



**PHILIPPINE NATIONAL OIL COMPANY**

PNOC Building VI, Energy Center

Rizal Drive, BGC, Taguig City

Tel. No.: 8789 – 7662

[www.philgeps.gov.ph](http://www.philgeps.gov.ph) / [www.pnoc.com.ph](http://www.pnoc.com.ph)

**REQUEST FOR QUOTATION / PROPOSAL**

The PHILIPPINE NATIONAL OIL COMPANY (PNOC) through its Bids and Awards Committee (BAC), invites all interested and PhilGEPS-registered suppliers / contractors / consultants to submit quotations / proposals for the following company requirements:

Date : **June 15, 2023**  
Project Title : **CY 2023 Annual Physical Examination (APE) for PNOC Employees**  
Reference No. : **2023-06-175**  
Total ABC : **PhP465,000.00**  
Submission Deadline: **June 23, 2023 / 5:00 PM**  
Delivery Location : **PNOC Building 6, Energy Center, Rizal Drive, BGC Taguig**

Accomplished **Price Quotation/Proposal and Compliance Form** may be submitted through registered or electronic mail to the PNOC Procurement Management Division at the above address or to [procurement@pnoc.com.ph](mailto:procurement@pnoc.com.ph) and [cdbbool@pnoc.com.ph](mailto:cdbbool@pnoc.com.ph) no later than the submission deadline together with the following documentary requirements and information:

- Mayor's/Business Permit
- PhilGEPS Registration Number
- Signed Terms of Reference / Technical Specifications Sheet (if applicable)
- Omnibus Sworn Statement (Unnotarized) copy may be submitted prior to submission deadline, but the notarized one shall be submitted after award or before payment).

**Additional Requirements**

- Proof of accreditation / registration from DOH as Health and Diagnostic Services Provider.
- Curriculum Vitae of Physicians and Medical Staff (with certificate of trainings and copy of PRC ID).
- Checklist of what to do in preparation for the APE Program.
- Proof of five (5) years in operation as APE service provider.

The PNOC reserves the right to accept or reject any or all quotations/proposals or parts thereof, to waive formality therein or to accept such or to award any that are considered most advantageous to the company.

Thank you.

  
**ATTY. GRACIELA M. BARLETA**  
Chairperson

Bids and Awards Committee  
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**PRICE QUOTATION / PROPOSAL AND COMPLIANCE FORM**

**CY 2023 Annual Physical Examination (APE) for PNOG Employees**

Item No.	UOM	Technical Specifications	QTY	Total Quotation Amount
1	lot	<p><b>CY 2023 Annual Physical Examination (APE) for PNOG Employees</b></p> <p><b>SCOPE OF WORK:</b> The Service Provider shall conduct the following Annual Physical Examination (APE) procedures <b>ON-SITE:</b> PNOG Head Office in Taguig City</p> <ol style="list-style-type: none"> <li>1. Comprehensive History Taking</li> <li>2. Complete Physical Examination and Optical Screening (Work Site)</li> <li>3. Interpretation of Results and Recommendation</li> <li>4. APE Examination and Laboratory Tests               <ol style="list-style-type: none"> <li>4.1 Physical Examination                   <ol style="list-style-type: none"> <li>4.1.1 Digital Rectal Examination (DRE) for males</li> <li>4.1.2 Breast Examination for females</li> </ol> </li> <li>4.2 Laboratory Test/Studies                   <ol style="list-style-type: none"> <li>4.2.1 Routine Urinalysis</li> <li>4.2.2 Routine Fecalalysis</li> <li>4.2.3 CBC with Platelet Count, Blood Typing (w/RH)</li> <li>4.2.4 Liquid Profile</li> <li>4.2.5 Fasting Blood Sugar (FBS)</li> <li>4.2.6 HBA 1c</li> <li>4.2.7 Blood Uric Acid (BUA)</li> <li>4.2.8 Blood Urea Nitrogen (BUN)</li> <li>4.2.9 Creatinine</li> <li>4.2.10 SGOT</li> <li>4.2.11 SGPT</li> <li>4.2.12 Potassium</li> <li>4.2.13 Sodium</li> </ol> </li> </ol> </li> <li>5. Radiology               <ol style="list-style-type: none"> <li>5.1 Chest X-ray (PA and Lateral)</li> </ol> </li> <li>6. Cardio-Pulmonary               <ol style="list-style-type: none"> <li>6.1 Resting ECG</li> </ol> </li> </ol>	1	

Item No.	UOM	Technical Specifications	QTY	Total Quotation Amount
		7. Special Tests 7.1 PAP Smear (for females 35 years old and above) 7.2 Prostate Specific Antigen (PSA) Test (for males 45 years old and above)  NOTE: Please see attached Terms of Reference (TOR) (ABC: <b>PhP465,000.00</b> )		
Delivery Schedule:		Within Thirty (30) Calendar Days upon issuance of Notice to Proceed (NTP) but not later than September 30, 2023		

## TERMS OF REFERENCE

### CY2023 ANNUAL PHYSICAL EXAMINATION (APE) FOR PNOC EMPLOYEES

#### I. INTRODUCTION

The Annual Physical Examination (APE) is a mandatory tool to monitor the health status of employees by providing on-site services like routine diagnostic, screening and other ancillary procedures to ensure early detection and adequate treatment of any illnesses. The APE is included under the PNOC Health and Wellness Program as required by law and agreed upon in the Collective Negotiation Agreement with the Employees Association.

The APE shall be conducted by a Service Provider subject to terms and reference.

II. IMPLEMENTATION DATE: **Schedule to be agreed upon by PNOC & Service Provider. (But not later than 30 September 2023)**

III. NUMBER OF PAX: (97)- PNOC Employees; (94) Regular Employees and (3) CTIs as of 06 June 2023

#### IV. COVERAGE

All regular and CTIPNOC employees who have completed at least (6) months and are in the service as of the date of effectivity of this Agreement shall be covered.

(Except those assigned in offsite departments –PNOC Park Management Department in Bataan and Energy Supply Base (ESB) Department in Batangas)

#### V. SCOPE OF WORK

The Service Provider shall conduct the following Annual Physical Examination (APE) procedures **ON-SITE**: PNOC Head Office in **Taguig City**

- 1) Comprehensive History Taking
- 2) Complete Physical Examination and Optical Screening (Work Site)
- 3) Interpretation of Results and Recommendation

4) APE Examination and Laboratory Tests

4.1. Physical Examination

- a. Digital Rectal Examination (DRE) for males
- b. Breast Examination for females

4.2. Laboratory test/studies:

- a. Routine Urinalysis;
- b. Routine Fecalalysis;
- c. CBC with Platelet Count, Blood Typing (w/RH)
- d. Lipid Profile
- e. Fasting Blood Sugar (FBS)
- f. HBA1c
- g. Blood Uric Acid (BUA)
- h. Blood Urea Nitrogen (BUN)
- i. Creatinine
- j. SGOT
- k. SGPT
- l. Potassium
- m. Sodium

5) Radiology:

- a) Chest X-ray (PA and Lateral)

6) Cardio-Pulmonary

- a) Resting ECG

7) Special Tests

- a) PAP Smear(for females 35 years old and above)
- b) Prostate Specific Antigen (PSA) Test (for males 45 years old and above)

VI. REQUIREMENTS:

1. Must be a registered and DOH accredited Health and Diagnostic Services provider.
2. Must provide Physicians with staff to assist in the conduct of the Annual Physical Examination (APE). Medical Staff must be a graduate of Family Medicine or trained family physician and must provide certificate of training. All staff is required to provide their current PRC ID.
3. Checklist of what to do in preparation for the APE Program must be submitted beforehand to PNOG for distribution to the employees.
4. Must be Five (5) years in operation as APE service provider
5. Must provide fully-functional equipment (i.e. X-ray and ECG machine, blood chemistry analyzer)

VII. TERMS AND CONDITIONS

- A. The schedule of the APE shall be arranged by PNOG.
- B. A consolidated report of the APE detailing the physician's findings, patient's history and laboratory results must be submitted by the Service Provider in soft and printed copy directly to the PNOG Admin-Personnel Services Division on a schedule indicated in Section VII F.3.c. All medical records, laboratory results and other important information obtained by the Service Provider shall be treated with confidentiality.
- C. The Service Provider shall not use or disclose confidential information or any part thereof, in any manner other than that is necessary to perform its services under this Agreement or as

required by law. Relative thereto, the PNOC agrees to support and coordinate with the Service Provider, its directors and/or officers, employees, or duly authorized representatives, in their defense against any action, sum of money, liability, damages, and claims which any third party may bring against the Service Provider as a direct or indirect result of the PNOC having received and/or used the confidential information.

- D. The Service Provider shall secure the written waiver of rights from the employees of the right to the confidentiality of information between the physician and patient for procedures and examinations undertaken in behalf of the PNOC. The written waiver shall include the authorization for the Service Provider to submit to the PNOC all documents for incorporation in the health profile of the employees.
- E. All documents, records, reports, receipts and information about the APE including those recorded in database systems of the Service Provider shall be the property of the PNOC.
- F. The Service Provider is required to submit the following to the PNOC in accordance with the prescribed period:
  - 1. Schedule of prices per procedure/examination;
  - 2. Advance copy of the APE results of employees with abnormal findings within seven (7) calendar days after the scheduled date and it shall include the recommendations from the examining/evaluating physicians;
  - 3. The following submission of schedule specific test results is required to be endorsed to the PNOC Resident Physician or the Personnel Services Division:
    - a. Urinalysis – at the end of the day
    - b. All test - within three working days
    - c. Soft and hard copies of the APE results (in duplicate forms) and the consolidated report in a sealed package within Ten (10) working days after the scheduled testing;
  - 4. Written report of employees who failed to undergo and/or complete the APE on the third working day of the succeeding month.

#### VIII. TERMS OF PAYMENT

- A. **Payment shall be based on the actual number of employees who have undergone the APE Program. Payment shall be based on the cost of the specific APE procedure/s that an employee underwent. The total amount for all the procedures/examinations per employee shall not exceed for the set of procedures and examinations.**
- B. The Service Provider shall forward the Statement of Account (SOA) and other pertinent documents especially the consolidated report for the services rendered within ten (10) working days from the last scheduled testing/screening date.
- C. The PNOC Admin-PSD shall review and validate the above-mentioned documents within three (3) working days after the receipt of the said documents for queries and/or clarifications. In case of errors (e.g., double billing, erroneous entries, etc.) the documents shall be endorsed and returned to the Service Provider for appropriate action.
- D. The PNOC shall have a period of fifteen (15) working days to process payment that shall commence after completion of the review and validation of the following documents submitted by the Service Provider:

1. Statement of Account;
2. Procedure/examination and/screening results; and
3. Transmittal list that shall contain the following information:
  - name of employee
  - date of examination
  - procedures requested
  - procedures/examination conducted
  - payment due per employee

E. All payments shall be subject to existing accounting and auditing rules applicable to PNOC.

F. The Service Provider agrees that any payment due and payable and/or may be due the Service Provider shall be offset against any amount due to the PNOC under the contract agreement, such as but not limited to liquidated damages.

#### IX. PROJECT DURATION

1. The duration of the project shall not exceed one (1) month upon issuance of a notice to proceed to the Service Provider but in no case shall go beyond **September 30, 2023**.
2. Notwithstanding any provisions to the contrary, the PNOC shall have the right, power and privilege to terminate the services of the Service Provider for any justifiable cause whatsoever without need of judicial action by giving thirty (30) calendar days Written Notice to that effect to the Service Provider, which hereby agrees to abide by the decision of the PNOC.

#### X. PENALTY CLAUSES

1. In case the Service Provider fails to render the APE procedure and/or examinations as scheduled for any reason whatsoever, the Service Provider shall be liable, and pay in favor of the PNOC the full amount allowed for the said services and/or other expenses incurred by reason of such failure.
2. The Service Provider shall not assign or sub-contract the services or any portion thereof covered by the Plan without the prior written approval of the PNOC. Violation of this condition may be a ground for the cancellation of the Contract by the PNOC.

#### XI. APPROVED BUDGET

The approved budget is **Php465, 000.00** (97 employees x P4,793.81.00/pax estimated cost)

XII. CONTACT PERSON: Mr. Lino Gerardo G. Calaor  
Manager A, Administrative Services Department

## TERMS AND CONDITIONS

1. Payment Terms: Government Terms - full payment upon completion of delivery/implementation, or subject to the conditions specified in the Scope of Works/Activities or Terms of Reference.
2. All entries shall be typed or written in a clear legible manner.
3. Bidder shall offer one (1) bid only. Alternative bids shall be rejected.
4. All prices offered herein are valid, binding and effective for THIRTY (30) calendar days upon issuance of this document.
5. As a general rule, price quotations to be denominated in Philippine Peso shall include all taxes, duties and/or levies payable.
6. In case of tie quotations, tie breaking shall be on draw lots or toss coin.
7. In case supplier pro forma quotation is submitted, conditions will be governed by the submitted signed Terms of Reference / Technical Specifications Sheet.
8. During evaluation of quotation/proposal, the project proponent may require additional documents to verify, validate and ascertain the compliance of the supplier/contractor or consultant.

We undertake, if our Proposal is accepted, to supply/deliver the goods/services in accordance with the specifications and/or delivery schedule.

We agree to abide by this quotation/proposal for a period of thirty (30) calendar days, which is the price's validity period and it shall remain binding upon us and may be accepted at any time before the expiration of that period.

Until a Contract or a Purchase Order is executed, this Quotation/Proposal shall be binding upon us. We understand that you are not bound to accept the lowest or any Proposal you may receive.

Signature over Printed Name : \_\_\_\_\_

Designation/Position : \_\_\_\_\_

Name of Organization : \_\_\_\_\_

Organization Address : \_\_\_\_\_

Tel No. / Mobile No. and Email Address : \_\_\_\_\_