020

Date : <u>April 15, 2014</u>

Page: 2

22	······	······································		
22	r./Unit		Bid I	Price
		Item	Unit Price	Total Amount
	1 BOX	CHROMIC 2 ROUND	····	·
23	6 BOX	CHROMIC CATGUT, DOUBLE NEEDLE, SIZE 2-0, 12'S		
24	8 BOX	CHROMIC CATGUT, SIZE 2-0, 12'S		
25	3 BOX	CHROMIC CATGUT, SIZE 3-0, 12'S		
26	3 BOX	CHROMIC CATGUT, SIZE 2-0 SINGLE ROUND NEEDLE		
27	3 PC	CLAY SEALER CHASEAL		
28	3 BOX	CORD CLAMP, STERILE , 100'S		
29	5 ROLL	COTTON 400GM		·
30	1 BOX	CRIMP CAP 100'S		
31	3 BOX	DENTAL NEEDLE, LONG 100'S		
32	1 BOX	DENTAL NEEDLE, SHORT 100'S		
33	40 PC	DIGITAL THERMO		
34	10 PC	DISPOSABLE DRAWSHEET		
35	1 BOX	DISPOSABLE NEEDLE , G-18, 100'S		
36	5 BOX	DISPOSABLE SYRINGE 10ML.		
37	25 BOX	DISPOSABLE SYRINGE 3CC		·
38	10 BOX	DISPOSABLE SYRINGE WITH NEEDLE 5CC, 100'S		·
39	5 PACK	DISPOSABLE TOWEL		
40	200 BOT.	DISTILLED WATER FOR INJECTION, 100ML.		. <u> </u>
41	20 BOX	ECG STRIPS. WIDTH 50MM LENGTH 30M 5'S		. <u> </u>
42	58 PC.	ELASTIC BANDAGE ASSORTED		
43	5 BX	EXAMINATION GLOVES, NON-STERILE MEDIUM, 100'S		
approved PGSO WAF	BUDGET FOF REHOUSE	RATORY EXPENSES, DDN HOSPITAL (KAPALONG ZONE) THE CONTRACT (ABC) : P <u>890,148.28</u> : day/s SUPPLIERS MUST SPECIF BRAND NAMES UPON QU		
		INSTRUCTIONS IN FILLING UP THIS BID FOR	••••••	
Bids Dis	stributed	1. Bidder must read carefully the statement at the back	eor Name of	Establishmen
		 4. Delivery period must be indicated in the Bid form ur otherwise provided by the procuring unit/office. Fai to indicate the period of delivery shall automatically 10 days delivery after receipt of the Purchase Order 	ilure _{Nam} / mean	e of Bidder

8. Erasures/alterations should be initialed accordingly.

IZZYL

Province of Davao del Norte

Government Center, Mankilam, Tagum City

PR Number : 1403-0820

Bid Number : B20140020

Date : <u>April 15, 2014</u>

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Item	Qty./Unit		Bid 1	Price
No.	20 <i>7</i> • 7 01110	Item	Unit Price	Total Amount
 44	 10 BOX	FACE MASK 50'S		
45	30 PC.	FAST SETTING BANDAGES ASSORTED		
46	50 P C.	FOLEY CATHETER F10		
40	10 PC	FOLEY CATHETER F14		
48	10 PC	FOLEY CATHETER FR12		
	50 PC	FOLEY CATHETER FR16		
49 50		GUEDEL AIRWAY GREEN		
50	3 PC			
51	3 PC	GUEDEL AIRWAY WHITE		
52	3 PC	GUEDEL AIRWAY YELLOW		
53		HYDROGEN PEROXIDE, 10 VOLUMES 6500ML		
54		HYPOALLERGENIC PLASTER, 12'S		
55	5 BOX	INTROCAN G 18,50'S		
56	3 BOX	INTROCAN G 22, 50'S		
57	15 BOX	INTROCAN G-24, 50'S		
58	15 BOX	INTROCAN G. 20, 50'S		
59	60 BOX	LIDOCAINE HCI AND EPINEPHRINE 2% CARPULE		
60	30 VIAL	LIDOCAINE HCL 2% 50ML		. <u> </u>
61	6 BOT	LISS EPICLONE 10ML		
62	5 SACH	LUBRICATING JELLY, KY JELLY, SACHET, 100'S		
63	1,000 PC.	MACROSET		
64	2 PC	MC LANCE AUTOMATIC PRICKER		
65	5 BOX.	MERSILK, SIZE 2-0, 12'S W/ CUTTING NEEDLE		
APPRO		RATORY EXPENSES, DDN HOSPITAL (KAPALONG ZONE) THE CONTRACT (ABC) : P <u>890,148.28</u>		
Perio	od of Delivery	: day/s	/INDICATE	
		BRAND NAMES UPON QUC	TATION	/
		· · · · · · · · · · · · · · · · · · ·	······································	
		INSTRUCTIONS IN FILLING UP THIS BID FORM	**	
	s Distributed '	 INSTRUCTIONS IN FILLING UP THIS BID FORM 1. Bidder must read carefully the statement at the back hereof. 2. Bid Quotation must be typewritten or printed in blue or black ink. 3. Unit price, total amount and grand/lot price must be properly indicated. 	or Name of	Establishme
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bidder and unsigned bid shall be disqualified.8. Erasures/alterations should be initialed accordingly.

Province of Davao del Norte

Government Center, Mankilam, Tagum City

PR Number : 1403-0820

IZZYL

Bid Number : B20140020

Signature of Bidder

Date : <u>April 15, 2014</u>

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Item	Qty./Unit		Bid 1	Price		
No.	2-1-7	Item	Unit Price	Total Amount		
•		······································		.l		
67	5 BOX.	MERSILK, SIZE 4-0, 12'S CUTTING NEEDLE				
68	1 BOT	METHANOL				
69	15 BOX	MICROSCOPE SLIDE FROSTED EDGE 72'S/BOX				
70	15 BOX	MICROSCOPE SLIDE GROUND EDGE 72'S/BOX				
71	20 BOX	MICROSET, 50'S (B BRAUN)				
72	80 PC.	NEBULIZING SET				
73	36 PC	NGT FR 16				
74	36 PC.	NGT, F8				
75	3 LITER	NORMAL SALINE SOLUTION				
76	3 BOT.	OIL IMMERSION, CARGILLE				
77	1 PC.	OSL DOSIMETER				
78	50 PC.	OXYGEN CANNULA (ADULT)				
79	50 PC.	OXYGEN CANNULA (PEDIA)				
80	3 DOZ.	OXYGEN CATHETERS, PEDIA				
81	6 PC	OXYGEN FACIAL MASK - NEONATES (CONE MASK)				
82	3 PC.	OXYGEN MASK W/ TUBING(ADULT)				
83	15 PC	PLASTIC SPLINT - ADULT (BLUE) ER USE				
84	65 PC	PLASTIC SPLINT - ASSORTED SIZES/COLORS				
85	3 GAL.	POVIDONE IODINE 10%				
86	6 BOX	PREGNANCY TEST KIT SD HCG 25'S				
87	6 PC	PROLENE ASSORTED SIZES				
APPRO		RATORY EXPENSES, DDN HOSPITAL (KAPALONG ZONE) THE CONTRACT (ABC) : P 890,148.28				
	d of Delivery	: day/s SUPPLIERS MUST SPECIFY BRAND NAMES UPON QUO	TATION			
		INSTRUCTIONS IN FILLING UP THIS BID FORM	•••			
Bids	Distributed	nereof.				
		 2. Bid Quotation must be typewritten or printed in blue or black ink. 3. Unit price, total amount and grand/lot price must be properly indicated. 				
		 4. Delivery period must be indicated in the Bid form unle otherwise provided by the procuring unit/office. Failu to indicate the period of delivery shall automatically 10 days delivery after receipt of the Purchase Order. 5. Place of Delivery shall be at the PGSO Warehouse 	re Nan	ne of Bidder		

5. Place of Delivery shall be at the PGSO Warehouse unless otherwise indicated in the bid form.
6. Submit Did in the cooled envelope.

- 6. Submit Bid in the sealed envelope.7. Unprinted name of establishment, unprinted name of the
- bidder and unsigned bid shall be disqualified.8. Erasures/alterations should be initialed accordingly.

Province of Davao del Norte

Government Center, Mankilam, Tagum City

PR Number : 1403-0820

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Bid Number : **B20140020**

Date : <u>April 15, 2014</u>

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Item		Ý	Bid 1	Price
No.	Qty./Unit	Item	Unit Price	Total Amount
88	2 PC.	ROLLING DRAPES		
89	6 PC			
90	1 PC.			
91	3 BOX	SD H. PYLORI TEST 30'S/BOX		
92	1 BOX	SILK 4-0 12'S		
93	5 BOX	SILK 4-0 W/ NEEDLES 12'S		
94	10 PC	SOLUSET		
95	1 BOX	SPINAL NEEDLE G-27		
96	5 PC.	SPINAL NEEDLE G25		
97	50 DOZ	SUCTION CATHETERS, FR 8		<u> </u>
98	50 DOZ	SUCTION CATHETERS, FR. 16		
99	9 PC	SUCTION TUBE TIP		
100	1 TUBE	SURFACE ANESTHESIA 2% ASTRA		
101	25 PC	SURFLO G-26		
102	2 BOX	SURGICAL BLADE, 15		
103	5 PC.	SURGICAL BRUSH (RE-USABLE)		<u> </u>
104	15 DOZ	SUTURING NEEDLES, CUTTING, ASSTD. SIZE		
105	5 DOZ	SUTURING NEEDLES, ROUND, ASSTD. SIZE		
106	15 BOX	TERUMO SYRINGE W/ NEEDLE 5 CC 100'S/BOX		
107	60 BOX	TERUMO SYRINGE W/NEEDLE 3CC		<u> </u>
108	10 PC.	TEST TUBE, 5 CC		
109	1 BOX	THERMOMETER AXILLARY		<u></u>
APPRC		DRATORY EXPENSES, DDN HOSPITAL (KAPALONG ZONE) R THE CONTRACT (ABC) : P		
	od of Delivery	BRAND NAMES UPON QU	OTATION	
		INSTRUCTIONS IN FILLING UP THIS BID FORM	******	
Bid	s Distributed	2. Bid Quotation must be typewritten or printed in blue black ink.	or	Establishme
		 3. Unit price, total amount and grand/lot price must be properly indicated. 4. Delivery period must be indicated in the Bid form un 	less	

otherwise provided by the procuring unit/office. Failure

7. Unprinted name of establishment, unprinted name of the

unless otherwise indicated in the bid form.

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6. Submit Bid in the sealed envelope.

to indicate the period of delivery shall automatically mean 10 days delivery after receipt of the Purchase Order.5. Place of Delivery shall be at the PGSO Warehouse

Name of Bidder

Signature of Bidder

Province of Davao del Norte

Government Center, Mankilam, Tagum City

PR Number : 1403-0820

Bid Number : B20140020

Date : <u>April 15, 2014</u>

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Item	Qty./Unit		Bid P	rice
No.		Item		Total Amount
110	2 PC	THERMOMETER-INFRARED-RECHARGEABLE		
111	2 BOX	TONGUE DEPRESSOR		
112	12 PC	TORNIQUET		
113	9 GALL	TRIPLE DISTILLED WATER (WILKINS, 6 LITERS)		
114	25 BOX	TUBERCULINE SYRINGE WITH NEEDLE, 100'S		
115	8 PC.	URINE BAG		
116	3 BOX	VICRYL ASSORTED SIZE		
117	1 LTR.	VIRUSOLVE + EDS (SOAKING SOLUTION)		
118	1 GAL	VIRUSOLVE + HLD (FOR SURFACE)		
119	1 GAL	VIRUSOLVE+RTU		
120	1 PC.	VOLUMETRIC FLASK		
121	6 GAL.	X-RAY FILM DEVELOPER,		
122	500 PC.	X-RAY FILM ENVELOPE, SIZE 14 ¼ X 17 ¼		
123	3 GAL.	X-RAY FILM FIXER,		
124	5 BOX	X-RAY FILM, GREEN SENSITIVE SIZE 11X14 100'S		
125	5 BOX	X-RAY FILM, GREEN SENSITIVE SIZE 14X14 100'S KODAK		
126	1 PACK	YELLOW TIPS 1,000/PACK		
127	30 BOX	SURGICAL GLOVES - 6.5 50'S		
128	28 BOX	SURGICAL GLOVES - 7.0 50'S		
129	28 BOX	SURGICAL GLOVES - 7.5 50'S		
130	1 BOX	ENDOTRACHEAL TUBE # 2.0, 10S		
	1 BOX	ENDOTRACHEAL TUBE # 2.5, 10S		

APPROVED BUDGET FOR THE CONTRACT (ABC) : P <u>890,148.28</u> PGSO WAREHOUSE

Period	of	Delivery	:		day/s	s
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SUPPLIERS MUST SPECIFY/INDICATE BRAND NAMES UPON QUOTATION

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	INSTRUCTIONS IN FILLING UP THIS BID FORM	
Bids Distributed To:	1. Bidder must read carefully the statement at the back hereof.	
	2. Bid Quotation must be typewritten or printed in blue or black ink.	Name of Establishment
	3. Unit price, total amount and grand/lot price must be properly indicated.	
	4. Delivery period must be indicated in the Bid form unless otherwise provided by the procuring unit/office. Failure	Name of Bidder
	to indicate the period of delivery shall automatically mea 10 days delivery after receipt of the Purchase Order.	Indiae of product
	5. Place of Delivery shall be at the PGSO Warehouse unless otherwise indicated in the bid form.	
	6. Submit Bid in the sealed envelope.7. Unprinted name of establishment, unprinted name of the	Signature of Bidder
	bidder and unsigned bid shall be disqualified. 8. Erasures/alterations should be initialed accordingly.	

Province of Davao del Norte

Government Center, Mankilam, Tagum City

P	R Number : 14	03-0820					Bid Dat Pag	e : <u>Ap</u>	r : B2 p <u>ril 15,2</u> 7		.0
Item No.	Qty./Unit	./Unit Item		······		Bid 1	Price				
						ļ	Unit	Price	Total	Amount	
132	1 BOX	ENDOTRACHE	AL TUBE # 7.0, 10S								
Remar	ks :> brand must > expiry date	-	by suppliers year or more from	date of del	ivery						
		* *	* GRAND/LOT	PRICE	:	Р					

MEDICAL, DENTAL AND LABORATORY EXPENSES, DDN HOSPITAL (KAPALONG ZONE)									
APPROVED	BUDGET	FOR	THE	CONTRACT	(ABC)	:	P _	89	90,148.28
PGSO WAREHOUSE									

Period	of	Delivery	:		day/s
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					••••••		
SU	PPLIER	S MUST	SPEC	IFY/IND	ICATE		
	BRAND	NAMES	UPON	QUOTATI	ION		

	INSTRUCTIONS IN FILLING UP THIS BID FORM	
Bids Distributed To:	1. Bidder must read carefully the statement at the back hereof.	
	2. Bid Quotation must be typewritten or printed in blue or black ink.	Name of Establishment
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	to indicate the period of delivery shall automatically me 10 days delivery after receipt of the Purchase Order.	an
	5. Place of Delivery shall be at the PGSO Warehouse unless otherwise indicated in the bid form.	
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	·•••	