



REQUEST FOR QUOTATION
PR NO. 25-07-951

The **Valenzuela Medical Center (VMC)** through its **Bids and Awards Committee (BAC)** intends to procure the **"SUPPLY AND DELIVERY OF TWO (2) UNITS OF WHEELCHAIR"** for the **Dept. of Pediatrics** in accordance with Section 34.1 (Small Value Procurement) of the Implementing Rules and Regulations of Republic Act No. 12009.

Please send your **price offer** for the items listed below duly signed by you or your duly authorized representative not later than **July 16, 2025 at 10:00 a.m.** The BAC reserves the right to accept, reject & waive defects in the canvass.

ITEM NO.	QTY	UOM	ITEM DESCRIPTION	UNIT COST	TOTAL COST
1	2	unit	WHEELCHAIR	9,466.67	18,933.34
			I. Equipment Specification:		
			Chromed stainless steel frame finish		
			Foldable backrest		
			Padded and fixed armrest, leg support		
			8" PVC front 360° swivel caster (2 pcs), 24" rear wheels		
			Two push to lock wheel breaks		
			Leatherette		
			Uphosterly with back pocket		
			Adjustable footrest		
			Heavy duty four prongs IV holder		
			Load capacity: min. 100 kgs.		
			Wide: min. 19 inches seat width		
			II. Technical Specification:		
			*Certificates that need to be presented during Post-Qualification		
			a. General Requirements		
			· The equipment or devices must conform to the IEC 60601 Standards or any of the following Standards:		
			a. USFDA (Food and Drug administration, US Standards)		
			b. CE (European conformity) Standards		
			c. ISO Standards (9000, 9001, 9002)		
			d. UL (Underwriters Laboratories) Standards		
			e. The proposed unit shall also conform to all relevant International, National and local standards and requirements of medical device regulatory agencies. Supplier shall list in the various international standards met by the supplier		
			· Manufacturer's Certificate Brand must be in the local market for at least 5 years		
			· Certification that there is established Service Center in Metro Manila or Philippines		
			*Certificates to be submitted upon delivery		
			Certificate of Comprehensive Warranty which states the following clause:		

"PHIC Accredited Healthcare Provider"
"Valenzuela Medical Center...Where your health matters most"



Address: **Padrigal St., Karuhatan, Valenzuela City, 1441**
Telephone Nos: **8294-6711 to 17**
Director's Office Direct Line: **8291-4259**
Email Address: **valgen_hosp@yahoo.com**
Website: **https://vmc.doh.gov.ph/**



Republic of the Philippines
Department of Health
Metro Manila Center for Health Development
VALENZUELA MEDICAL CENTER



		a. The period of warranty shall be deemed to be fully comprehensive		
		b. All inclusive of warranty, labor, spare parts, accessories, service consumables		
		Warranty and Preventive Maintenance Services:		
		One (1) year comprehensive warranty on parts and services for equipment		
		Certificate of availability of spare parts within five (5) years		
		III. Installation, Acceptance, Testing and Commissioning		
		<i>*Procedures to be performed upon delivery</i>		
		· Acceptance, Testing & Commissioning of Equipment		
		· The unit to be delivered must show proof that its manufacturing date is not later than CY 2024 onwards		
		· Provide two (2) sets of colored Technical Manual, Hardcopy and Softcopy (Flashdrive) in English Manual		
		a. User's Operational Manual		
		b. Quality and Maintenance Manual (if applicable)		
		c. Service and Technical Manual (if applicable)		
		IV. Other Terms & Condition:		
		· Preferably with green eco-products specification (made of recyclable and non-toxic materials, sustainable, etc.)		
		NOTE: ITEM WILL BE SUBJECT FOR EVALUATION		
		TOTAL		18,933.34

Copies of the following documentary requirements such as **Certificate of Registration from BIR, Securities & Exchange Commission (SEC)/Department of Trade & Industry (DTI) Registration, Business/Mayor's Permit with O.R. renewal, Platinum PhilGEPS Certificate, Tax Clearance Certificate, Certificate from the manufacturer to distribute their products or Exclusive Distributorship or any equivalent document (if applicable) and Brochure/Data Sheet** are also required to be submitted together with your quotation/proposal.

Proposal may be submitted manually to the BAC Secretariat, Procurement Office, Valenzuela Medical Center, Padrigal St., Karuhatan, Valenzuela City or through email at vmc_bac@yahoo.com. For any clarification, you may call **Ms. Kristine Manuel** at telephone no. **8294-46-25** or via email at vmc_bac@yahoo.com.

MS. LIGAYA E. UBALDE, MPA
Head, Procurement Section/BAC Secretariat

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