

Republic of the Philippines Department of Health

METRO MANILA CENTER FOR HEALTH DEVELOPMENT



SUPPLEMENTAL/ BID BULLETIN NO. 1

IB No. 2025-028 Procurement of Glass Ionomer for Sealant (EARLY PROCUREMENT ACTIVITY

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

| Query during Pre-bidding Conference: | | | | | |
|--------------------------------------|--|--|--|--|--|
| Technical Specification | Query | Response of the End User Unit | | | |
| | Color of sealant: other than tooth color | Color of sealant: other than tooth color or its equivalent | | | |

Furthermore, this is to inform bidders that the bidding will be moved on the **29th of November**, **2024** instead of November 27, 2024 due to lack of quorum

Bidders are advised to use the following attached forms and submit them together with all required documents for the submission of bids on the 29th day of November 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 20th day of November 2024 in MMCHD

Approved by:

JEREMIAS FRANCIS Y. CHAN, MI Licensing Officer V / BAC Chairperson

Republic of the Philippines Department of Health Metro Manila Center for Health Development

| Metro Manila Center for Health Development TECHNICAL SPECIFICATIONS | | | | | |
|---|---|-----------------------------------|------------------------|--|--|
| Item | Glass Ionomer for Sealant | Qty./Unit | 650 kits | | |
| Name of Manufacturer: | | Country of Origin (if applicable) | | | |
| Brand: | Brand: | | Model: (if applicable) | | |
| ABC: P 4 | ,550,000.00 | | | | |
| PURCHA | SER'S SPECIFICATION | STATEMENT OF COMPLIANCE | | | |
| SPECIFIC | ATIONS: | | | | |
| Each kit | should include the following: | | | | |
| One (1) l | pottle of Glass Ionomer Powder at least 15 grams | | | | |
| One (1) l | pottle of Glass Ionomer Liquid, at least 10 grams | | | | |
| One (1) l least 6 g | pottle or multiple syringe of Dentin Conditioner, at rams | | | | |
| One (1) o 3.0 cm V | disposable mixing pad (at least 60 leaves) (at least //) | | | | |
| Two (2) ¡ least | plastic spatula (at least 14 cm L, at least 1 cm W, at | | | | |
| Two (2) ¡ imprinte | pieces Plastic scoop (at least 6 cm L) with d | | | | |
| High Fluc | oride release should be indicated on their product | | | | |
| Color of | sealant: other than tooth color | | | | |
| Instruction | on Guide/Manual | | | | |
| Delivery approve | Period: 60 to 90 calendar days from receipt of d NTP | | | | |
| Delivery | Place: DOH MMCHD Pasig Warehouse | | | | |
| B. Upon | delivery, the following shall be complied with: | | | | |
| Shelf life | : | | | | |
| of tw | t be fresh commercial stock with a total shelf life venty (24) months from the date of manufacture not less than eighteen (18) months from the date elivery. | | | | |
| Packagir | g Instruction: | | | | |
| Standard PFDA | packaging of the manufacturer as approved by | | | | |

Note: All items must be of the original packaging and of the same manufacturer to ensure its compatibility **Labeling instruction:** Standard labelling instruction as approved by FDA pursuant to Administrative Order No. 2016-0008. In addition to the labeling requirement of FDA: A, on each pack the following should be imprinted or stickered with a non removable or permanent sticker or label that is biding, and with residue and tearing, if removed: **Philippine Government Property Department of Health NOT FOR SALE** B. On each bigger box/corrugated carton, the following should be imprinted or stickered with non-removable or permanent sticker or label that is binding, and with residue and tearing if removed: Philippine Government Property Department of Health **NOT FOR SALE** Date of Manufacture: _____ Date of Expiry: Batch/Lot No.: C. Additional Requirements to be attached to the Technical Specifications form arranged, numbered and tabbed as enumerated below: 1. Valid and current Certificate Product Registration (CPR) or Valid Extension issued by the Philippine Food and Drug Administration (PFDA); The CPR must be valid for the entire period of the award. If the CPR is about to expire, the supplier must have submitted a copy of an application of renewal to the FDA at least 3 months before the expiry date (a copy of the expiring CPR which is stamped with an "Extension of Validity" shall be submitted as proof); [AO 2019-0041] 2. Valid and current License to Operate (LTO) for drug suppliers, distributors and traders issued by Philippine Food and Drugs Administration (PFDA). Provided, that the application for renewal was made timely as per DOH AO No. 2016-003: In case of expired LTO, the following copies may be submitted: (i) expired LTO; (ii) application for renewal with FDA document tracking number; and, (iii) Official Receipt as proof of payment of renewal of LTO

3. Product Insert/Product Information or downloaded from the internet and other manufacturer's unamended

unconditional

compliance

statements

by

issued

of

the

sales

specification

literature.

and

manufacturer, samples, independent test data etc., as appropriate for cross-referencing statement of compliance to the technical specification in accordance to what is indicated in Technical Specifications;

4. Certification from the Manufacturer/Distributor/Importer/Wholesaler (as reflected in the Certificate of Product Registration of the product/s to be bid) that the Bidder is an authorized dealer or distributor of the product

c. Additional requirement the Lowest/Single Calculated Bid (L/SCB) as part of post qualification:

- 1. You are requested to submit within (5) five days upon receipt of this notice three (3) copies of all documents needed for Post Qualification of the following documents:
 - a. Eligibility Documents
 - i. (Mayor's Permit (latest annual and quarterly)
 - ii. SEC/DTI Registration,
 - iii. Tax Clearance)
 - b. Certificate of Registration from BIR
 - c. Income Tax Returns latest payment
 - d. Bid Bulletin
 - e. Product Sample /Brochure
 - f. Authority from the Manufacturer to Distribute the Product
 - g. License to Operate
 - h. And other documents stated in BDS
- 2. One (1) original sample of the 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 contract award. The prototype of the labeling instruction must be part of the sample submitted; however, the technical specifications of the labeling instruction of the product must be complied with upon delivery.

E. Product Recall & Disposal:

- 1. The Supplier must ensure the quality of products and if there will be problems in the quality, the Supplier will recall and replace the products distributed in the regions/hospitals/treatment hubs/RHU/HC/BHSS based on Guidelines on Product Recall, FDA Circular No. 2016-012;
- 2. In instances of product recalls due to failures of suppliers and manufacturers to comply with standards of safety and quality, the cost associated with proper disposal/ destruction, handling or pull out from health facilities where these products have already been distributed shall be borne by the supplier (subject to the latest policy for disposal) (DOH Administrative Order (AO) No. 2019-0041)

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.

| Item Number | Description | Quantity | Total ABC (Php) | Delivery Site | Delivered, Weeks/Months |
|----------------|------------------------------|----------|-----------------|---------------------------------|---|
| | Glass Ionomer for Sealant | 650 kits | P 4,550,000.00 | DOH-MMCHD Pasig Warehouse | Sixty (60) to ninety (90) Calendar days After receipt of NTP. |

| Signature | over | Printed | Name |
|-----------|------|-------------|-------|
| Jignature | UVCI | 1 I III CCU | ranic |

[date of signing]

In the capacity of: [title or other appropriate designation]

Duly authorized to sign bid for and on behalf of: (Name of Company)

[Complete office address]

[Contact No.]

[Fax No.]

[Email Address]