

Republic of the Philippines
Province of Davao del Norte
 Government Center, Mankilam, Tagum City

PR Number : 1403-0818

Bid Number : B20140019

Date : April 15, 2014

Page : 1

Item No.	Qty./Unit	Item	Bid Price	
			Unit Price	Total Amount
DRUGS & MEDICINES				
1	25 BOT.	ALUMINUM + MAGNESIUM HYDROXIDE SUSP 60	_____	_____
2	2 BOX	ALUMINUM + MAGNESIUM HYDROXIDE TAB. 10'S	_____	_____
3	72 VIAL	AMIKACIN 5MG./ML SOLUTION 50MG	_____	_____
4	20 AMP.	AMINOPHYLLINE 25MG /ML X 6ML	_____	_____
5	300 TAB.	AMPICILLIN + SULBACTAN (SULTAMICILLIN 750MG)	_____	_____
6	200 VIAL	AMPICILLIN + SULBACTAN 1.5GM	_____	_____
7	100 VIAL	AMPICILLIN 1GM VIAL	_____	_____
8	150 VIAL	AMPICILLIN 250MG VIAL	_____	_____
9	75 VIAL	AMPICILLIN 500MG	_____	_____
10	3 BOX	ASCORBIC ACID 500MG TAB. 100'S	_____	_____
11	72 BOT.	ASCORBIC ACID DROPS 10ML	_____	_____
12	20 AMP.	ATRACURIUM	_____	_____
13	25 AMP.	ATROPINE 250MG/ML AMPULE	_____	_____
14	50 BOT.	AZITHROMYCIN 200MG/5ML-15ML SUSP.	_____	_____
15	10 CAP.	AZITHROMYCIN 500 MG.	_____	_____
16	1 BOX	BETAHISTINE 8MG TABLET 100'S	_____	_____
17	50 NEB	BUDESONIDE	_____	_____
18	5 AMP	BUPIVACAINE	_____	_____
19	25 BOT.	BUTAMITRATE 7.5MG/5ML 60ML SYRUP	_____	_____
20	2 BOX	BUTAMITRATE CITRATE 50MG TAB	_____	_____
21	10 VIAL	BUTORPHANOL TARTRATE 2MG/ML VIAL	_____	_____

DRUGS AND MEDICINES EXPENSES, DDN HOSPITAL (KAPALONG ZONE)

APPROVED BUDGET FOR THE CONTRACT (ABC) : P 1,962,780.10

PGSO WAREHOUSE

Period of Delivery : _____ day/s

**SUPPLIERS MUST SPECIFY/INDICATE
 BRAND NAMES UPON QUOTATION**

INSTRUCTIONS IN FILLING UP THIS BID FORM

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22	2 BOX	CAPTOPRIL 25MG TAB 100'S		
23	36 BOT.	CEFALEXIN 250MG SYRUP		
24	60 BOX	CEFALEXIN 500MG CAP. 100'S		
25	25 BOT.	CEFALEXIN DROPS		
26	500 VIAL	CEFTRIAXONE 1G. (GENERIC)		
27	2 BOX	CEFUROXIME 500MG TAB. 100'S		
28	500 VIAL	CEFUROXIME 750G VIAL		
29	1 BOX	CELECOXIB 200 MG. CAPS. 100'S		
30	10 AMP.	CHLORPHENIRAMINE MALEATE AMP.		
31	1 BOX	CINNARIZINE 25MG 100'S TAB		
32	25 BOX	CIPROFLOXACIN 500MG 100'S TAB		
33	2 BOX	CLARITHROMYCIN TAB. 500MG.		
34	2 BOX	CLINDAMYCIN 300MG. CAP. 100'S		
35	12 BOT.	CO-AMOXICLAV 125MG SUSP.		
36	20 BOT.	CO-AMOXICLAV 250MG SUSP.		
37	5 BOX	CO-AMOXICLAV 500MG TAB.		
38	2,000 BOT	D5 0.03 NAACL 500ML		
39	120 BOT.	D5 0.3 NACI 1 LITER		
40	2,500 BOT.	D5 1MB 500CC		
41	3,000 BOT	D5 LR 1L		
42	96 BOT.	D5 NM 1 LITER		
43	50 BOT.	D5 W 500CC		

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44	15 VIAL	D50 WATER VIAL		
45	3 AMP.	DEXAMETHASONE 20MG AMPULE		
46	100 AMP.	DIAZEPAM 10MG/2ML AMPULE		
47	1 BOX	DIAZEPAM 5MG TABLET 100'S		
48	1 BOX	DICLOFENAC NA 50MG TABLET 100'S		
49	1 AMP.	DICLOFENAC NA 75MG/ML 2ML AMPULE		
50	1 BOX	DICYCLOVERINE 10MG TABLET 100'S		
51	50 BOT.	DICYCLOVERINE HCL 60ML SYRUP		
52	5 AMP.	DIGOXIN AMPULE		
53	15 BOX	DIPHENHYDRAMINE HCL 50MG AMP. 10'S		
54	500 TAB.	DOMPERIDONE		
55	288 BOT.	DOMPERIDONE SYRUP 5MG.		
56	5 BOT.	DOPAMINE 200MG (PRE MIXED)		
57	1 BOX	FELODIPINE 5 MG. TAB. 100'S		
58	25 BOX	FERROUS SULFATE 60MG ELEMENTAL IRON 100'S		
59	72 BOT	FERROUS SULFATE SYRUP 60ML		
60	15 BOX	FERROUS SULFATE W/FOLIC ACID		
61	80 AMP.	FUROSEMIDE 10MG/ML AMPULE		
62	2 BOX.	FUROSEMIDE 20MG TAB. 100'S		
63	1 BOX	FUROSEMIDE 40MG TAB 100'S		
64	10 AMP.	GENTAMYCIN 40MG/ML AMPULE		
65	5 BOX	GLIBENCLAMIDE 5 MG. TAB. 100'S		

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66	3 BOX	GLIMEPIRIDE 2MG TAB 30'S BRANDE		
67	200 AMP	HTIG 250U		
68	100 AMP.	HYDRALAZINE 20MG/ML SOL		
69	10 VIAL	HYDROCORTISONE 100MG VIAL		
70	20 VIAL	HYDROCORTISONE 250MG VIAL		
71	40 VIAL	HYDROCORTISONE 500MG VIAL		
72	200 AMP.	HYOSCINE 10MG AMPULE		
73	2 BOX	HYOSCINE 10MG TABLET 100'S		
74	15 BOX	IPRATROPIUM + SALBUTAMOL NEB 30S		
75	300 NEB.	IPRATROPIUM PLAIN		
76	1 BOX	ISOSORBIDE 5 MONONITRATE 60MG 100'S		
77	1 TAB.	ISOSORBIDE DINITRATE 5MG SL		
78	1 BOX	ISOXSUPRINE TABLET 100'S		
79	100 AMP.	KETOROLAC 30 MG		
80	5 BOX	LAGUNDI 300MG TAB. 100'S		
81	72 BOT	LAGUNDI SYRUP		
82	500 TAB.	LEVOFLOXACIN 500 MG. TAB.		
83	8 CAN	LIDOCAINE HCL(R) EPINEPHRINE 2% XYLESTESINE 50'S		
84	500 TAB	LOSARTAN 100MG		
85	500 TAB	LOSARTAN 50MG (GENERIC)		
86	100 VIAL	MAGNESIUM SULFATE 25% (250 MG/ML)		
87	3 BOT.	MANNITOL INJECTION 20% , 500ML		

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88	300 TAB	MEBENDAZOLE 100MG (GENERIC)		
89	15 BOX	MEFENAMIC ACID 500 MG. CAP.100'S		
90	20 AMP.	METHYLERGOMETRINE MALEATE AMP.		
91	1 BOX	METHYLERGOMETRINE MALEATE TAB. 100'S		
92	20 BOT.	METOCLOPRAMIDE 10MG SYRUP		
93	1 BOX	METOCLOPRAMIDE 10MG TABLET 100'S		
94	300 AMP.	METOCLOPRAMIDE 5MG/ML AMPULE		
95	2 BOX	METOPROLOL 100MG100'S		
96	2 BOX	METOPROLOL 50MG TAB. 100'S		
97	75 BOT	METRONIDAZOLE 125MG SUSPENSION		
98	4 BOX.	METRONIDAZOLE 500MG. TAB. 100'S		
99	8 AMP.	MIDAZOLAM 5MG/ML AMPULE		
100	40 BOX	MONTELUKAST 10MG		
101	10 BOX	MULTIVITAMIN W/ GENSING TAB. 60'S		
102	1,000 CAP.	MULTIVITAMINS WITH IRON (GENERIC)		
103	20 AMP.	NALBUPHINE 10MG/ML, SOL.		
104	10 AMP.	NICARDIPINE 10MG/10ML		
105	30 AMP.	NICARDIPINE 2MG/2ML SOLUTION		
106	50 CAP.	OMEPRAZOLE 20MG CAPSULE		
107	50 AMP.	OXYTOCIN 10IU AMPULE		
108	15 PC.	PARACETAMOL 125MG SUPPOSITORY		
109	30 BOT.	PARACETAMOL 125MG/5ML SYRUP		

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110	10 AMP.	PARACETAMOL 150MG/ML 2ML AMPULE		
111	72 BOT	PARACETAMOL 250MG 60ML SUSP.		
112	10 PC.	PARACETAMOL 250MG SUPPOSITORY		
113	20 BOX.	PARACETAMOL 500MG. TAB. 100'S		
114	30 BOT.	PARACETAMOL DROPS		
115	20 BOX	PHENOBARBITAL 60MG TABLET 100'S		
116	20 BOT	PHENOBARBITAL 90MG TAB 100'S		
117	218 AMP.	PHYTOMENADIONE AMPULE		
118	2,500 BOT.	PLAIN LR 1L		
119	2,500 BOT.	PLAIN NSS 1 LITER		
120	50 VIAL	PLAIN NSS 20ML 20'S		
121	5 VIAL	POTASSIUM CHLORIDE		
122	5 BOX	PREDNISON E 5MG TAB 100'S		
123	10 BOX	RANITIDINE 150 MG. TAB. 100'S		
124	600 AMP.	RANITIDINE AMP.		
125	1 BOX	SALBUTAMOL 2 MG. TAB. 100'S		
126	12 BOT.	SALBUTAMOL 2MG/ML SYRUP		
127	2 BOX	SALBUTAMOL 4MG		
128	2,500 NEB.	SALBUTAMOL NEBULES		
129	5 BOX	SAMBONG 250MG TAB 100'S		
130	1 BOX	SECNIDAZOLE 500MG CAPSULE 100'S		
131	1 TUBE	SILVER SULFADIAZINE CREAM 1% 25G		

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132	3 BOX	SIMVASTATIN 20MG TAB. 100'S	_____	_____
133	30 AMP.	SODIUM BICARBONATE	_____	_____
134	5 VIAL	SUXAMETHONIUM CHLORIDE (GENERIC)	_____	_____
135	100 AMP.	TETANUS TOXOID	_____	_____
136	150 VIAL	TRAMADOL 50MG/ML 2ML VIAL	_____	_____
137	50 AMP.	TRANEXAMIC ACID 500MG AMPULE	_____	_____
138	2 BOX	TRANEXAMIC ACID 500MG CAPSULE 100'S	_____	_____
139	10 AMP	VERAPAMIL 5 MG	_____	_____
140	10 BOX	VITAMIN B-COMPLEX TAB 100'S	_____	_____
141	5 BOX	VITAMIN C	_____	_____
142	144 BOT	ZINC SYRUP	_____	_____
143	144 BOT	ZINC DROPS	_____	_____

Remarks : > brand names must be specified
 > expiry date must be at least 1 year or more after time of delivery

* * * GRAND/LOT PRICE : P _____

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