

**Bid Notice Abstract**

Request for Quotation (RFQ)

Reference Number 9066846

Procuring Entity CITY OF PASIG

Title Supply and Delivery of Automatic Pneumatic Tourniquet System with Pediatric and Adult Cuff (Item No. 13) for the Nursing Services Office - Pasig City General Hospital

Area of Delivery Metro Manila

Solicitation Number:	100-22-05-687	Status	Active
Trade Agreement:	Implementing Rules and Regulations	Associated Components	2
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Bid Supplements	0
Classification:	Goods	Document Request List	1
Category:	Hospital / Medical Equipment Services	Date Published	30/09/2022
Approved Budget for the Contract:	PHP 825,000.00	Last Updated / Time	30/09/2022 00:00 AM
Delivery Period:		Closing Date / Time	06/10/2022 10:00 AM
Client Agency:			
Contact Person:	Rho Depaudhon BAC Secretariat		

Pasig City Hall, Caruncho Avenue,
Barangay San Nicolas,
Pasig City
Metro Manila
Philippines 1600
63-2-86431111 Ext.1461

bidsandawards@pasigcity.gov.ph

Description

Items Quantity / Units

13 Automatic Pneumatic Tourniquet System with Pediatric and Adult Cuff,
- * 4 channels
- * Cuff pressure range: 20mmHg/650mmHg
- * Re-chargeable battery (Li-ion), Battery capacity: 20hours
- * At least 7" touch screen LCD.
- * With automatic leakage test and system test; safety alarms system; visual & audio alarm system
- * Possibility for quick required pressure value changes for patient safety during operation
- * Adjustable application time; adjustable pressure range; adjustable timing alarms (once the adjustable deflation period is completed
- * Alarm - clock warning is activated, and additional time can be entered, Alarm Log.
- * INCLUSION: Mobile stand with basket (3) Reusable Pediatric cuff 8" (1pc), 12" (1pc) and 15" (1pc) and Reusable Adult Cuff 24" (1pc)

The equipment must be BRAND NEW unit and under 2 years warranty

1 unit

PRICE QUOTATION/S SHOULD BE PRINTED ON COMPANY'S OFFICIAL LETTERHEAD TOGETHER WITH THE FOLLOWING UPDATED DOCUMENTS;

-Mayor's/Business Permit
-PhilGEPS Registration Number
-Income/Business Tax Return
-Accomplished and notarized Omnibus Sworn Statement
(<https://www.gppb.gov.ph/assets/forms/Omnibus%20Sworn%20Statement> (Revised).docx)
-Proof of Authorization: Secretary's Certificate if corporation, or Special Power Of Attorney, if individual

NOTE:

TO BE SUBMITTED SEALED AND LABELED ON A LONG BROWN ENVELOPE, FOLLOWING THIS FORMAT AS FOLLOWS:

FOR:

ATTY. JOSEPHINE C. LATI-BAGAOISAN
BAC Chairperson

THRU:

ATTY. PONCE MIGUEL D. LOPEZ
Head-BAC Secretariat
BAC Secretariat's Office
4th Floor, Pasig City Hall,
Caruncho Avenue,
Pasig City

DATE : _____

COMPANY'S NAME : _____

PhilGEPS REFERENCE NUMBER : _____

PROJECT TITLE : _____

Date Created 29/09/2022

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