



REQUEST FOR QUOTATION (RFQ) No. 058-2025

Procurement Unit

The Tarlac State University (TSU), through its Bids and Awards Committee (BAC) and Procurement Unit, will undertake an **Alternative Method of Procurement through Shopping** for the items stated below, in accordance with **Section 52.1(b)** of the Revised Implementing Rules and Regulations of Republic Act. No. 9184.

The TSU hereinafter referred to as "the Buyer", now requests submission of a price quotation for the subject below:

Purchase Request No.	DESCRIPTION/PARTICULARS	APPROVED BUDGET FOR THE CONTRACT (ABC) inclusive of VAT
2025-01-039 (PROCUREMENT)	VARIOUS MEDICINES	856,465.00
Purpose: Medicines APP-2025.		

Philgeps Posting: Active Date: 2/4/25 Closing Date: 2/11/25 Category: MEBICAL SUPPLIES & LAB. INSTRUMENTS Reference No.: 11718335

Interested suppliers are required to submit the following documents:

- Valid and Current Mayor's / Business Permit
- Latest Income / Business Tax Return
- Proof of PhilGeps Registration
- Omnibus Sworn Statement
- Brochure, if applicable

TSU Condition of Sale:

- Delivery Schedule: 30 calendar days from receipt of approved PO/NTP
- Bid Validity: 20 calendar days from submission of bids
- Delivery Site: Supply and Property Management Unit, Tarlac State University (045) 606-8159 / (045) 982-2605
- Warranty shall be for a period minimum of three (3) months of expendable supplies, or a supplies/equipment after acceptance by the procuring entity of the delivered

Award of contract shall be made to the bidder with the lowest quotation for the subject goods which comply with the minimum technical specifications and other terms and conditions stated herein.

Any alteration, erasures, or overwriting shall be valid only if they are signed or initialed by the bidder or his/her duly authorized representative.

Submission of duly signed Price Quotation Form (Attachment 1) and eligibility documents is not later than 2/11/25 at the Procurement Unit, Admin Building Tarlac State University, Tarlac City. Open submission may be done manually or through email at tsucanvassing@gmail.com

The penalty for late deliveries is one tenth (1/10) of one (1) percent of the cost of the underperformed portion for every day of delay. Once the cumulative amount of liquidated damages reaches ten (10%) percent of the contract price, the procuring entity shall rescind the contract without prejudice to other courses of action and remedies open to it.

The TSU reserves the right to reject any and all bids, declare a failure of bidding, or not award the contract in accordance with Section 41 of R.A 9184 and its IRR, without thereby incurring any liability to the affected bidder or bidders.


ELENA MAY T. TEOFILO
 Head, Procurement Unit

PRICE QUOTATION

Date: 1/31/2025
 RFQ No. 058-2025
 PR No. 2025-01-039 (PROCUREMENT)

The Bids and Awards Committee
 c/o Procurement Unit
 TSU, Tarlac City
 (045) 982 -4630 / (045) 606 -8157

Sir / Madam:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our price quotation for the item/s identified below:

ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
1	box	ANESTHESIA, Lidocaine 50/box, 20% carpule	5		
2	tube	ANESTHESIA, Lidocaine Hcl, Injection, 5 ml, exp date not less than 2 yrs	5		
3	bottle	ANESTHETIC, topical anesthetic 29.6ml	2		
4	tablet	ANTACID, Aluminum Hydroxide, Magnesium Hydroxide, Simeticone, exp date not less than 2 yrs	700		
5	tablet	ANTACID, Domperidone, exp date not less than 2 yrs	100		
6	tablet	ANTACID, Famotadine, Calcium Carbonate, Magnesium Hydroxide, Exp date not less than 2 yrs	600		
7	tablet	ANTACID, Omeprazole, 40mgs., Exp date not less than 2 yrs	300		
8	tablet	ANTACID, Ranitidine Hcl, 150mg, Exp date not less than 2 yrs	300		
9	tablet	ANTI-ASTHMA, Doxofyline, 200mg., Exp date not less than 2 yrs	500		
10	nebules	ANTI-ASTHMA, Ipratropium + Salbutamol	60		
11	tablet	ANTI-ASTHMA, Salbutamol Sulfate, Bromhexine HCl, guaifenesin, Exp date not less than 1 yr	800		
12	nebules	ANTI-ASTHMA, Salbutamol, Nebules, Exp date not less than 1 1/2 yr	100		
13	cap	ANTIBIOTIC, Amoxicillin, 500 mgs., Exp date not less than 2 yrs	500		
14	box	ANTIBIOTIC, Amoxicillin, 500mg, 100/box	5		
15	capsule	ANTIBIOTIC, Cefalexin 250mg, Exp date not less than 2 yrs	200		
16	cap	ANTIBIOTIC, Cefalexin, 500 mgs., Exp date not less than 2 yrs	800		

Warranty : _____

The above-quoted price is inclusive of all costs and applicable taxes

Very truly yours,

AUTHORIZED REPRESENTATIVE:

Signature : _____
 Printed Name : _____
 Date : _____
 Company Name Registered : _____
E-mail Address : _____
 Contact no. : _____

BANK DETAILS:

Bank Name : _____
 Bank Address : _____
 Bank Account Name : _____
 Bank Account Number : _____

PRICE QUOTATION

Date: 1/31/2025
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 (045) 982 -4630 / (045) 606 -8157

Sir / Madam:

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ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
17	capsule	ANTIBIOTIC, Ciprofloxacin, 500 mg., Exp date not less than 2 yrs	800		
18	cap	ANTIBIOTIC, Clindamycin, 300 mgs., Exp date not less than 1 yr	500		
19	tablet	ANTIBIOTIC, Co-Amoxiclav, 625 mg., Exp date not less than 2 yrs	1000		
20	tube	ANTIBIOTIC, Silver Sulfadiazine, Exp date not less than 2 yrs	3		
21	box	ANTIBIOTIC, Tranexamic Acid, 500mg,, 100/box	4		
22	cap	ANTI-DIARRHEA, Loperamide, Exp date not less than 2 yrs	300		
23	capsule	ANTI-DIARRHEA, Racecadotril, 100 mg, Exp date not less than 8 months	400		
24	capsule	ANTIFIBRINOLYTIC, Tranexamic Acid 500mg , Exp date not less than 2 yrs	400		
25	tablet	ANTI-HISTAMINE, Cetirizine, 10mg Exp date not less than 2 yrs	800		
26	capsule	ANTI-HISTAMINE, Diphenhydramine 25mg, Exp date not less than 2 yrs	500		
27	amp	ANTI-HISTAMINE, Diphenhydramine, Exp date not less than 2 yrs	40		
28	tablet	ANTI-HISTAMINE, Loratadine, 10mg, Exp date not less than 2 yrs	900		
29	tablet	ANTI-HYPERTENSION, Captopril, 25 mg, Exp date not less than 2 yrs	50		

Warranty : _____

The above-quoted price is inclusive of all costs and applicable taxes

Very truly yours,

AUTHORIZED REPRESENTATIVE:

Signature : _____
 Printed Name : _____
 Date : _____
 Company Name Registered : _____
E-mail Address : _____
 Contact no. : _____

BANK DETAILS:

Bank Name : _____
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Sir / Madam:

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ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
30	tablet	ANTI-HYPERTENSIVE, Amlodipine, 5mgs, Exp date not less than 2 yrs	100		
31	cap	ANTI-INFLAMMATORY, Celecoxib, 200 mgs, Exp date not less than 2 yrs	1000		
32	vial	ANTI-INFLAMMATORY, Hydrocortisone Sodium succinate, 100 mg/2ml(Act-O-Vial), Exp date not less than 2 yrs	20		
33	tablet	ANTI-INFLAMMATORY, Prednisone, 20 mg, Exp date not less than 2 yrs	500		
34	tablet	ANTIPYRETIC, Paracetamol, 325 mgs, Exp date not less than 2 yrs	100		
35	caplet	ANTIPYRETIC, Paracetamol, 500 mgs, Exp date not less than 2 1/2 yrs	2000		
36	bottle(s)	ANTISEPTIC SOLUTION, Povidone-Iodine, 120 ml solution, Exp date not less than 2 yrs	15		
37	bottle(s)	ANTISEPTIC SOLUTION, Povidone-Iodine, 55g, dry powder spray 2.5% antiseptic, wound remedy, Exp date not less than 2 yrs	10		
38	tablet	ANTISPASMODIC, Hyoscine N-Butylbromide + Paracetamol 10mg/500mg, Exp date not less than 2 yrs	800		
39	ampule	ANTISPASMODIC, Hyoscine N-Butylbromide, 20 mg, Exp date not less than 1 yr	10		
40	tablet	ANTISPASMODIC, Hyoscine, N-Butylbromide, 10mg, Exp date not less than 2 yrs	800		
41	cap	ANTITUSSIVE, Dextromethorphan HBr, phenylephrine HCl, Paracetamol, Exp date not less than 2 yrs	600		

Warranty _____

The above-quoted price is inclusive of all costs and applicable taxes
 Very truly yours,

AUTHORIZED REPRESENTATIVE:

Signature : _____
 Printed Name : _____
 Date : _____
 Company Name Registered : _____
E-mail Address : _____
 Contact no. : _____
BANK DETAILS:
 Bank Name : _____
 Bank Address : _____
 Bank Account Name : _____
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 c/o Procurement Unit
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 (045) 982 -4630 / (045) 606 -8157

Sir / Madam:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our price quotation for the item/s identified below:

ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
42	tablet	ANTI-VERTIGO, Meclizine, Exp date not less than 2 yrs	500		
43	tablet	ANTI-VOMITING, Metoclopramide, 10mg, Exp date not less than 2 yrs	50		
44	amp	ANTI-VOMITING, Metoclopramide, Exp date not less than 2 yrs	5		
45	tablet	DECONGESTANT, Phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Bioflu), Exp date not less than 2 yrs	1000		
46	tablet	DECONGESTANT, Phenylephrine, Chlorphenamine, Paracetamol 10mg/2mg/500 (Neozep), Exp date not less than 2 yrs	1000		
47	tablet	DECONGESTANT, Phenylpropanolamine HCl, Brompheniramine Maleate, Exp date not less than 1 yr	1000		
48	capsule	DIETARY SUPPLEMENTARY, Multi-Vitamins + Iron, Exp date not less than 2 yrs	1000		
49	tablet	DIETARY SUPPLEMENTARY, Vitamin B Complex, Exp date not less than 1 yrs	300		
50	bottle(s)	EYE DROP, Maxitrol, Exp date not less than 2 yrs	5		
51	bottle(s)	EYE DROP, Tobramycin, Exp date not less than 2 yrs	10		
52	bottle(s)	EYE DROP, Visine (red), Exp date not less than 2 yrs	5		
53	bottle(s)	EYE DROP, Visine (refresh), Exp date not less than 2	10		
54	tablet	MUCOLYTIC, Ambroxol + Levocetirizine 75mg/5mg	500		
55	bottle(s)	OINTMENT, Calamine + Dyphenhydramine, 30ml, Exp date not less than 2 yrs	10		
56	tube	OINTMENT, Clotrimazole, 10g, Exp date not less than 2 yrs	5		

Warranty _____

The above-quoted price is inclusive of all costs and applicable taxes

Very truly yours,

AUTHORIZED REPRESENTATIVE:

Signature : _____

Printed Name : _____

Date : _____

Company Name Registered : _____

E-mail Address : _____

Contact no. : _____

BANK DETAILS:

Bank Name : _____

Bank Address : _____

Bank Account Name : _____

Bank Account Number : _____

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Sir / Madam:

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ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
57	tube	OINTMENT, Mometasone Furoate, 10g, Exp date not less than 2 yrs	10		
58	tube	OINTMENT, Mupirocin + Bethamethasone Dipropionate, 5g, Exp date not less than 1 yr	10		
59	tube	OINTMENT, Mupirocin, Exp date not less than 1 yr	10		
60	bottle(s)	OINTMENT, Pain Killer, 120ml, Exp date not less than 2 yrs	30		
61	tube	OINTMENT, Povidone-Iodine, 10% topical ointment, 5g., Exp date not less than 2 yrs	5		
62	tube	OINTMENT, Sodium Fusidate, Exp date not less than 2 yrs	5		
63	bottle	PAIN RELIEVER, Diclofenac Sodium Spray	20		
64	cap	PAIN RELIEVER, Ibuprofen + Paracetamol 500mg/325mg, Exp date not less than 2 yrs	200		
65	softgel	PAIN RELIEVER, Ibuprofen, 200mg, Exp date not less than 1 yr	200		
66	tube	PAIN RELIEVER, Ketoprofen Gel, Exp date not less than 2 yrs	20		
67	amp	PAIN RELIEVER, Ketorolac, Exp date not less than 2 yrs	10		
68	capsule	PAIN RELIEVER, Mefenamic Acid, 250mg, Exp date not less than 2 yrs	200		
69	box	PAIN RELIEVER, Mefenamic Acid, 500mg, 100/box	5		
70	tablet	PAIN RELIEVER, Mefenamic Acid, 500mg, Exp date not less than 2 yrs	1500		

Warranty _____

The above-quoted price is inclusive of all costs and applicable taxes

Very truly yours,

AUTHORIZED REPRESENTATIVE:

Signature : _____
 Printed Name : _____
 Date : _____
 Company Name Registered : _____
E-mail Address : _____
 Contact no. : _____

BANK DETAILS:

Bank Name : _____
 Bank Address : _____
 Bank Account Name : _____
 Bank Account Number : _____

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Sir / Madam:

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ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
71	amp	PAIN RELIEVER, Tramadol, solution, for injection, Exp date not less than 2 yrs	10		
72	bottle(s)	SOLUTION, 0.9% Sodium Chloride Solution for Irrigation, 1000mL	10		
73	bottle(s)	SOLUTION, 0.9% Sodium Chloride Solution for IV Infusion, 1000mL	3		
74	bottle(s)	SOLUTION, 5% Dextrose in lactated ringer's solution for IV Infusion, 1000mL	3		
75	gallon	SOLUTION, Cidex Solution	3		
76	bottle	SOLUTION, Normal Saline	2		
77	bottle(s)	SOLUTION, Plain lactated ringer's, for IV Infusion, 1000mL	3		
78	can(s)	SPRAY, Cool Spray 250ml (perskindol), Exp date not less than 2 yrs	30		
79	vial	STERILE WATER, for injection, 50ml, solvent, Parenteral Prep, Exp date not less than 3 yrs	5		
80	amp	VACCINE, Tetanus Toxoid,vaccine, Exp date not less than 2 yrs	30		
81	cap	VITAMINS, d-Alpha Tocopherol 400 Iu, Exp date not less than 2 yrs	500		
82	cap	VITAMINS, Sodium Ascorbate/Ascorbic Acid with Zinc, Exp date not less than 2 yrs	1000		

Warranty : _____

The above-quoted price is inclusive of all costs and applicable taxes

Very truly yours,

AUTHORIZED REPRESENTATIVE:

Signature : _____
 Printed Name : _____
 Date : _____
 Company Name Registered : _____
 E-mail Address : _____
 Contact no. : _____

BANK DETAILS:

Bank Name : _____
 Bank Address : _____
 Bank Account Name : _____
 Bank Account Number : _____



Philippine Government Electronic Procurement System

Central Portal for
Philippine Government
Procurement Opportunities[Help](#)**Bid Notice Abstract****Request for Quotation (RFQ)**

Reference Number 11718335
Procuring Entity TARLAC STATE UNIVERSITY
Title Various Medicines
Area of Delivery Tarlac

Solicitation Number: 058-2025	Status	Pending
Trade Agreement: Implementing Rules and Regulations	Associated Components	3
Procurement Mode: Shopping - Ordinary/Regular Office Supplies & Equipment (Sec. 52.1.b)	Bid Supplements	0
Classification: Goods	Document Request List	0
Category: Medical Supplies and Laboratory Instrument	Date Published	04/02/2025
Approved Budget for the Contract: PHP 856,465.00	Last Updated / Time	03/02/2025 16:14 PM
Delivery Period: 30 Day/s	Closing Date / Time	11/02/2025 13:00 PM
Client Agency:		
Contact Person: Tutchie Panlilio Clerk TSU, Romulo Blvd. San Vicente, Tarlac City, Philip Tarlac City Tarlac Philippines 2300 63-045-6068142 tsucanvassing@gmail.com		

Description

Medicines APP-2025

Line Items

Item No.	Product/Service Name	Description	Quantity	UOM	Budget (PHP)
1	ANESTHESIA	Lidocaine 50/box, 20% carpule	5	Box	12,500.00
2	ANESTHESIA	Lidocaine Hcl, Injection, 5 ml, exp date not less than 2 yrs	5	Tube	550.00
3	ANESTHETIC	topical anesthetic 29.6ml	2	Bottle	2,100.00
4	ANTACID	Aluminum Hydroxide, Magnesium Hydroxide, Simeicone, exp date not less than 2 yrs	700	Tablet	10,500.00
5	ANTACID	Domperidone, exp date not less than 2 yrs	100	Tablet	2,000.00
6	ANTACID	Famotadine, Calcium Carbonate, Magnesium Hydroxide, Exp date not less than 2 yrs	600	Tablet	15,000.00
7	ANTACID	Omeprazole, 40mgs., Exp date not less than 2 yrs	300	Tablet	12,000.00
8	ANTACID	Ranitidine Hcl, 150mg, Exp date not less than 2 yrs	300	Tablet	3,300.00
9	ANTI-ASTHMA	Doxoflyline, 200mg., Exp date not less than 2 yrs	500	Tablet	17,500.00
10	ANTI-ASTHMA	Ipratropium + Salbutamol	60	Nebule	2,700.00
11	ANTI-ASTHMA	Salbutamol Sulfate, Bromhexine HCl, guaifenesin, Exp date not less than 1 yr	800	Tablet	28,000.00

12	ANTI-ASTHMA	Salbutamol, Nebules, Exp date not less than 1 1/2 yr	100	Nebule	3,500.00
13	ANTIBIOTIC	Amoxicillin, 500 mgs., Exp date not less than 2 yrs	500	Capsule	7,000.00
14	ANTIBIOTIC	Amoxicillin, 500mg, 100/box	5	Box	8,250.00
15	ANTIBIOTIC	Cefalexin 250mg, Exp date not less than 2 yrs	200	Capsule	5,000.00
16	ANTIBIOTIC	Cefalexin, 500 mgs., Exp date not less than 2 yrs	800	Capsule	11,200.00
17	ANTIBIOTIC	Ciprofloxacin, 500 mg., Exp date not less than 2 yrs	800	Capsule	56,000.00
18	ANTIBIOTIC	Clindamycin, 300 mgs., Exp date not less than 1 yr	500	Capsule	19,000.00
19	ANTIBIOTIC	Co-Amoxiclav, 625 mg., Exp date not less than 2 yrs.	1,000	Tablet	82,000.00
20	ANTIBIOTIC	Silver Sulfadiazine, Exp date not less than 2 yrs	3	Tube	1,800.00
21	ANTIBIOTIC	Tranexamic Acid, 500mg., 100/box	4	Box	11,880.00
22	ANTI-DIARRHEA	Loperamide, Exp date not less than 2 yrs	300	Capsule	4,950.00
23	ANTI-DIARRHEA	Racecadotril, 100 mg, Exp date not less than 8 months	400	Capsule	26,000.00
24	ANTIFIBRINOLYTIC	Tranexamic Acid 500mg, Exp date not less than 2 yrs	400	Capsule	26,000.00
25	ANTIHISTAMINE	Cetirizine, 10mg Exp date not less than 2 yrs	800	Tablet	12,000.00
26	ANTIHISTAMINE	Diphenhydramine 25mg, Exp date not less than 2 yrs	500	Capsule	15,000.00
27	ANTIHISTAMINE	Diphenhydramine, Exp date not less than 2 yrs	40	Ampule	6,800.00
28	ANTIHISTAMINE	Loratadine, 10mg, Exp date not less than 2 yrs	900	Tablet	9,900.00
29	ANTI-HYPERTENSION	Captopril, 25 mg, Exp date not less than 2 yrs	50	Tablet	850.00
30	ANTI-HYPERTENSIVE	Amlodipine, 5mgs, Exp date not less than 2 yrs	100	Tablet	1,000.00
31	ANTI-INFLAMMATORY	Celecoxib, 200 mgs, Exp date not less than 2 yrs	1,000	Capsule	25,000.00
32	ANTI-INFLAMMATORY	Hydrocortisone Sodium succinate, 100 mg/2ml(Act-O-Vial), Exp date not less than 2 yrs	20	Vial	10,000.00
33	ANTI-INFLAMMATORY	Prednisone, 20 mg, Exp date not less than 2 yrs	500	Tablet	7,000.00
34	ANTIPYRETIC	Paracetamol, 325 mgs, Exp date not less than 2 yrs	100	Tablet	1,000.00
35	ANTIPYRETIC	Paracetamol, 500 mgs, Exp date not less than 2 1/2 yrs (CAPLET)	2,000	Tablet	20,000.00
36	ANTISEPTIC SOLUTION	Povidone-Iodine, 120 ml solution, Exp date not less than 2 yrs.	15	Bottle	4,200.00
37	ANTISEPTIC SOLUTION	Povidone-Iodine, 55g, dry powder spray 2.5% antiseptic, wound remedy, Exp date not less than 2 yrs	10	Bottle	4,000.00
38	ANTISPASMODIC	Hyoscine N-Butylbromide + Paracetamol 10mg/500mg, Exp date not less than 2 yrs	800	Tablet	35,200.00
39	ANTISPASMODIC	Hyoscine N-Butylbromide, 20 mg, Exp date not less than 1 yr	10	Ampule	1,500.00
40	ANTISPASMODIC	Hyoscine, N-Butylbromide, 10mg, Exp date not less than 2 yrs	800	Tablet	30,800.00
41	ANTITUSSIVE	Dextromethorphan HBr, phenylephrine HCl, Paracetamol, Exp date not less than 2 yrs	600	Capsule	12,000.00
42	ANTI-VERTIGO	Mecizine, Exp date not less than 2 yrs	500	Tablet	7,500.00
43	ANTI-VOMITING	Metoclopramide, 10mg, Exp date not less than 2 yrs	50	Tablet	1,100.00

44	ANTI-VOMITING	Metoclopramide, Exp date not less than 2 yrs	5	Ampule	825.00
45	DECONGESTANT	Phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Bioflu), Exp date not less than 2 yrs	1,000	Tablet	12,000.00
46	DECONGESTANT	Phenylephrine, Chlorphenamine, Paracetamol 10mg/2mg/500 (Neozep), Exp date not less than 2 yrs	1,000	Tablet	12,000.00
47	DECONGESTANT	Phenylpropranolamine HCl, Brompheniramine Maleate, Exp date not less than 1 yr	1,000	Tablet	20,000.00
48	DIETARY SUPPLEMENTARY	Multi-Vitamins + Iron, Exp date not less than 2 yrs	1,000	Capsule	30,000.00
49	DIETARY SUPPLEMENTARY	Vitamin B Complex, Exp date not less than 1 yrs	300	Tablet	3,600.00
50	EYE DROP	Maxifrol, Exp date not less than 2 yrs	5	Bottle	4,000.00
51	EYE DROP	Tobramycin, Exp date not less than 2 yrs	10	Bottle	4,000.00
52	EYE DROP	Visine (red), Exp date not less than 2 yrs	5	Bottle	1,100.00
53	EYE DROP	Visine (refresh), Exp date not less than 2 yrs	10	Bottle	2,200.00
54	MUCOLYTIC	Ambroxol + Levocetirizine 75mg/5mg	500	Tablet	20,000.00
55	OINTMENT	Calamine + Diphenhydramine, 30ml, Exp date not less than 2 yrs	10	Bottle	3,300.00
56	OINTMENT	Clotrimazole, 10g, Exp date not less than 2 yrs	5	Tube	3,300.00
57	OINTMENT	Mometasone Furoate, 10g, Exp date not less than 2 yrs	10	Tube	6,600.00
58	OINTMENT	Mupirocin + Bethamethasone Dipropionate, 5g, Exp date not less than 1 yr	10	Tube	8,000.00
59	OINTMENT	Mupirocin, Exp date not less than 1 yr	10	Tube	8,000.00
60	OINTMENT	Pain Killer, 120ml, Exp date not less than 2 yrs	30	Bottle	4,800.00
61	OINTMENT	Povidone-Iodine, 10% topical ointment, 5g., Exp date not less than 2 yrs	5	Tube	2,000.00
62	OINTMENT	Sodium Fusidate, Exp date not less than 2 yrs	5	Tube	4,400.00
63	PAIN RELIEVER	Diclofenac Sodium Spray	20	Bottle	15,000.00
64	PAIN RELIEVER	Ibuprofen + Paracetamol 500mg/325mg, Exp date not less than 2 yrs	200	Capsule	3,300.00
65	PAIN RELIEVER	Ibuprofen, 200mg, Exp date not less than 1 yr (SOFTGEL)	200	Capsule	3,300.00
66	PAIN RELIEVER	Ketoprofen Gel, Exp date not less than 2 yrs	20	Tube	14,000.00
67	PAIN RELIEVER	Ketorolac, Exp date not less than 2 yrs	10	Ampule	910.00
68	PAIN RELIEVER	Mefenamic Acid, 250mg, Exp date not less than 2 yrs	200	Capsule	2,000.00
69	PAIN RELIEVER	Mefenamic Acid, 500mg, 100/box	5	Box	8,250.00
70	PAIN RELIEVER	Mefenamic Acid, 500mg, Exp date not less than 2 yrs	1,500	Tablet	15,000.00
71	PAIN RELIEVER	Tramadol, solution, for injection, Exp date not less than 2 yrs	10	Ampule	1,600.00
72	SOLUTION	0.9% Sodium Chloride Solution for Irrigation, 1000ml	10	Bottle	1,500.00
73	SOLUTION	0.9% Sodium Chloride Solution for IV Infusion, 1000ml	3	Bottle	450.00
74	SOLUTION	5% Dextrose in lactated ringer's solution for IV Infusion, 1000ml	3	Bottle	450.00
75	SOLUTION	Cidex Solution	3	Gallon	5,400.00

76	SOLUTION	Normal Saline	2	Bottle	550.00
77	SOLUTION	Plain lactated ringer's, for IV Infusion, 1000mL	3	Bottle	450.00
78	SPRAY	Cool Spray 250ml (perskindol), Exp date not less than 2 yrs	30	Can	19,500.00
79	STERILE WATER	for injection, 50ml, solvent, Parenteral Prep, Exp date not less than 3 yrs	5	Vial	500.00
80	VACCINE	Tetanus Toxoid,vaccine, Exp date not less than 2 yrs	30	Ampule	6,600.00
81	VITAMINS	d-Alpha Tocopherol 400 Iu, Exp date not less than 2 yrs	500	Capsule	19,000.00
82	VITAMINS	Sodium Ascorbate/Ascorbic Acid with Zinc, Exp date not less than 2 yrs	1,000	Capsule	15,000.00

Other Information

The bidders must download the attached documents in the associated component section.

Created by Tutchie Panlilio

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