



Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number: 9095918

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 Children's 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	0
Category:	Hospital / Medical Equipment Services	Date Published	08/10/2022
Approved Budget for the Contract:	PHP 825,000.00	Last Updated / Time	08/10/2022 00:00 AM
Delivery Period:	20 Day/s	Closing Date / Time	11/10/2022 16:00 PM
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](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
Officer In Charge, Procurement Management Office
4th Floor, Pasig City Hall,
Caruncho Avenue,
Pasig City

DATE : _____

COMPANY'S NAME : _____

PhilGEPS REFERENCE NUMBER : _____

PROJECT TITLE : _____

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