



**NATIONAL TRANSMISSION CORPORATION**  
 RESOURCE MANAGEMENT SERVICES GROUP  
 TransCo Annex Bldg., Diliman, Quezon City  
 Tel. No. 7902-1500/Fax No. 7914-6209

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

**REFERENCE NO.: HRMDD-21-97203 (PLP)**

FOR INQUIRIES, CONTACT PURCHASING OFFICER:

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: 4 AUGUST 2021/3:00 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, properly marked with the reference number. This bid document comprises SEVEN (7) 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	HRMDD-21-97203/1 <b>ANNUAL PHYSICAL EXAMINATION (for TransCo Head Office, Diliman, Q.C.)</b> - TOTAL PERSONNEL: 279  <b>1. FOR AGES 34 AND BELOW: BASIC TEST (120 TOTAL PERSONNEL)</b> <u>BASIC PACKAGE</u> A. FULL MEDICAL EXAMINATION B. URINALYSIS C. FECALYSIS D. CHEST X-RAY PA E. COMPLETE EYE EXAMINATION (EYE SCAN EXAMINATION) F. COMPLETE BLOOD COUNT (CBC) G. DENTAL EXAMINATION WITH PROPHYLAXIS (ONSITE OR CLINIC BASED)	1 LOT	₱800,000.00		

**REFERENCE NO.: HRMDD-21-97203 (PLP)**

NO.	DESCRIPTION	QUANTITY	ABC (VAT INC)	UNIT PRICE	TOTAL PRICE
				(VAT EXCLUSIVE, INDICATE APPLICABLE 12% VAT)	
<b>1</b>	<p>Continuation of Item 1 . . .</p> <p>H. WEIGHT MANAGEMENT CONSULTATION, NUTRITIONAL CONSULTATION AND BODY FAT ANALYSIS</p> <p>I. MEDICAL CONSULTATION OR RESULT INTERPRETATION (TO BE CONDUCTED BY SPECIALIZED MEDICAL DOCTOR)</p> <p><b>2. MALE AND FEMALE 35 YEARS OLD AND ABOVE (159 TOTAL PERSONNEL): BASIC PACKAGE PLUS:</b></p> <p>A. FBS B. LIPID PROFILE C. BUA D. BUN E. CREATININE F. SGOT G. SGPT H. 12 LEAD ECG I. WHOLE ABDOMEN ULTRASOUND (ONSITE OR CLINIC BASED) J. MALE: PSA (OPTIONAL) K. FEMALE: PAPSMEAR (OPTIONAL)(ONSITE OR CLINIC BASED)</p> <p>NOTE:</p> <p>1. CLINIC/FACILITIES OF THE SERVICE PROVIDER <u>MUST BE LOCATED WITHIN A 15-KILOMETER RADIUS FROM TRANSCO HEAD OFFICE, QUEZON CITY.</u></p> <p>2. ON-SITE TEST</p> <p>3. DENTAL EXAMINATION AND PROPHYLAXIS, WHOLE ABDOMEN ULTRASOUND, AND PAPSMEAR MAY BE ONSITE OR CLINIC- BASED.</p> <p>4. PROSPECTIVE BIDDERS SHALL FOLLOW MINIMUM SAFETY AND HEALTH PROTOCOLS INCLUDING THE USE MEDICAL GRADE PPE.</p> <p>5. PROSPECTIVE BIDDERS SHALL PROVIDE ACCESS TO ON-LINE RESULTS TO CONCERNED EMPLOYEE AND TRANSCO'S AUTHORIZED REPRESENTATIVE.</p> <p>6. PROSPECTIVE BIDDERS SHALL PROVIDE A MASTERLIST SUMMARY OF ALL APE RESULTS TO BE SENT TO TRANSCO'S AUTHORIZED REPRESENTATIVE.</p> <p>7. PERSONNEL WHO DID NOT MAKE IT TO THE SCHEDULED APE MAY BE ALLOWED TO</p>				

**REFERENCE NO.: HRMDD-21-97203 (PLP)**

NO.	DESCRIPTION	QUANTITY	ABC (VAT INC)	UNIT PRICE	TOTAL PRICE
				(VAT EXCLUSIVE, INDICATE APPLICABLE 12% VAT)	
1	<p>Continuation of Item 1 . . .</p> <p>PROCEED TO THE FACILITY OF THE SERVICE PROVIDER.</p> <p>8. REQUIRED QUALIFICATION STANDARDS OF MEDICAL PERSONNEL WHO WILL CONDUCT THE PHYSICAL EXAMINATION:</p> <p>A. RADIOLOGIST – ULTRASONOGRAPHER</p> <p>a. DOCTOR OF MEDICINE WITH LICENSE TO PRACTICE</p> <p>b. DIPLOMATE/FELLOW IN DIAGNOSTIC RADIOLOGY CONFERRED BY THE PHILIPPINE COLLEGE OF RADIOLOGY</p> <p>c. WITH MINIMUM THREE YEARS EXPERIENCE IN FIELD OF SPECIALIZATION (RADIOLOGY AND ULTRASONOGRAPHIC PROCEDURES)</p> <p>B. TEAM EXAMINING PHYSICIANS (MALE AND FEMALE)</p> <p>a. LICENSED PHYSICIAN</p> <p>b. WITH MINIMUM TWO YEARS POST GRADUATE EXPERIENCE WITH CLINICAL EXPOSURE TO VARIOUS UROLOGICAL PROCEDURES (FOR MALE PHYSICIANS) AND GYNECOLOGICAL PROCEDURES, PAP SMEAR (FOR FEMALE PHYSICIANS)</p> <p>C. MEDICAL TECHNOLOGIST</p> <p>a. LICENSED MEDICAL TECHNOLOGIST</p> <p>b. WITH MINIMUM OF TWO YEARS EXPERIENCE IN PERFORMING LABORATORY DIAGNOSTIC PROCEDURES AND VENOCLYSIS</p> <p>9. TRANSCO WILL GUARANTEE AT LEAST 50% OF THE TOTAL NUMBER OF PERSONNEL, ANY EXCESS THEREOF WILL BE PAID ON A PER HEAD BASIS.</p> <p>10. TRANSCO SHALL DETERMINE THE ON-SITE SCHEDULE OF ANNUAL PHYSICAL EXAMINATION FOR A DURATION OF 3 DAYS FOR A GUARANTEED 100 PERSONNEL AT HEAD OFFICE BRANCH.</p>				

**REFERENCE NO.: HRMDD-21-97203 (PLP)**

NO.	DESCRIPTION	QUANTITY	ABC (VAT INC)	UNIT PRICE	TOTAL PRICE
				(VAT EXCLUSIVE, INDICATE APPLICABLE 12% VAT)	
2.	<p>HRMDD-21-97203/2</p> <p><b>ANNUAL PHYSICAL EXAMINATION (for Cebu Satellite Office)</b> - TOTAL PERSONNEL: 17</p> <p><b>1. FOR AGES 34 AND BELOW (5 TOTAL PERSONNEL): BASIC TEST</b></p> <p><u>BASIC PACKAGE</u>                      A. FULL MEDICAL EXAMINATION                      B. URINALYSIS                      C. FECALYSIS                      D. CHEST X-RAY PA                      E. COMPLETE EYE EXAMINATION (EYE SCAN EXAMINATION)                      F. COMPLETE BLOOD COUNT (CBC)                      G. DENTAL EXAMINATION WITH PROPHYLAXIS                      H. WEIGHT MANAGEMENT CONSULTATION, NUTRITIONAL CONSULTATION AND BODY FAT ANALYSIS                      I. MEDICAL CONSULTATION OR RESULT INTERPRETATION (TO BE CONDUCTED BY SPECIALIZED MEDICAL DOCTOR)</p> <p><b>2. MALE AND FEMALE 35 YEARS OLD AND ABOVE (12 TOTAL PERSONNEL): BASIC PACKAGE PLUS:</b>                      A. FBS                      B. LIPID PROFILE                      C. BUA                      D. BUN                      E. CREATININE                      F. SGOT                      G. SGPT                      H. 12 LEAD ECG                      I. WHOLE ABDOMEN ULTRASOUND                      J. MALE: PSA (OPTIONAL)                      K. FEMALE: PAPSMEAR (OPTIONAL)</p> <p>NOTE:                      1. CLINIC/FACILITIES OF THE SERVICE PROVIDER MUST BE LOCATED WITHIN A 15-KILOMETER RADIUS FROM CEBU SATELLITE OFFICE.                      2. CLINIC-BASED                      3. PROSPECTIVE BIDDERS SHALL PROVIDE ACCESS TO ON-LINE RESULTS TO CONCERNED EMPLOYEE AND TRANSCO'S AUTHORIZED REPRESENTATIVE.                      4. PROSPECTIVE BIDDERS SHALL PROVIDE A MASTERLIST SUMMARY OF ALL APE</p>	1 LOT	₱75,000.00		

**REFERENCE NO.: HRMDD-21-97203 (PLP)**

NO.	DESCRIPTION	QUANTITY	ABC (VAT INC)	UNIT PRICE	TOTAL PRICE
				(VAT EXCLUSIVE, INDICATE APPLICABLE 12% VAT)	
2.	Continuation of Item 2 ....  RESULTS TO BE SENT TO TRANSCO'S AUTHORIZED REPRESENTATIVE. 5. PERSONNEL ARE REQUIRED TO AVAIL APE AT BIDDER'S FACILITY. 6. TRANSCO WILL GUARANTEE 100% OF THE TOTAL NUMBER OF PERSONNEL. 7. TRANSCO SHALL DETERMINE THE SCHEDULE OF ANNUAL PHYSICAL EXAMINATION.				
3.	HRMDD-21-97203/3 <b>ANNUAL PHYSICAL EXAMINATION (for Davao/Mindanao Satellite Office)</b> - TOTAL PERSONNEL: 14  <b>1. FOR AGES 34 AND BELOW (3 TOTAL PERSONNEL): BASIC TEST</b>  <u>BASIC PACKAGE</u> A. FULL MEDICAL EXAMINATION B. URINALYSIS C. FECALYSIS D. CHEST X-RAY PA E. COMPLETE EYE EXAMINATION (EYE SCAN EXAMINATION) F. COMPLETE BLOOD COUNT (CBC) G. DENTAL EXAMINATION WITH PROPHYLAXIS H. WEIGHT MANAGEMENT CONSULTATION, NUTRITIONAL CONSULTATION AND BODY FAT ANALYSIS I. MEDICAL CONSULTATION OR RESULT INTERPRETATION (TO BE CONDUCTED BY SPECIALIZED MEDICAL DOCTOR)  <b>2. MALE AND FEMALE 35 YEARS OLD AND ABOVE (11 TOTAL PERSONNEL): BASIC PACKAGE PLUS:</b> A. FBS B. LIPID PROFILE C. BUA D. BUN E. CREATININE F. SGOT G. SGPT H. 12 LEAD ECG I. WHOLE ABDOMEN ULTRASOUND J. MALE: PSA (OPTIONAL) K. FEMALE: PAPSMEAR (OPTIONAL)	1 LOT	₱ 75,000.00		

**REFERENCE NO.: HRMDD-21-97203 (PLP)**

NO.	DESCRIPTION	QUANTITY	ABC (VAT INC)	UNIT PRICE	TOTAL PRICE
				(VAT EXCLUSIVE, INDICATE APPLICABLE 12% VAT)	
3.	Continuation of Item 3 . . .  NOTE: 1. CLINIC/FACILITIES OF THE SERVICE PROVIDER MUST BE LOCATED WITHIN A 15-KILOMETER RADIUS FROM DAVAO SATELLITE OFFICE. 2. CLINIC-BASED 3. PROSPECTIVE BIDDERS SHALL PROVIDE ACCESS TO ON-LINE RESULTS TO CONCERNED EMPLOYEE AND TRANSCO'S AUTHORIZED REPRESENTATIVE. 4. PROSPECTIVE BIDDERS SHALL PROVIDE A MASTERLIST SUMMARY OF ALL APE RESULTS TO BE SENT TO TRANSCO'S AUTHORIZED REPRESENTATIVE. 5. PERSONNEL ARE REQUIRED TO AVAIL APE AT BIDDER'S FACILITY. 6. TRANSCO WILL GUARANTEE 100% OF THE TOTAL NUMBER OF PERSONNEL. 7. TRANSCO SHALL DETERMINE THE SCHEDULE OF ANNUAL PHYSICAL EXAMINATION.				

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: (1)** Interested suppliers must view/download the attached document in the Associated Component to be included in the Document Request List (DRL).

**(2) PLEASE REFER TO THE ATTACHED TERMS OF REFERENCE FOR THE COMPLETE SPECIFICATIONS OF THIS REQUIREMENT.**

**(3) BIDDER TO SUBMIT ALSO A DETAILED COSTING PER TEST AND THE TOTAL OFFER PER EMPLOYEE.**

**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: ( ) 3 WORKING DAYS UPON RECEIPT OF PO AND ADVISE BY TRANSCO  
( ) \_\_\_\_\_
- DELIVERY POINT: (1) TRANSCO-HEAD OFFICE, DILIMAN, Q.C.  
(2) TRANSCO VISAYAS SATELLITE OFFICE, RM 3B, 3/F CEDAVILLE RESIDENCES BLDG. CORNER SILVER HILLS SUBDIVISION, NASIPIT, TALAMBAN, CEBU CITY  
(3) TRANSCO MINDANAO SATELLITE OFFICE, NPC COMPOUND, KUMINTANG ST., MINTAL, DAVAO CITY
- PAYMENT TERMS: ITEM 1 (HEAD OFFICE): TRANSCO GUARANTEES AT LEAST 50% OF THE TOTAL NUMBER OF PERSONNEL, IN EXCESS OF THE 50%, PAYMENT SHALL BE ON A PER EMPLOYEE BASIS.

**REFERENCE NO.: HRMDD-21-97203 (PLP)**

ITEMS 2 & 3 (CEBU AND DAVAO SATELLITE OFFICES): TRANSCO GUARANTEES 100% OF THE TOTAL NUMBER OF PERSONNEL.

PAYMENT SHALL BE WITHIN 30 CALENDAR DAYS UPON COMPLETION AND ACCEPTANCE OF THE PROJECT AND SUBMISSION OF COMPLETE REQUIRED DOCUMENTS.

- WARRANTY (If applicable): \_\_\_\_\_

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

1. **Product brochures/catalog/technical reference (If applicable).**
2. Please indicate **BRAND/MODEL & WARRANTY** for each offer (if applicable)
3. Additional Documentary Requirements:

ITEM 1: FOR HEAD OFFICE

- a. Photos (detailed inside and outside features) of their mobile x-ray vans to be used during conduct of APE for evaluation purposes.
- b. Certification that the mobile van shall be available for on-site conduct of x-ray procedure (must not use fluoroscopy).
- c. Certification from Philhealth or DOH that it is a duly licensed and accredited tertiary diagnostic and treatment facility.
- d. Curriculum Vitae of the proposed Medical Team/Personnel who will conduct the APE.

ITEM 2: FOR CEBU SATELLITE OFFICE

- a. Certification from Philhealth or DOH that it is a duly licensed and accredited tertiary diagnostic and treatment facility.
- b. Curriculum Vitae of the proposed Medical Team/Personnel who will conduct the APE.

4. ITEM 3: FOR DAVAO SATELLITE OFFICE

- a. Certification from Philhealth or DOH that it is a duly licensed and accredited tertiary diagnostic and treatment facility.
- b. Curriculum Vitae of the proposed Medical Team/Personnel who will conduct the APE.

**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)**
2. **DTI/SEC Registration Certificate**
3. **Mayor’s Permit/Business Permit (2021)**
4. **BIR Certificate of Registration**
5. **Latest Income/Business Tax Return (2020)**
6. **Notarized Omnibus Sworn Statement**
7. Receipts must be BIR compliant (please see below).



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

\_\_\_\_\_  
(NAME AND DESIGNATION)

\_\_\_\_\_  
(NAME OF COMPANY)

\_\_\_\_\_  
(MOBILE NO. & EMAIL ADD)

**PURCHASE REQUISITION FOR ANNUAL PHYSICAL EXAMINATION  
OF THE NATIONAL TRANSMISSION CORPORATION  
TERMS OF REFERENCE**

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**ITEM 1: ANNUAL PHYSICAL EXAMINATION FOR CY 2021 (HEAD OFFICE)**

**REQUIRED COMPONENTS:**

**1. FOR AGES 34 AND BELOW: BASIC TEST**

**BASIC PACKAGE**

- a. FULL MEDICAL EXAMINATION
- b. URINALYSIS
- c. FECALYSIS
- d. CHEST X-RAY PA
- e. COMPLETE EYE EXAMINATION (EYE SCAN EXAMINATION)
- f. COMPLETE BLOOD COUNT (CBC)
- g. DENTAL EXAMINATION WITH PROPHYLAXIS
- h. WEIGHT MANAGEMENT CONSULTATION, NUTRITIONAL CONSULTATION AND BODY FAT ANALYSIS
- i. MEDICAL CONSULTATION – RESULT INTERPRETATION (To be conducted by Specialized Medical Doctor)

**2. MALE AND FEMALE 35 YEARS OLD AND ABOVE:**

**BASIC PACKAGE plus:**

- a. FBS
- b. LIPID PROFILE
- c. BUA
- d. BUN
- e. CREATININE
- f. SGOT
- g. SGPT
- h. 12 LEAD ECG
- i. WHOLE ABDOMEN ULTRASOUND
- j. MALE: PSA (OPTIONAL)
- k. FEMALE: PAPSMEAR (OPTIONAL)

**REQUIREMENTS:**

1. CLINIC/FACILITIES OF THE SERVICE PROVIDER MUST BE LOCATED WITHIN A 15-KILOMETER RADIUS FROM TRANSCO HEAD OFFICE, QUEZON CITY.
2. BIDDERS MUST SUBMIT PHOTOS (DETAILED INSIDE AND OUTSIDE FEATURES) OF THEIR MOBILE X-RAY VANS TO BE USED DURING CONDUCT OF APE FOR EVALUATION PURPOSES.



3. BIDDERS MUST SUBMIT A CERTIFICATION THAT THE MOBILE VAN SHALL BE AVAILABLE FOR ON-SITE CONDUCT OF X-RAY PRODEDURE (MUST NOT USE FLUOROSCOPY).
4. DENTAL EXAMINATION AND PROPHYLAXIS, WHOLE ABDOMEN ULTRASOUND, AND PAPSMEAR MAY BE ONSITE OR CLINIC-BASED.
5. PROSPECTIVE BIDDERS SHALL SUBMIT A CERTIFICATION FROM PHILHEALTH OR DOH THAT IT IS A DULY LICENSED AND ACCREDITED TERTIARY DIAGNOSTIC AND TREATMENT FACILITY
6. PROSPECTIVE BIDDERS SHALL FOLLOW MINIMUM SAFETY AND HEALTH PROTOCOLS INCLUDING THE USE MEDICAL GRADE PPE.
7. PROSPECTIVE BIDDERS SHALL PROVIDE ACCESS TO ON-LINE RESULTS TO CONCERNED EMPLOYEE AND TRANSCO'S AUTHORIZED REPRESENTATIVE.
8. PROSPECTIVE BIDDERS SHALL PROVIDE A MASTERLIST SUMMARY OF ALL APE RESULTS TO BE SENT TO TRANSCO'S AUTHORIZED REPRESENTATIVE.
9. PERSONNEL WHO DID NOT MAKE IT TO THE SCHEDULED APE MAY BE ALLOWED TO PROCEED TO THE FACILITY OF THE SERVICE PROVIDER.
10. REQUIRED QUALIFICATION STANDARDS OF MEDICAL PERSONNEL WHO WILL CONDUCT THE PHYSICAL EXAMINATION:
  - a. RADIOLOGIST – ULTRASONOGRAPHER
    1. DOCTOR OF MEDICINE WITH LICENSE TO PRACTICE
    2. DIPLOMATE/FELLOW IN DIAGNOSTIC RADIOLOGY CONFERRED BY THE PHILIPPINE COLLEGE OF RADIOLOGY
    3. WITH MINIMUM THREE YEARS EXPERIENCE IN FIELD OF SPECIALIZATION (RADIOLOGY AND ULTRASONOGRAPHIC PROCEDURES)
  - b. TEAM EXAMINING PHYSICIANS (MALE AND FEMALE)
    1. LICENSED PHYSICIAN
    2. WITH MINIMUM TWO YEARS POST GRADUATE EXPERIENCE WITH CLINICAL EXPOSURE TO VARIOUS UROLOGICAL PROCEDURES (FOR MALE PHYSICIANS) AND GYNECOLOGICAL PROCEDURES, PAP SMEAR (FOR FEMALE PHYSICIANS)
  - c. MEDICAL TECHNOLOGIST
    1. LICENSED MEDICAL TECHNOLOGIST
    2. WITH MINIMUM OF TWO YEARS EXPERIENCE IN PERFORMING LABORATORY DIAGNOSTIC PROCEDURES AND VENOCLYSIS
11. TRANSCO WILL GUARANTEE AT LEAST 50% OF THE TOTAL NUMBER OF PERSONNEL, ANY EXCESS THERE OF WILL BE PAID ON A PER HEAD BASIS.
12. TRANSCO SHALL DETERMINE THE ON-SITE SCHEDULE OF ANNUAL PHYSICAL EXAMINATION FOR A DURATION OF 3 DAYS FOR A GUARANTEED 100 PERSONNEL AT HEAD OFFICE BRANCH.

13. PAYMENT OF SERVICE IS DUE FOR 30 CALENDAR DAYS FROM RECEIPT OF BILLING STATEMENT.

**TOTAL PERSONNEL: 279**

Row Labels	Count of AGE GROUP
<b>AFAB</b>	<b>21</b>
34 AND BELOW	6
35 AND UP	15
<b>BCEZ</b>	<b>13</b>
34 AND BELOW	5
35 AND UP	8
<b>HO</b>	<b>245</b>
34 AND BELOW	109
35 AND UP	136
<b>Grand Total</b>	<b>279</b>

**ITEM 2: ANNUAL PHYSICAL EXAMINATION FOR CY 2021 (CEBU-SATELLITE)**

REQUIRED COMPONENTS:

1. FOR AGES 34 AND BELOW: BASIC TEST

BASIC PACKAGE

- I. FULL MEDICAL EXAMINATION
- m. URINALYSIS
- n. FECALYSIS
- o. CHEST X-RAY PA
- p. COMPLETE EYE EXAMINATION (EYE SCAN EXAMINATION)
- q. COMPLETE BLOOD COUNT (CBC)
- r. DENTAL EXAMINATION WITH PROPHYLAXIS
- s. WEIGHT MANAGEMENT CONSULTATION, NUTRITIONAL CONSULTATION AND BODY FAT ANALYSIS
- t. MEDICAL CONSULTATION – RESULT INTERPRETATION (To be conducted by Specialized Medical Doctor)

2. MALE AND FEMALE 35 YEARS OLD AND ABOVE:

BASIC PACKAGE plus:

- a. FBS
- b. LIPID PROFILE
- c. BUA
- d. BUN
- e. CREATININE
- f. SGOT

- g. SGPT
- h. 12 LEAD ECG
- i. WHOLE ABDOMEN ULTRASOUND
- j. MALE: PSA (OPTIONAL)
- k. FEMALE: PAPSMEAR (OPTIONAL)

**REQUIREMENTS:**

1. CLINIC/FACILITIES OF THE SERVICE PROVIDER MUST BE LOCATED WITHIN A 15-KILOMETER RADIUS FROM CEBU SATELLITE OFFICE.
2. PROSPECTIVE BIDDERS SHALL SUBMIT A CERTIFICATION FROM PHILHEALTH OR DOH THAT IT IS A DULY LICENSED AND ACCREDITED TERTIARY DIAGNOSTIC AND TREATMENT FACILITY
3. PROSPECTIVE BIDDERS SHALL PROVIDE ACCESS TO ON-LINE RESULTS TO CONCERNED EMPLOYEE AND TRANSCO'S AUTHORIZED REPRESENTATIVE.
4. PROSPECTIVE BIDDERS SHALL PROVIDE A MASTERLIST SUMMARY OF ALL APE RESULTS TO BE SENT TO TRANSCO'S AUTHORIZED REPRESENTATIVE.
5. PERSONNEL ARE REQUIRED TO AVAIL APE AT BIDDERS FACILITY.
6. TRANSCO WILL GUARANTEE 100% OF THE TOTAL NUMBER OF PERSONNEL.
7. TRANSCO SHALL DETERMINE THE SCHEDULE OF ANNUAL PHYSICAL EXAMINATION.
8. PAYMENT OF SERVICE IS DUE FOR 30 CALENDAR DAYS FROM RECEIPT OF BILLING STATEMENT.

**TOTAL PERSONNEL: 14**

**ITEM 3: ANNUAL PHYSICAL EXAMINATION FOR CY 2021 (DAVAO SATELLITE)**

REQUIRED COMPONENTS:

2. FOR AGES 34 AND BELOW: BASIC TEST  
BASIC PACKAGE
  - l. FULL MEDICAL EXAMINATION
  - m. URINALYSIS
  - n. FECALYSIS
  - o. CHEST X-RAY PA
  - p. COMPLETE EYE EXAMINATION (EYE SCAN EXAMINATION)
  - q. COMPLETE BLOOD COUNT (CBC)
  - r. DENTAL EXAMINATION WITH PROPHYLAXIS
  - s. WEIGHT MANAGEMENT CONSULTATION, NUTRITIONAL CONSULTATION AND BODY FAT ANALYSIS
  - t. MEDICAL CONSULTATION – RESULT INTERPRETATION (To be conducted by Specialized Medical Doctor)
  
3. MALE AND FEMALE 35 YEARS OLD AND ABOVE:  
BASIC PACKAGE plus:

- a. FBS
- b. LIPID PROFILE
- c. BUA
- d. BUN
- e. CREATININE
- f. SGOT
- g. SGPT
- h. 12 LEAD ECG
- i. WHOLE ABDOMEN ULTRASOUND
- j. MALE: PSA (OPTIONAL)
- k. FEMALE: PAPSMEAR (OPTIONAL)

**REQUIREMENTS:**

1. CLINIC/FACILITIES OF THE SERVICE PROVIDER MUST BE LOCATED WITHIN A 15-KILOMETER RADIUS FROM DAVAO SATELLITE OFFICE.
2. PROSPECTIVE BIDDERS SHALL SUBMIT A CERTIFICATION FROM PHILHEALTH OR DOH THAT IT IS A DULY LICENSED AND ACCREDITED TERTIARY DIAGNOSTIC AND TREATMENT FACILITY
3. PROSPECTIVE BIDDERS SHALL PROVIDE ACCESS TO ON-LINE RESULTS TO CONCERNED EMPLOYEE AND TRANSCO'S AUTHORIZED REPRESENTATIVE.
4. PROSPECTIVE BIDDERS SHALL PROVIDE A MASTERLIST SUMMARY OF ALL APE RESULTS TO BE SENT TO TRANSCO'S AUTHORIZED REPRESENTATIVE.
5. PERSONNEL ARE REQUIRED TO AVAIL APE AT BIDDERS FACILITY.
6. TRANSCO WILL GUARANTEE 100% OF THE TOTAL NUMBER OF PERSONNEL.
7. TRANSCO SHALL DETERMINE THE SCHEDULE OF ANNUAL PHYSICAL EXAMINATION.
8. PAYMENT OF SERVICE IS DUE FOR 30 CALENDAR DAYS FROM RECIEPT OF BILLING STATEMENT.

**TOTAL PERSONNEL: 17**

<b>Row Labels</b>	<b>Count of AGE GROUP</b>
<b>MIN</b>	<b>17</b>
34 AND BELOW	5
35 AND UP	12
<b>VIS</b>	<b>14</b>
34 AND BELOW	3
35 AND UP	11
<b>Grand Total</b>	<b>31</b>

Row Labels	Count of AGE GROUP
<b>AFAB</b>	<b>21</b>
34 AND BELOW	6
35 AND UP	15
<b>BCEZ</b>	<b>13</b>
34 AND BELOW	5
35 AND UP	8
<b>HO</b>	<b>245</b>
34 AND BELOW	109
35 AND UP	136
<b>MIN</b>	<b>17</b>
34 AND BELOW	5
35 AND UP	12
<b>VIS</b>	<b>14</b>
34 AND BELOW	3
35 AND UP	11
<b>Grand Total</b>	<b>310</b>

Prepared by: **LEAH MARIE C. TAYSON**  
Nurse III, HRMDD

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

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