

Republic of the Philippines
Province of Davao del Norte
 Government Center, Mankilam, Tagum City

(Itemize)

PR Number : 1403-0818

Bid Number : B20140034

Date : June 16, 2014

Page : 1

Item No.	Qty./Unit	Item	Bid Price	
			Unit Price	Total Amount
DRUGS & MEDICINES				
5	300 TAB.	AMPICILLIN + SULBACTAN (SULTAMICILLIN 750MG)	_____	_____
6	200 VIAL	AMPICILLIN + SULBACTAN 1.5GM	_____	_____
7	100 VIAL	AMPICILLIN 1GM VIAL	_____	_____
13	25 AMP.	ATROPINE 250MG/ML AMPULE	_____	_____
15	10 CAP.	AZITHROMYCIN 500 MG.	_____	_____
17	50 NEB	BUDESONIDE	_____	_____
18	5 AMP	BUPIVACAINE	_____	_____
19	25 BOT.	BUTAMITRATE 7.5MG/5ML 60ML SYRUP	_____	_____
20	2 BOX	BUTAMITRATE CITRATE 50MG TAB	_____	_____
21	10 VIAL	BUTORPHANOL TARTRATE 2MG/ML VIAL	_____	_____
24	60 BOX	CEFALEXIN 500MG CAP. 100'S	_____	_____
26	500 VIAL	CEFTRIAXONE 1G. (GENERIC)	_____	_____
27	2 BOX	CEFUROXIME 500MG TAB. 100'S	_____	_____
28	500 VIAL	CEFUROXIME 750G VIAL	_____	_____
32	25 BOX	CIPROFLOXACIN 500MG 100'S TAB	_____	_____
33	2 BOX	CLARITHROMYCIN TAB. 500MG.	_____	_____
35	12 BOT.	CO-AMOXICLAV 125MG SUSP.	_____	_____
36	20 BOT.	CO-AMOXICLAV 250MG SUSP.	_____	_____

DRUGS AND MEDICINES EXPENSES, DDN HOSPITAL (KAPALONG ZONE)

APPROVED BUDGET FOR THE CONTRACT (ABC) : P 1,118,539.57

PGSO WAREHOUSE

Period of Delivery : _____ day/s

**SUPPLIERS MUST SPECIFY/INDICATE
 BRAND NAMES UPON QUOTATION**

INSTRUCTIONS IN FILLING UP THIS BID FORM

- Bidder must read carefully the statement at the back hereof.
- Bid Quotation must be typewritten or printed in blue or black ink.
- Unit price, total amount and grand/lot price must be properly indicated.
- Delivery period must be indicated in the Bid form unless otherwise provided by the procuring unit/office. Failure to indicate the period of delivery shall automatically mean 10 days delivery after receipt of the Purchase Order.
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- Unprinted name of establishment, unprinted name of the bidder and unsigned bid shall be disqualified.
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Bids Distributed To:

 Name of Establishment

 Name of Bidder

 Signature of Bidder

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37	5 BOX	CO-AMOXICLAV 500MG TAB.		
38	2,000 BOT	D5 0.03 NAACL 500ML		
39	120 BOT.	D5 0.3 NACI 1 LITER		
40	2,500 BOT.	D5 1MB 500CC		
41	3,000 BOT	D5 LR 1L		
45	3 AMP.	DEXAMETHASONE 20MG AMPULE		
46	100 AMP.	DIAZEPAM 10MG/2ML AMPULE		
47	1 BOX	DIAZEPAM 5MG TABLET 100'S		
54	500 TAB.	DOMPERIDONE		
55	288 BOT.	DOMPERIDONE SYRUP 5MG.		
64	10 AMP.	GENTAMYCIN 40MG/ML AMPULE		
67	200 AMP	HTIG 250U		
68	100 AMP.	HYDRALAZINE 20MG/ML SOL		
69	10 VIAL	HYDROCORTISONE 100MG VIAL		
70	20 VIAL	HYDROCORTISONE 250MG VIAL		
71	40 VIAL	HYDROCORTISONE 500MG VIAL		
72	200 AMP.	HYOSCINE 10MG AMPULE		
77	1 TAB.	ISOSORBIDE DINITRATE 5MG SL		
78	1 BOX	ISOXSUPRINE TABLET 100'S		

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82	500 TAB.	LEVOFLOXACIN 500 MG. TAB.		
86	100 VIAL	MAGNESIUM SULFATE 25% (250 MG/ML)		
90	20 AMP.	METHYLERGOMETRINE MALEATE AMP.		
92	20 BOT.	METOCLOPRAMIDE 10MG SYRUP		
93	1 BOX	METOCLOPRAMIDE 10MG TABLET 100'S		
94	300 AMP.	METOCLOPRAMIDE 5MG/ML AMPULE		
97	75 BOT	METRONIDAZOLE 125MG SUSPENSION		
99	8 AMP.	MIDAZOLAM 5MG/ML AMPULE		
101	10 BOX	MULTIVITAMIN W/ GENSING TAB. 60'S		
104	10 AMP.	NICARDIPINE 10MG/10ML		
105	30 AMP.	NICARDIPINE 2MG/2ML SOLUTION		
108	15 PC.	PARACETAMOL 125MG SUPPOSITORY		
109	30 BOT.	PARACETAMOL 125MG/5ML SYRUP		
110	10 AMP.	PARACETAMOL 150MG/ML 2ML AMPULE		
111	72 BOT	PARACETAMOL 250MG 60ML SUSP.		
112	10 PC.	PARACETAMOL 250MG SUPPOSITORY		
114	30 BOT.	PARACETAMOL DROPS		
115	20 BOX	PHENOBARBITAL 60MG TABLET 100'S		
116	20 BOT	PHENOBARBITAL 90MG TAB 100'S		

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117	218 AMP.	PHYTOMENADIONE AMPULE		
120	50 VIAL	PLAIN NSS 20ML 20'S		
121	5 VIAL	POTASSIUM CHLORIDE		
125	1 BOX	SALBUTAMOL 2 MG. TAB. 100'S		
126	12 BOT.	SALBUTAMOL 2MG/ML SYRUP		
130	1 BOX	SECNIDAZOLE 500MG CAPSULE 100'S		
131	1 TUBE	SILVER SULFADIAZINE CREAM 1% 25G		
135	100 AMP.	TETANUS TOXOID		
137	50 AMP.	TRANEXAMIC ACID 500MG AMPULE		
139	10 AMP	VERAPAMIL 5 MG		
142	144 BOT	ZINC SYRUP		
143	144 BOT	ZINC DROPS		

Remarks : > brand names must be specified
> expiry date must be at least 1 year or more after time of delivery

* * * GRAND/LOT PRICE : P _____

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