



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

SUPPLEMENTAL/ BID BULLETIN NO. 1

IB#2024-086

Procurement of Hepatitis B Surface Antigen Rapid Diagnostic Test

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 SPECIFICATIONS	AMENDED
Test Principle: Immunochromatographic Test (ICT)	Test Principle: Immunochromatographic Test (ICT) or <i>Lateral Flow Test</i>
Specificity/Sensitivity – more than or equal to 99% Multi-device type	Specificity/Sensitivity – more than or equal to 99% Multi – device type <i>or strip type</i>
Specimen: Serum (less than or equal to 100uL), Plasma (less than or equal to 100uL), Whole Blood (less than or equal to 100uL), includes Assay diluent if needed, Capillary Pipettes, Alcohol swabs and Lancets	Specimen: Serum (less than or equal to 100uL), Plasma (less than or equal to 100uL), Whole Blood (less than or equal to 100uL), includes Assay diluent / <i>chase buffer</i> if needed, Capillary Pipettes / <i>Tubes</i> , Alcohol swabs and Lancets

Bidders are advised to use the following attached forms and submit them together with all required documents for the submission of bids on the 13th day of May 2024, 9:00 AM:

This Supplemental/Bid Bulletin No. 1 shall form an integral part of the Bidding Documents. All other provisions indicated in the bidding documents that are not affected by this Supplemental/Bid Bulletin No. 1 shall remain in effect.

For guidance and information of all concerned.

Issued this 6th day of May 2024 in MMCHD

Approved by:

SGD.

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

Section VII. Technical Specifications

Republic of the Philippines Department of Health Metro Manila Center for Health Development TECHNICAL SPECIFICATIONS			
Item No. 1	Hepatitis B Surface Antigen Rapid Diagnostic Test	Qty./Unit	1,017 Kits (100tests/kit)
Name of Manufacturer:		Country of Origin	
Brand:		Model: (if applicable)	
ABC: P 10,170,000.00			
PURCHASER'S SPECIFICATION		STATEMENT OF COMPLIANCE	
<p>Specifications:</p> <p>Test Principle: Immunochromatographic Test (ICT) or <i>Lateral Flow Test</i></p> <p>Specificity/Sensitivity – more than or equal to 99% Multi – device type <i>or strip type</i></p> <p>Result Time: less than or equal to 30 minutes</p> <p>Specimen: Serum (less than or equal to 100uL), Plasma (less than or equal to 100uL), Whole Blood (less than or equal to 100uL), includes Assay diluent / <i>chase buffer</i> if needed, Capillary Pipettes / Tubes, Alcohol swabs and Lancets</p>			
<p>D. Upon delivery, the following shall be complied with:</p> <p>1.Shelf Life:</p> <p>Must be fresh commercial stock with a total shelf life of twenty-four (24) months from the date of manufacture but not less than eighteen (18) months from the date of delivery.</p> <p>2. Packaging Instructions:</p> <p>A. Primary Packaging: 100 pcs per box</p> <p>B. Standard Packaging of the manufacturers as approved by the PFDA.</p> <p>3. Labeling instructions:</p> <p>1. Standard Labeling instruction as approved by PFDA pursuant to Administrative Order No. 2016-0008</p> <p>2. In addition to the labelling requirements of the PFDA:</p> <p style="margin-left: 20px;">a. On each blister pack and box the following shall be legibly imprinted or stickered using a permanent, non-removable sticker/label that is binding and will leave residue and rip if removed.</p>			

“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. _____

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]