

Republic of the Philippines **DEPARTMENT OF HEALTH**Metro Manila Center for Health Development



SUPPLEMENTAL/BID BULLETIN NO. 1

IB#2024-162 Procurement of Various Vitamins

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

| 1. Query during Pre-bidding Conference: | | | | | | |
|--|------------------------------------|---|--|--|--|--|
| Technical Specifications | Query | Response of the End User Unit | | | | |
| Item No. 1: Multivitamins tab 100s | | | | | | |
| Additional Specification | | | | | | |
| Multivitamins tablet or capsule | | | | | | |
| Item no. 2: Multivitamins Syrup | | | | | | |
| Multivitamins Syrup 5 ml 120 ml | Multivitamins Syrup 5 ml 120 ml | Multivitamins 120 ml, per 5 ml | | | | |
| | – for clarification with end-user | GRANTED | | | | |
| Item no 3: Vitamin B1 +Vitamin B1 | 2 + Vitamin B6 | | | | | |
| Must be fresh commercial stock | Shelf life – 18 months from the | Shelf life – 18 months from the | | | | |
| with 24 months from the date of | date of delivery (all items) - for | date of delivery (all items) - for | | | | |
| delivery. | clarification with end user | clarification with end user NOT GRANTED | | | | |
| Item no. 4 Ascorbic Acid (Vitamin | C) tab | | | | | |
| Must be fresh commercial stock | Shelf life – 18 months from the | Shelf life – 18 months from the | | | | |
| with 24 months from the date of | date of delivery (all items) – for | date of delivery (all items) – for | | | | |
| delivery. clarification with end user clarification with end user GRANTED | | | | | | |
| Item no. 5 Ascorbic Acid (Vitamin C) syrup | | | | | | |
| Must be fresh commercial stock | Shelf life – 18 months from the | Shelf life – 18 months from the | | | | |
| with 24 months from the date of | date of delivery (all items) - for | date of delivery (all items) - for | | | | |
| delivery. | clarification with end user | clarification with end user NOT GRANTED | | | | |

Bidders are advised to use the following attached forms and submit them together with all required documents for the submission of bids on the 25th day of October 2024, 9:00 AM:

This Supplemental/Bid Bulletin No. 1 shall be integral to the Bidding Documents. All other provisions indicated in the bidding documents not affected by this Supplemental/Bid Bulletin No. 1 shall remain in effect.

For guidance and information of all concerned.

Issued this 18th day of October 2024 in MMCHD

Approved by:

JEREMIAS FRANCIS Y. CHAN, MD

Licensing Officer V / BAC Chairperson

Republic of the Philippines Department of Health Metro Manila Center for Health Development TECHNICAL SPECIFICATIONS 1,776 box Item No. Multivitamins tab 100s Qty./Unit Name of Manufacturer: Country of Origin (if applicable) Brand: Model: (if applicable) ABC: P 710,400.00 PURCHASER'S SPECIFICATION STATEMENT OF COMPLIANCE **Specifications:** Retinol Acetate (Vitamin A), USP 2500 IU Cholecalciferol (Vitamin D), 400 IU Ascorbic Acid (Vitamin C), 80 mg Nicotinic Acid 23 mg Tocopheryl Acid Succinate (Vitamin E) 10 mg Pyrodoxine Hydrochloride (Vitamin 6), 2mg Thiamine Mononitrate (Vitamin B1), 1.7 mg Riboflavin (Vitamin B2)1.3 mg Folic Acid 400 mcg Cynocobalamin (Vitamin B12), 6mcg Multivitamins tablet or capsule B. Upon delivery, the following shall be complied with: Shelf life: Must be fresh commercial stock with 24 months from the date of delivery. **Packaging Instruction:** Standard packaging of the manufacturer **Labelling instruction:** Each Box should be imprinted with **Philippine Government Property Department of Health** NOT FOR SALE Date of Manufacture: _____ Date of Expiry: _ Batch/Lot No.: delivery Area: DOH MMCHD Pasig Warehouse Delivery Period: 30 -45 calendar days Republic of the Philippines Department of Health Metro Manila Center for Health Development TECHNICAL SPECIFICATIONS

| • | | 1 | | |
|---|--|-------------------------|------------------------|--|
| Item No. | Multivitamins Syrup | Qty./Unit | 2,000 bottles | |
| 2 | | | | |
| | | | | |
| Name of M | Name of Manufacturer: Country of Origin (if ap | | n (if applicable) | |
| Brand: | D J. | | Model: (if applicable) | |
| Dianu. | | Miodel. (II applica | auic) | |
| ABC: P 17 | 70.000.00 | | | |
| 1100.11 | 3,000.00 | | | |
| PURCHAS | SER'S SPECIFICATION | STATEMENT O | F COMPLIANCE | |
| | | | | |
| Specificati | ions: | | | |
| | | | | |
| Multivitam | nins Syrup 120ml per 5ml | | | |
| | | | | |
| | | | | |
| ъ. ∪pon d | elivery, the following shall be complied with: | | | |
| Shelf life: | | | | |
| Must l | be fresh commercial stock with 24 months from the date | of delivery. | | |
| Packaging | Packaging Instruction: | | | |
| Standard packaging of the manufacturer | | | | |
| Labelling instruction: | | | | |
| Each Box should be imprinted with | | | | |
| Philippine Government Property Department of Health | | | | |
| | NOT FOR SALE | ui viiiciiv oi 110uivii | | |
| | TOTTORUME | | | |
| | | | | |
| | Date of Manufacture: | | | |
| | Date of Expiry: | | | |
| | Batch/Lot No.: | | | |
| | | | | |
| Delivery Area: DOH MMCHD Pasig Warehouse | | | | |
| Delivery P | eriod: 30 -45 calendar days | | | |
| | | | | |

| Republic of the Philippines Department of Health Metro Manila Center for Health Development | | | | |
|---|--------------------------------------|----------------|------------------------------------|--|
| | TECHNICAL SPECIFICATIONS | | | |
| Item No. | Vitamin B1 +Vitamin B12 + Vitamin B6 | Qty./Unit | 1,000 boxes | |
| Name of Manufacturer: | | Country of Or | Country of Origin (if applicable) | |
| Brand: | | Model: (if app | Model: (if applicable) | |

| ABC: P 400,000.00 | |
|---|-------------------------|
| PURCHASER'S SPECIFICATION | STATEMENT OF COMPLIANCE |
| Specifications: | |
| Vitamin B1 + Vitamin B12 + Vitamin B6 | |
| 100mg +5mg+50mcg tab | |
| 100's | |
| B. Upon delivery, the following shall be complied with: | 1 |
| Shelf life: | |
| Must be fresh commercial stock with 24 months from the date | of delivery. |
| Packaging Instruction: | |
| Standard packaging of the manufacturer | |
| Labelling instruction: | |
| Each Box should be imprinted with | |
| Philippine Government Property Dep | artment of Health |
| NOT FOR SALE | |
| Date of Manufacture: | |
| Date of Expiry: | |
| Batch/Lot No.: | |
| delivery Area: DOH MMCHD Pasig Warehouse Delivery Period: 30 -45 calendar days | |

| | Republic of the Philippines | | | |
|---|--|------------------------------------|--|--|
| Department of Health | | | | |
| | Metro Manila Center for Health Development | | | |
| | | | | |
| | TECHNICAL SPECIFICA | TIONS | | |
| Item No. | Ascorbic Acid (Vitamin C) tab | Qty./Unit 1,697 boxes | | |
| 4 | | | | |
| | | | | |
| Name of Manufacturer: | | Country of Origin (if applicable) | | |
| D J. | | Model: (if appliable) | | |
| Brand: | | Model: (if applicable) | | |
| ABC: P 356,370.00 | | | | |
| | <u> </u> | | | |
| PURCHASER'S SPECIFICATION | | STATEMENT OF COMPLIANCE | | |
| C | | | | |
| Specificati | ions: | | | |
| Ascorbic Acid (Vitamin C) tab 500 mg 100s/box | | | | |
| | (| | | |
| | | | | |
| B. Upon delivery, the following shall be complied with: | | | | |
| _ | • | | | |

| Shelf life: |
|--|
| Must be fresh commercial stock with 24 months from the date of delivery. |
| Packaging Instruction: |
| Standard packaging of the manufacturer |
| Labelling instruction: |
| Each Box should be imprinted with |
| Philippine Government Property Department of Health NOT FOR SALE |
| Date of Manufacture: |
| Date of Expiry: |
| Batch/Lot No.: |
| delivery Area: DOH MMCHD Pasig Warehouse |
| Delivery Period: 30 - 45 calendar days |
| Republic of the Philippines |
| Department of Health |
| Metro Manila Center for Health Development |
| TECHNICAL SPECIFICATIONS |

| Republic of the Philippines | | | | | |
|--|--|-------------------|------------------------------------|--|--|
| Department of Health | | | | | |
| | Metro Manila Center for Health Development | | | | |
| | TECHNICAL SPECIE | IC A TIONS | | | |
| | TECHNICAL SPECIF | ICATIONS | | | |
| Item No. | Ascorbic Acid (Vitamin C) syrup | Qty./Unit | 2,000 bottles | | |
| 5 | | | | | |
| Name of N | Manufacturer: | Country of Origi | Country of Origin (if applicable) | | |
| Brand: | | Model: (if applic | Model: (if applicable) | | |
| ABC: P 98 | 8,000.00 | | | | |
| PURCHASER'S SPECIFICATION | | STATEMENT C | STATEMENT OF COMPLIANCE | | |
| Specificat | ions: | | | | |
| Ascorbic Acid (Vitamin C) syrup 100mg/5ml 60 ml | | | | | |
| | | | | | |
| B. Upon d | elivery, the following shall be complied with: | | | | |
| Shelf life: | | | | | |
| Must be fresh commercial stock with 24 months from the date of delivery. | | | | | |
| Packaging | g Instruction: | | | | |
| Standard p | Standard packaging of the manufacturer | | | | |
| | | | | | |
| Labelling instruction: | | | | | |
| Each Box should be imprinted with | | | | | |
| Philippine Government Property Department of Health | | | | | |

| NOT FOR SALE | | | |
|--|--|--|--|
| Date of Manufacture: | | | |
| Date of Expiry: | | | |
| Batch/Lot No.: | | | |
| delivery Area: DOH MMCHD Pasig Warehouse | | | |
| Delivery Period: 30 -45 calendar days | | | |

Section VI. Schedule of Requirements

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

| Item Number | Description | Quantity | Total ABC (Php) | Delivery Site | Delivered, Weeks/Months |
|----------------|-------------------------------------|------------------|-----------------|------------------------------|----------------------------|
| | Procurement of Various Vitamins | | P 1,734,700.00 | | |
| 1 | Multivitamins Tab 100s | 1776 boxes | | | |
| 2 | Multivitamins syrup | 2,000 bottles | | DOH MMCHD Pasig warehouse | |
| 3 | Vitamin B1+Vitamn B12+Vitamin B6 | 1000 boxes | | | 30 - 45 calendar days |
| 4 | Ascorbic Acid (Vitamin C) tab | 1,697 boxes | | | |
| 5 | Ascorbic Acid (Vitamin C) syrup | 2,000 bottles | | | |

Signature over Printed Name [date of signing]

In the capacity of:
Duly authorized to sign bid for and on behalf of:

[title or other appropriate designation]
(Name of Company)
[Complete office address]
[Contact No.]
[Fax No.]

[Email Address]