

Date: November 18, 2024

GENTLEMEN:

REQUEST FOR QUOTATION

Kindly quote to us your latest price(s) on the following item(s):

QTY	UNIT	ITEM/DESCRIPTION/SPECIFICATION	UNIT PRICE		
		GENERAL EXAMINATION FOR ALL DOT -NCR PERSONNEL			
1(one)	Lot	CONDUCT OF FY 2024 DOT HEALTH AND WELLNESS PROGRAM			
		<p>I. BACKGROUND</p> <p>The Department of Tourism- National Capital Region, as part of its Health and Wellness Programs will be conducting medical programs for DOT-NCR employees, which includes Annual Physical Examination (APE), Anti-Flu and Anti-Pneumonia Vaccination, and Mandatory Drug Test.</p> <p>This is to ensure health and wellness of DOT-NCR 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.</p>			
		INCLUSIONS/SPECIFICATIONS :			
		<p>Date of Engagement :</p> <p>Implementation Date : December 2024-January 2025</p>			
		<p>General Examination for all DOT -NCR Personnel: 39 personnel</p> <ol style="list-style-type: none"> 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: <p>Fasting Blood Sugar, Uric Acid, Liver Enzymes (SGPT and SGOT), Blood Urea Nitrogen (Bun) and Creatinine; Lipid Profile (Total Cholesterol, Triglycerides, HDL, LDL, VLDL)</p> <ol style="list-style-type: none"> 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 			
		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p>Male:</p> <ul style="list-style-type: none"> • Whole abdomen ultrasound to include the prostate: 4 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): 4 personnel </td> <td style="width: 50%; border: none; vertical-align: top;"> <p>Females:</p> <ul style="list-style-type: none"> • Whole abdomen ultrasound to include the uterus and ovaries: 6 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): 6 personnel • Mammography (those with Breast Ultrasound findings): depends on the breast ultrasound result </td> </tr> </table>	<p>Male:</p> <ul style="list-style-type: none"> • Whole abdomen ultrasound to include the prostate: 4 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): 4 personnel 	<p>Females:</p> <ul style="list-style-type: none"> • Whole abdomen ultrasound to include the uterus and ovaries: 6 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): 6 personnel • Mammography (those with Breast Ultrasound findings): depends on the breast ultrasound result 	
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	<p style="text-align: center;"><u>ANTI-FLU VACCINE</u></p> <p>Type of Vaccine Description Active Substances Dosage 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 24 personnel</p> <p style="text-align: center;"><u>ANTI-PNEUMOCOCCAL VACCINATION</u></p> <p>Type of Vaccine Description Active Substances Dosage Pneumococcal Polysaccharide Vaccine (PPSV23) Suspension for intramuscular Injection in pre-filled syringe A sterile liquid vaccine consisting of a mixture purified capsular polysaccharides from Streptococcus pneumoniae types 1, 2, 3, 4, 5, 6B, 7F, 8, 9n, 9V, 10a, 11a, 12F, 14, 15B, 17F, 18C, 19A,19F, 20, 20F, 23F and 33F 0.5ml 23 personnel</p>	
	<p>DELIVERABLES:</p>	
	<p>GENERAL EXAMINATION:</p> <ol style="list-style-type: none"> 1. The Annual Physical Examination of the DOT officials and employees shall be done preferably at the regional office, DOT-NCR located at 7840 Makati Avenue, Población, Makati City (beside Abraham Hotel). 2. The implementation dates which will run for about 2 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-NCR, 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 Day 1- 20 Personnel (Date of Implementation- Tentative 2nd week of November 2024) Day 2- 19 Personnel 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-NCR 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 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 Head, Internal Services of DOT- NCR no later than December 16, 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- NCR or the employee concerned.

VACCINATION PROGRAM

1. The Service Provider must ensure the provision of at least 2 Licensed Nurses/Medical Technologists, 1 Physician, and 1 Receptionist who shall administer the vaccination at the DOT- NCR Office.
2. 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.
3. The implementation dates which will run for about two (2) consecutive days and/or on a staggered basis. This shall be set as agreed by the Service Provider and DOT-NCR, 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:
 Day 1- 12 Personnel (Date of Implementation- Tentative 2nd week of November 2024)
 Day 2- 12 Personnel

- a. The Service Provider must coordinate with DOT-NCR five (5) days before the actual administration/testing date;
- b. Consent Forms shall be available to the DOT- NCR 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- NCR 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-NCR before the release of the Certificate of Completion; and
- g. The provider should submit a Vaccination Report based on the requirements of DOT- NCR.

		COMPLIANCE TO SPECIFICATIONS/PROVISIONS:	
		<ul style="list-style-type: none"> • 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. 	
		PAYMENT PROCEDURE:	
		<ul style="list-style-type: none"> • Government Procedure / Send-Bill Arrangement • Payment for the Annual Physical Examination and Vaccination shall be based on the actual number of avalees for each test during the implementation period but should not exceed the total contract price. 	
		<p style="text-align: center;">Approved Budget for the Contract (ABC): Php 311,161.00 Pesos : Three Hundred Eleven Thousand One Hundred Sixty One Pesos only <i>* inclusive of all applicable taxes, EVAT/VAT/government taxes/service charge/and other applicable taxes and charges net upon completion of the project and delivery of all requirements as agreed upon.</i> <i>Government procedure and subject to appropriate government taxes</i></p>	
		Contact Persons: Ms. Maria Fe E. Santos - mesantos@tourism.gov.ph /0929 666 6546 Ms. Cecille F. Tiantes - cftiantes@tourism.gov.ph / 0948 599 7830	
		Please quote your lowest price for the above requirements and submit your quotation along with documentary requirements VIA PERSONAL SERVICE AND/ OR COURIER in three (3) original sets IN A SEALED ENVELOPE to this office address: DOT NCR BAC SECRETARIAT Mr. Lawrence J. Alcantara – Head, NCR BAC Secretariat 7840 Makati Avenue, Poblacion, Makati City	
		Note: Deadline of submission is on November 22, 2024 at 8:00am	

This office desires to place an order for the above item(s) with the minimum delay. Your firm quotation will help us very much in placing the order.

Thank you

PRINT NAME OF DEALER/SUPPLIER

ADDRESS OF DEALER/SUPPLIER

CONTACT NUMBER(s)

Email ADDRESS

TIN

LANDBANK ACCOUNT NUMBER

AUTHORIZED SIGNATURE OVER PRINT NAME