



**REQUEST FOR QUOTATION**  
**PR NO. 26-07-870**  
**JULY 23, 2026**

The Valenzuela Medical Center (VMC) through its Bids and Awards Committee (BAC) intends to procure the “PROCUREMENT OF CERTIFICATION OF BIOLOGICAL SAFETY CABINET BASED ON NSF 49 OR EN 12469:2000 COMPATIBLE TO BRAND/MODEL: STREAMLINE SC2-4S3” for the Engineering & Facilities Management Section in accordance with Section 34.1 (Small Value Procurement) of the Implementing Rules and regulations of the Republic Act No. 12009.

Please send your price offer for the items listed below duly signed by you or your authorized representative not later than **July 28, 2026, 10:00am**. The VMC-BAC, reserves the right to accept, reject & waive defects in the canvass.

| ITEM NO. | UNIT | ITEM DESCRIPTION                                                                                                                         | QTY.               | UNIT COST | TOTAL COST       |
|----------|------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------|------------------|
| 1        | JOB  | <b>CERTIFICATION OF BIOLOGICAL SAFETY CABINET BASED ON NSF 49 or EN 12469:2000</b>                                                       | 1                  | 19,040.00 | 19,040.00        |
|          |      | Brand: SC2-4S3/STREAMLINE                                                                                                                |                    |           |                  |
|          |      | SN: 2020-150937                                                                                                                          |                    |           |                  |
|          |      | <b>Scope of Works:</b>                                                                                                                   |                    |           |                  |
|          |      | AIRFLOW VELOCITY TEST (INFLOW)                                                                                                           |                    |           |                  |
|          |      | AIRFLOW VELOCITY TEST (DOWNFLOW)                                                                                                         |                    |           |                  |
|          |      | PAO FILTER LEAK TEST                                                                                                                     |                    |           |                  |
|          |      | LIGHT INTENSITY TEST                                                                                                                     |                    |           |                  |
|          |      | NOISE LEVEL TEST                                                                                                                         |                    |           |                  |
|          |      | SMOKE PATTERN TEST                                                                                                                       |                    |           |                  |
|          |      | SITE INSTALLATION ASSESSMENT TEST                                                                                                        |                    |           |                  |
|          |      | UV INTENSITY LIGHT TEST                                                                                                                  |                    |           |                  |
|          |      | <b>Others:</b>                                                                                                                           |                    |           |                  |
|          |      | -Submission of checklist for all activities performed signed by End-User, METs or authorized representative                              |                    |           |                  |
|          |      | - Service provider shall advice the end-user or the Medical Equipment Technicians (METs) all defective and worn-out parts to be replaced |                    |           |                  |
|          |      | - Delivery: Thirty (30) Calendar Days upon receipt of JO                                                                                 |                    |           |                  |
|          |      |                                                                                                                                          | <b>GRAND TOTAL</b> |           | <b>19,040.00</b> |

"PHIC Accredited Healthcare Provider"  
 "Valenzuela Medical Center...Where your health matters most"



Address: Padrigal St., Karuhatan, Valenzuela City, 1441  
 Telephone Nos: 8294-6711 to 17  
 Director's Office Direct Line: 8291-4259  
 Email Address: valgen\_hosp@yahoo.com  
 Website: https://vmc.doh.gov.ph/



Copies of the following documentary requirements such as Certificate of Registration (COR) from BIR, Securities and Exchange Commission (SEC), Department of Trade and Industry (DTI) registration, Business/Mayor's Permit with O.R. renewal, Valid PhilGEPS Certificate, and Updated Tax Clearance Certificate are also required to be submitted along with your quotation/proposal.

Proposal may be submitted manually at the BAC Secretariat, Procurement Office, Valenzuela Medical Center, Padrigal St., Karuhatan, Valenzuela City or through email at [vmc\\_bac2026@yahoo.com](mailto:vmc_bac2026@yahoo.com). For any clarification, you may call Ms. Mary Shely Angeli F. Aurigue at telephone no. 8294-4625 or via email at [vmc\\_bac2026@yahoo.com](mailto:vmc_bac2026@yahoo.com).

**LIGAYA E. DBALDE, MPA**  
Head, BAC Secretariat / Procurement

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