



**NATIONAL TRANSMISSION CORPORATION**  
 RESOURCE MANAGEMENT SERVICES GROUP  
 TransCo Annex Bldg., Diliman, Quezon City  
 Tel. No. 7902-1500

**SUPPLIER'S TECHNICAL/PRICE QUOTATION FORM**  
**(NEGOTIATED PROCUREMENT: SMALL VALUE PROCUREMENT)**

**REFERENCE NO.: HRAD-22-97641 (PLP)**

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FOR INQUIRIES, CONTACT PURCHASING OFFICER: **PINEDA, MA. PILAR L.**

Sir/Madam:

Please provide us with your best quotation and submit the same to the above assigned purchasing officer on or before 3:00 PM on quote closing date at PROCUREMENT MANAGEMENT DIVISION, Ground Floor, TRANSCO Main Building, Power Center, Quezon Avenue corner BIR Road, Diliman, Quezon City.

**QUOTE CLOSING DATE/TIME: 06 APRIL 2022/3:00 P.M.**

Deadline for submission may be extended if there are insufficient offers received. In case of a failed canvass, a re-canvass may be conducted without prior notice to any previous offeror (s).

Offers may be submitted in a sealed envelope, through fax or **through e-mail (mlpineda@transco.ph)** at the option of the offeror, properly marked with the reference number. This bid document comprises THREE (3) pages including this sheet.

Please signify your acceptance of the TERMS AND CONDITION as stated herein, by signing on the space provided below and submit the signed copy together with your separate letter of quotation (as applicable).

Very truly yours,

**ROGELIO M. MABULAY, JR.**  
 Manager, Procurement Management Division

**NOTE: THIS FORM IS COMPUTER GENERATED. SIGNATURE IS NOT REQUIRED.**

NO.	DESCRIPTION	QUANTITY	ABC (VAT INC)	UNIT PRICE	TOTAL PRICE
				(VAT EXCLUSIVE, INDICATE APPLICABLE 12% VAT)	
1.	HRAD-22-97641/1 <b>ANTIGEN TEST KIT</b> - RAPID CHROMATOGRAPHIC IMMUNOASSAY FOR THE QUALITATIVE DETECTION OF SPECIFIC ANTIGENS TO SARS-COV-2 PRESENT IN HUMAN NASOPHARYNX - NASOPHARYNGEAL SWAB COLLECTION - KITS USED IN COVID-19 TESTING - EXPIRATION DATE IS 1-2 YEARS FROM DATE OF DELIVERY - WITH FDA CERTIFICATE ISSUED 2021 OR LATEST - WITH MEDICAL PROFESSIONALS THAT WILL PERFORM THE SWAB  TERMS: a. The assigned Medical Team/Professionals must comply with minimum safety and health protocols specifically COVID-19 measures, including the use of prescribed medical grade PPE. b. The conduct of antigen testing shall be on-site at the TransCo premises.	2,000 PCS	₱ 700,000.00		

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NO.	DESCRIPTION	QUANTITY	ABC (VAT INC)	UNIT PRICE	TOTAL PRICE
				(VAT EXCLUSIVE, INDICATE APPLICABLE 12% VAT)	
	Continuation . . . HRAD-22-97641/1  c. The total number of medical professionals needed and schedule of antigen testing will be determined by TransCo. d. Medical professionals shall be on call as scheduled until December 2022 or until the supply of antigen test kits has been exhausted. e. Medical professionals shall perform the swab, processing and reading of results. f. The Provider shall submit hard copies of official results and an e-copy of the summary of tests done. g. The Provider shall submit a soft copy of result format. h. The expiration date of the antigen test kits must be at least one (1) year from the date of its delivery. i. The Medical Team/Professionals, at least two (2), who will perform/facilitate the test must have a valid PRC license on the day of the test. j. Meals and allowances of assigned Medical professionals shall be for the account of the Provider.  BRAND: _____  MANUFACTURING DATE: _____  EXPIRATION DATE: _____				

TOTAL AMOUNT (VAT EXCLUSIVE) \_\_\_\_\_

ADD: APPLICABLE VAT ( \_\_\_% ) \_\_\_\_\_

TOTAL NET AMOUNT (VAT INCLUSIVE) \_\_\_\_\_

**NOTE** : ALTERNATE OFFERS ARE NOT ALLOWED  
 Bids received in excess of the Approved Budget for the Contract (ABC) shall be automatically rejected.  
**SPECIAL INSTRUCTION**: Interested suppliers must view/download the attached document in the Associated Component to be included in the Document Request List (DRL).

**FIXED TERMS (PLEASE INCLUDE IN YOUR OFFER):**

- BID PRICE VALIDITY: AT LEAST 60 DAYS FROM QUOTE CLOSING DATE  
(**VAT EXCLUSIVE, INDICATE APPLICABLE VAT**)
- DELIVERY PERIOD: ( ) WITHIN 7 CALENDAR DAYS UPON RECEIPT OF PO  
( ) \_\_\_\_\_
- DELIVERY POINT: TRANSCO-HEAD OFFICE, DILIMAN, Q.C.
- PAYMENT TERMS: WITHIN 30 CALENDAR DAYS UPON FULL DELIVERY AND SUBMISSION OF COMPLETE REQUIRED DOCUMENTS
- WARRANTY: \_\_\_\_\_

**OTHER REQUIREMENTS/DOCUMENTS TO BE INCLUDED IN THE PROPOSAL:**

1. **Product brochures/catalog/technical reference of the proposed test kit.**
2. Please indicate **BRAND/MODEL & WARRANTY** for each offer.
3. **Company Profile.**
4. **Most recent FDA Certificate of Approval of the proposed test kit brand issued in 2021 at the latest.**

**ELIGIBILITY REQUIREMENTS/DOCUMENTS TO BE SUBMITTED BY THE AWARDEE PRIOR TO ISSUANCE OF NOTICE OF AWARD:**

1. **PhilGEPS Registration Number/Certificate of PhilGEPS Registration (for Platinum Membership)**
2. **DTI/SEC Registration Certificate**

**REFERENCE NO.: HRAD-22-97641 (PLP)**

- 3. Mayor's Permit/Business Permit (2022)
- 4. BIR Certificate of Registration
- 5. Latest Income/Business Tax Return (2020)
- 6. Notarized Omnibus Sworn Statement (use applicable form)
- 7. Receipts must be BIR compliant (please see below).

Please issue an **Invoice/Receipt** to:

Name: National Transmission Corporation (TransCo)

Address: Power Center Agham Road Corner  
Quezon Ave., Diliman Quezon City

TIN: 223-242-186-000

If transaction is subject to VAT, kindly show as separate item the VAT amount (12%) in the:

**OFFICIAL RECEIPT** - for sale of SERVICES  
**SALES INVOICE** - for sale of GOODS or PROPERTIES

**TRANSCO TERMS ACCEPTED:** \_\_\_\_\_  
(SIGNATURE AND DATE)

\_\_\_\_\_

(NAME AND DESIGNATION)

\_\_\_\_\_

(NAME OF COMPANY)

\_\_\_\_\_

(MOBILE NO. & EMAIL ADD)

**PURCHASE REQUISITION RAPID ANTIGEN TESTING  
FOR THE PERSONNEL OF NATIONAL TRANSMISSION CORPORATION  
TERMS OF REFERENCE**

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Antigen tests are commonly used in the diagnosis of respiratory pathogens, including influenza viruses and respiratory syncytial virus. The Philippine Food and Drug Administration (FDA) has granted emergency use authorization (EUA) for antigen tests that can identify SARS-CoV-2. This test will be conducted for all TransCo personnel, janitorial and security personnel who are physically reporting, as well as visitors at the Head Office.

**ANTIGEN TEST KIT**

**Specifications:**

- rapid chromatographic immunoassay for the qualitative detection of specific antigens to SARS-CoV-2 present in human nasopharynx
- Nasopharyngeal swab collection
- Kits used in COVID-19 testing

**REQUIREMENTS:**

1. Philgeps registered
2. Must submit the company profile
3. Use of antigen test kit (rapid chromatographic immunoassay for the qualitative detection of specific antigens to SARS-CoV-2 present in human nasopharynx) thru nasopharyngeal swab collection
4. Must submit:
  - a. Most recent FDA Certificate issued in 2021 at the latest for the antigen kit.
  - b. Expiration date of antigen test kit must be at least one (1) year from the date of delivery of kit.
5. The at least two (2) assigned Medical Team/Professionals who will perform/facilitate the test must have a valid PRC license on the day of the test.
6. Medical practitioner should use complete, prescribed Medical Grade PPE.

**TERMS:**

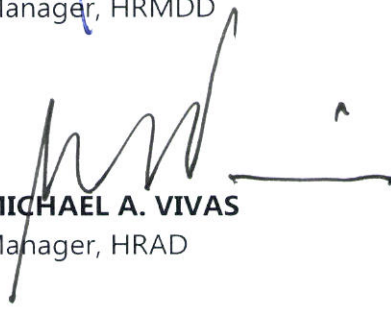
- a. The assigned Medical Team/Professionals must comply with minimum safety and health protocols specifically COVID-19 measures, including the use of prescribed medical grade PPE.
- b. The conduct of antigen testing shall be on-site at the TransCo premises.
- c. Total number of medical professionals needed and schedule of Antigen testing will be determined by TransCo.
- d. Medical professionals shall be on call as scheduled until December 2022 or until the supply of antigen test kits has been exhausted.
- e. Medical professionals shall perform the swab, processing and reading of results.
- f. The Provider shall submit a hard copies of official results and an e-copy of the summary of tests done.
- g. The Provider shall submit a soft copy of result format.
- h. Payment of service is 30 calendar days from receipt of billing statement.
- i. Meals and allowances of assigned Medical professionals shall be for the account of the Provider.

**APPROVED BUDGET FOR THE CONTRACT (ABC):**

Items	Unit	No./Pcs.	Price per Unit	ABC
ANTIGEN KIT	Piece	2,000 PCS	P 350.00	P700,000.00

Prepared by:   
**LEAH MARIE TAYSON, RN**  
Nurse IV, HRMDD

Reviewed by:   
**MARIFE M. VILLAFUERTE**  
Manager, HRMDD

Approved by:   
**MICHAEL A. VIVAS**  
Manager, HRAD