

Republic of the Philippines Department of Health

METRO MANILA CENTER FOR HEALTH DEVELOPMENT



SUPPLEMENTAL/ BID BULLETIN NO. 1

IB No. 2025-040 Procurement of Diflubenzuron 20g/kg (EARLY PROCUREMENT ACTIVITY)

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

Revision and clarification to provisions/specifications in the Bidding Documents:		
ORIGINAL TECHNICAL	AMENDED	
SPECIFICATIONS		
No changes stipulated in the Technical Specifications		

Bidders are advised to use the following attached forms and submit them together with all required documents for the submission of bids on the 3rd day of December 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 25th day of November 2024 in MMCHD

Approved by:

Licensing Officer V / BAC Chairperson

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

	TECHNICAL SPECIFICATION			
Item	Diflubenzuron 20g/kg	Qty./Unit	970 canister	
Name of	Name of Manufacturer:		Country of Origin (if applicable)	
Brand:		Model: (if applicable)		
ABC: P 3	996,400.00			
PURCHAS	SER'S SPECIFICATION	STATEMENT OF COMPLIANCE		
SPECIFIC	ATIONS:			
Difluben	zuron 20g/kg			
Delivery NTP	Period: 30 calendar days from receipt of approved			
Delivery	Place: DOH MMCHD Pasig Warehouse			
B. Upon	delivery, the following shall be complied with:			
1. Shelf I	ife:			
	fresh commercial stock, with a minimum shelf life en (18) months remaining from the delivery date.			
2. Packa	ging Instructions:			
	ard packaging of the manufacturers as approved nilippine Food Drug and Authority			
2. Labeli	ng instructions:			
	labelling instruction as approved by FDA to Administrative Order No. 2016-0008			
In additio	on to the labeling requirements of the PFDA:			
with that	following should be legibly imprinted or stickered a a non-removable or permanent sticker or label is binding and will leave residue and rip if oved			
	ine Government Property-Department of Health"			
Date of Mate of E	- ·			
Specifica	onal Requirements to be attached to Technical tions form arranged, numbered and tabbed as ted 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 sales literature, unconditional statements of specification and compliance issued by the 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 by 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
	Diflubenzuron 20g/kg	970 canister	P 3,996,400.00	DOH-MMCHD Pasig Warehouse	Thirty (30) Calendar days After receipt of NPT.

Signature		D: 1	NI
Signature	over	Printen	Mame
Digilatal	$0 v c_1$	1 IIIICU	ITUILL

[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]