



## Bid Notice Abstract

### Request for Quotation (RFQ)

**Reference Number** 11216904  
**Procuring Entity** DEPARTMENT OF TOURISM - REGION IV-B MIMAROPA  
**Title** CY 2024 ANNUAL PHYSICAL EXAMINATION AND VACCINATION PROGRAM (ANTI-FLU AND ANTI-PNEUMONIA VACCINES) FOR DOT REGION IV-B MIMAROPA PERSONNEL  
**Area of Delivery** Metro Manila

<b>Solicitation Number:</b>	2024-09-053	<b>Status</b>	<b>Pending</b>
<b>Trade Agreement:</b>	Implementing Rules and Regulations		
<b>Procurement Mode:</b>	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	<b>Associated Components</b>	1
<b>Classification:</b>	Goods - General Support Services	<b>Bid Supplements</b>	0
<b>Category:</b>	Diagnostic and Laboratory Services		
<b>Approved Budget for the Contract:</b>	PHP 300,267.00	<b>Document Request List</b>	0
<b>Delivery Period:</b>	3 Day/s		
<b>Client Agency:</b>		<b>Date Published</b>	05/09/2024
<b>Contact Person:</b>	Faye Angeli Argamosa Reyes Tourism Operations Officer II 351 Sen. Gil Puyat Avenue Makati City Metro Manila Philippines 1200 63-459-5200 Ext.119  tdd.mimaropa@gmail.com	<b>Last Updated / Time</b>	04/09/2024 17:43 PM
		<b>Closing Date / Time</b>	09/09/2024 14:00 PM

#### Description

##### PURPOSE/OBJECTIVES:

The Department of Tourism - MIMAROPA, as part of its Health and Wellness Programs will be conducting Annual Physical Examination (APE) and Vaccination Program (Anti-Flu and Anti-Pneumonia Vaccines) for Permanent and Job Order Personnel. This is to ensure health and wellness of the DOT workforce considering that the physical well-being of employees has a significant impact on the efficiency and effectiveness of public service delivery, and also to reduce the percentage of employees with sickness attributable to health and wellness interventions, exclusive of declared existing condition and comorbidities of employee.

##### MINIMUM REQUIREMENTS FOR SUPPLIERS

- Must be PHILGEPS REGISTERED
- Must have available complete services requested
- Located in National Capital Region (NCR), preferably.
- The Service Provider must be a Department of Health (DOH)-recognized service provider with vaccines that are registered with the DOH and Food and Drug Administration (FDA).
- Must at least be five (5) years in operation
- Must have catered similar projects in the past with at least three (3) government and/or private companies (corporate client), with certification of at least satisfactory performance.
- Must be willing to provide services on a send bill arrangement

##### DOCUMENTARY REQUIREMENTS FOR SUPPLIERS

- Submission of complete documentary requirements upon PhilGEPS posting closing
- Current Mayor's / Business Permit / BIR Certification (for Individual)
- PHILGEPS' Registration
- Registration Certificate from SEC or DTI with copy of latest ITR
- Original or certified true copy of duly notarized Omnibus Sworn Statement

#### INCLUSIONS/SPECIFICATIONS

##### A. General Examination for all DOT MIMAROPA Personnel: 33 personnel

1. Comprehensive Medical History and Physical Examination (including visual acuity and BMI detection)
2. Complete Blood Count (CBC) with platelet count
3. Routine Urinalysis
4. Fecalalysis
5. Blood Chemistry:  
Fasting Blood Sugar, Uric Acid, Liver Enzymes (SGPT and SGOT), Blood Urea Nitrogen (Bun) and Creatinine; Lipid Profile (Total Cholesterol, Triglycerides, HDL, LDL, VLDL)
6. Serum Sodium (Na+ and Potassium (K+))
7. HbA1C (for those with a history of Diabetes Mellitus)
8. Chest X-ray (PA view)
9. 12-L EKG

##### Male:

- Whole abdomen ultrasound to include the prostate: 11 personnel
- Prostate Specific Antigen (PSA) - for male 35y/o and above, and/or those personnel with history of reproductive illness (based on approved headcount only): 7 personnel
- Whole abdomen ultrasound to include the uterus and ovaries: 16 personnel
- Breast ultrasound- for 35y/o and above: 6 personnel
- PapSmear-for 35y/o and above, and those personnel with history of reproductive illness (based on approved headcount only): 3 personnel
- Mammography (those with Breast Ultrasound findings): depends on the breast ultrasound result

##### B. ANTI-FLU VACCINE

Type of Vaccine Description Active Substances Dosage Number of Pax  
 Quadrivalent Influenza Vaccine Inactivated Split Virion 0.5ml Prefilled Syringe

2024 WHO Recommended Strains A/Victoria/4897/2022 (H1N1) pdm09-like virus;  
 A/Thailand/8/2022 (H3N2)-like virus; and  
 B/Austria/1359417/2021 (B/Victoria lineage)-like virus  
 B/Phuket/3073/2013 (B/Yamagata lineage)-like virus  
 (2024 Southern Hemisphere Strain)  
 0.5ml  
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##### C. ANTI-PNEUMOCOCCAL VACCINATION

Type of Vaccine Description Active Substances Dosage Number of Pax  
 Pneumococcal conjugate vaccine, 13-valent (adsorbed)  
 Suspension for intramuscular Injection in pre-filled syringe

A sterile solution of saccharides of the capsular antigens of Streptococcus pneumoniae sero types 1, 3, 4, 5, 6A, 6B, 7F, 9V,14, 18C, 19A, 19F, and 23F 0.5ml  
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#### DELIVERABLES

##### GENERAL EXAMINATION:

1. The Annual Physical Examination of the DOT officials and employees shall be done preferably at the regional office, MIMAROPA located in NEX 54 Building 778 Boni Avenue cor. Edsa Brgy. Barangka Ilaya, the Mandaluyong City and/or the nearest diagnostic clinic, around 1-2kms. from the regional office.
2. The implementation dates which will run for about three consecutive days and/or on a staggered basis depends on the available schedule. This shall be set as agreed by the Service Provider and the DOT-MIMAROPA, at least fifteen (15) days upon issuance of the Job Service Order and/or Notice to Proceed (NTP);

Below is the time frame for the conduct of the APE Program:

No. of pax/day	Day 1	Day 2	Day 3
11pax/ day	September 18, 2024	September 19, 2024	September 20, 2024

3. The Provider must ensure the provision of the following during the duration of the conduct of Annual Physical Examinations (APE):

- Licensed medical physicians, dentist, nurses, medical technologists, radiological technologists and other allied health staff that will be involved in the conduct of tests/procedures;

4. The Service Provider must give a checklist of "To Do's" in preparation for the APE Program before the actual conduct for distribution to the employees;
5. Consent Forms shall be available to the employees during the actual conduct of examination/tests, in digital or printed copy;
6. The Provider should meet with the Medical Consultant before the conduct of the APE to discuss the schedule.
7. The Service Provider must prioritize DOT officials and employees during the conduct of the APE if are scheduled in their clinic/diagnostic center on the duration of the APE;
8. The Medical Results shall be available after a week of each employee's consultation; if there are inaccurate or complaint/false medical findings/interpretation given, the Provider must submit a correct result or a re-test with no any additional cost.
9. After the conduct of APE, the Service Provider should provide the following:
  - Free consultation/check-up at least one (1) time and/or referral to specialists in case of abnormal laboratory results or physical examination following the recommendation/s on the employee APE medical report, either thru physical face-to-face consultation and/or teleconsultation.
  - The Provider should meet with the Medical Consultant before, during and after the conduct of the APE to discuss and writing of the summary report and any difficulties that may emerge.
  - Summary report of the APE results and basic epidemiologic data (e.g. most cases seen, etc.) given in soft and hard copy c/o the DOT medical clinic. The Service Provider should coordinate with the DOT medical officer regarding the content of the summary report to submit. The soft copy should be in a PDF file, alphabetically arranged and saved in a USB.
  - Last batch of employee's consultation will be on the 2nd week of December 2024.
  - The Summary Report should be submitted to the Administrative Officer of DOT MIMATOPA no later than October 31, 2024, before the Certificate of Completion is given to the Service Provider.
10. Non- disclosure of Information: The service Provider must maintain all medical results and other information in strict confidence. The Service Provider must not disclose documents and Information unless authorized by the DOT-MIMAROPA or the employee concerned.

#### VACCINATION PROGRAM

1. The Service Provider must ensure the provision of at least 2-3 Licensed Nurses/Medical Technologists, 1 Physician, and 1 Receptionist who shall administer the vaccination at the DOT-Mandaluyong Office.
2. The Provider must ensure that the Medical Team shall comply with the following:
  - Fully vaccinated against COVID-19 (e.g. primary vaccine plus the required booster doses);
  - Negative Antigen test results (nasal or throat swab) before the first and second batch schedule of vaccination;
  - Medical certificate from their company physician attesting that the medical staff is "Covid-19-Free" based on their Health Declaration Form; and
  - Be in full PPE while performing the Vaccination.
3. The Service Provider must submit the list of the Medical Team together with the photocopies of their PRC licenses and DOH certificates to the Regional Director's Office at least five (5) days before the administration of vaccines.
4. The implementation dates which will run for about three consecutive days and/or on a staggered basis. This shall be set as agreed by the Service Provider and DOT-MIMAROPA, at least fifteen (15) days upon issuance of the Job Service Order/ Notice to Proceed (NTP).

Below is the time frame for the conduct of the Vaccination Program:

No. of pax/day	Day 1	Day 2	Day 3
11pax/ day	September 18, 2024	September 19, 2024	September 20, 2024

- a. The Service Provider must coordinate with DOT-MIMAROPA five (5) days before the actual administration/testing date;
- b. Consent Forms shall be available to the DOT-MIMAROPA personnel during the administration/testing date;
- c. The Service Provider shall provide all the necessary supplies, materials, and equipment necessary for the administration/testing;
- d. The Service Provider shall be responsible for the disposal of all used supplies, and materials for proper disposal in accordance with DOH Health Care Waste Management Manual;
- e. A series of coordination meetings between DOT-MIMAROPA and the Service Provider must be done before, during, and after the administration/testing;
- f. A Vaccination Report should be submitted in hard and soft copy to DOT-MIMAROPA before the release of the Certificate of Completion; and
- g. The provider should submit a Vaccination Report based on the requirements of DOT- MIMAROPA.

#### APPROVED BUDGET FOR THE CONTRACT:

The Approved Budget for the Contract is Three Hundred Thousand Two Hundred Sixty-Seven Pesos (P 300, 267.00),

inclusive of all government taxes and charges

The winning bid, however, shall be determined based on the proposal with the most advantageous financial package cost, provided that the amount of the bid does not exceed the above total budget.

**PAYMENT PROCEDURE:**

- Government Procedure / Send-Bill Arrangement
- Payment for the Annual Physical Examination and Vaccination shall be based on the actual number of availeds for each test during the implementation period but should not exceed the total contract price.

**COMPLIANCE TO SPECIFICATIONS/PROVISIONS**

- Non-submission of required documentary requirements, quotation and propose schedule of General Exam and Vaccination shall be ground for disqualification of bid.
- The WINNING BIDDER, however, shall be determined not solely based on the amount of bid but shall also consider the over-all compliance with the design and quality of the submitted sample.
- The WINNING BIDDER must deliver complete stated services as spot check will be done by END USER on the above-mentioned date of delivery.

**PROJECT OFFICER/CONTACT PERSON**

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