



Republic of the Philippines  
Department of Health  
**METRO MANILA CENTER FOR HEALTH DEVELOPMENT**

**SUPPLEMENTAL/ BID BULLETIN NO. 1**

**IB NO. 2023-037**

**Procurement of Hepatitis B Surface Antigen Rapid Diagnostic Test (100 Test/Kit)**

This Supplemental/Bid Bulletin No. 1 is being issued to revise provisions/specifications in the Bidding Documents for a fore cited project:

<b>Revision and clarification to provisions/specifications in the Bidding Documents:</b>	
<b>ORIGINAL TECHNICAL SPECIFICATIONS</b>	<b>AMENDED</b>
Specificity/Sensitivity more than or equal 99% Multidevice type	Specificity/Sensitivity more than or equal 99% Multidevice or Multi-strips type –
Includes Assay diluent if needed, Measuring pipettes, Alcohol swabs and lancets	Includes Assay diluent or chase buffers if needed, Measuring pipettes or capillary tubes, Alcohol swabs and lancets -
Bidding Document Fee: from P5,000.00 to P10,000.00	

Bidders are advised to use the following attached forms and submit together with all required documents for the submission of bids on March 27, 2023, 9:00 AM:

This Supplemental/Bid Bulletin No. 1 shall form part of the Bidding Documents. Any provisions in the Bidding Documents inconsistent herewith is hereby amended, modified and superseded accordingly.

For guidance and information of all concerned.

Issued this 20<sup>th</sup> day of March, 2023 in MMCHD.

Approved by:

**PRETCHEL P. TOLENTINO, MD, MCHM**  
Director III / BAC Chairperson

**Section VII. Technical Specifications**

Republic of the Philippines Department of Health Metro Manila Center for Health Development	
<b>TECHNICAL SPECIFICATIONS</b>	
Procurement of Hepatitis B Surface Antigen Rapid Diagnostic Test (100 Test/Kit)	Qty./Unit
Name of Manufacturer:	Country of Origin
Brand:	Model: (if applicable)
<b>PURCHASER'S SPECIFICATION</b>	<b>STATEMENT OF COMPLIANCE</b>
<p><b><u>SPECIFICATIONS:</u></b></p> <p>Test Principle: Immunochromatographic test (ICT):</p> <p>Specificity/Sensitivity more than or equal 99% Multidevice type</p> <p>Result time: less than or equal to 30 minutes</p> <p>Specimen: Serum (less than or equal to 100 uL). Plasma (less than or equal to 100uL), Whole Blood (less than or equal to 100uL)</p> <p>Includes Assay diluent if needed, Measuring pipettes, Alcohol swabs and lancets</p> <p><b>Shelf Life:</b></p> <p>Must be fresh commercial stock, with a total shelf life of 24 months from the date of manufacture but not less than 18 months from the date of delivery</p> <p><b>Packaging Instructions:</b></p> <p>Primary packaging: 100 pcs. per box</p> <p>Standard packaging of the manufacturers as approved by the Philippine Food Drug and Authority</p> <p><b>Labelling Instructions:</b></p> <p>Standard labelling instruction as approved by FDA pursuant to Administrative Order No. 2016-0008</p> <p>In addition to the labelling requirements of the PFDA:</p>	

- a. On each blister pack/foil strip and box, the following should be legibly imprinted or stickered using a permanent non-removable sticker/label that is binding and will leave residue and ripping if removed.
- b. On each small and bigger box/carton, the following should be legibly imprinted or stickered with non-removable or permanent sticker or label that is binding and will leave residue and ripping if removed

Philippine Government Property- Department of Health

NOT FOR SALE

Date of Manufacturer:

Date of Expiry:

Batch/Lot No.

**ADDITIONAL REQUIREMENT TO BE SUBMITTED BY THE SINGLE/LOWEST CALCULATED BIDDER (SCB/LCB) AS PART OF POST QUALIFICATION:**

1. One (1) original sample of manufacturer's product to be submitted and returned after evaluation. The sample submitted and approved during the evaluation shall be the same item to be delivered upon award of contract. Prototype of the labelling instruction must be part of the sample submitted however, the technical specifications of the labelling instruction of the product must be complied upon delivery.

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Signature Over Printed Name : \_\_\_\_\_

Telephone/Fax Number : \_\_\_\_\_

Email: \_\_\_\_\_

**Section VI. Schedule of Requirements**

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

<b>Description</b>	<b>Quantity</b>	<b>Delivery Site</b>	<b>Delivery Period</b>
Procurement of Hepatitis B Surface Antigen Rapid Diagnostic Test (100 Test/Kit)	10,000 kits	DOH-MMCHD Pasig Warehouse	30 calendar days (CD) after receipt of approved Notice to Proceed

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Signature Over Printed Name : \_\_\_\_\_

Telephone/Fax Number : \_\_\_\_\_

Email: \_\_\_\_\_