



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**BIDS AND AWARDS COMMITTEE**  
**LUZON CENTRAL 2 DIVISION**



Trunkline Number: (045) 455 5360 | 5213 | 5359 \* Email: luzoncentral2@sss.gov.ph

10 July 2025

CANVASS FORM NO: PAMP-2025-006

SEALED CANVASS

Sir/ Ma’am:

Please furnish us with your quotation on or before **July 18, 2025, 5:00PM** for the following items:

QTY	UNIT	PARTICULARS	UNIT COST	TOTAL COST																																																
		<p><b>CONDUCT OF ANNUAL PHYSICAL EXAMINATION OF THE FOLLOWING SSSS REGULAR EMPLOYEES FOR CY 2025</b></p> <p>32 EEs- Pampanga Branch 1 EE – Medical Operations Dept. 7 EEs- Luzon Central 2 Division 1 EE- Meycauayan Branch 7 EEs- Dau Branch 2 EEs- Luzon Central 2 Legal Dept. 1 EE- Large Account Dept.</p> <p><b>PACKAGE SUMMARY</b></p> <table><tr><th>LABORATORY / DIAGNOSTIC</th><th># OF PAX</th></tr><tr><td><b>PACKAGE A</b></td><td></td></tr><tr><td>Urinalysis, CBC, Chest X-Ray, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA, HBA1C, Breast Mammogram, Pap Smear</td><td>10</td></tr><tr><td><b>PACKAGE B</b></td><td></td></tr><tr><td>Urinalysis, CBC, Chest X-Ray, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA, Breast Mammogram, Pap Smear</td><td>14</td></tr><tr><td><b>PACKAGE C</b></td><td></td></tr><tr><td>Urinalysis, CBC, Chest X-Ray, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA</td><td>9</td></tr><tr><td><b>PACKAGE D</b></td><td></td></tr><tr><td>Urinalysis, CBC, Chest X-Ray, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA, HBA1C, PSA</td><td>2</td></tr><tr><td><b>PACKAGE E</b></td><td></td></tr><tr><td>Urinalysis, CBC, Chest X-Ray, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA, PSA</td><td>3</td></tr><tr><td><b>PACKAGE F</b></td><td></td></tr><tr><td>Urinalysis, CBC, Chest X-Ray, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA, HBA1C</td><td>5</td></tr><tr><td><b>PACKAGE G</b></td><td></td></tr><tr><td>Urinalysis, CBC, Chest X-Ray, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA, HBA1C, Pap Smear</td><td>1</td></tr><tr><td><b>PACKAGE H</b></td><td></td></tr><tr><td>Urinalysis, CBC, Chest X-Ray, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA, HBA1C, Breast Mammogram</td><td>1</td></tr><tr><td><b>PACKAGE I</b></td><td></td></tr><tr><td>Urinalysis, CBC, Chest X-Ray, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA, Pap Smear</td><td>4</td></tr><tr><td><b>PACKAGE J</b></td><td></td></tr><tr><td>Urinalysis, CBC, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA</td><td>1</td></tr><tr><td><b>PACKAGE K</b></td><td></td></tr><tr><td>Urinalysis, CBC, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA, HBA1C, Pap Smear</td><td>1</td></tr><tr><td><b>TOTAL</b></td><td><b>51</b></td></tr></table>	LABORATORY / DIAGNOSTIC	# OF PAX	<b>PACKAGE A</b>		Urinalysis, CBC, Chest X-Ray, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA, HBA1C, Breast Mammogram, Pap Smear	10	<b>PACKAGE B</b>		Urinalysis, CBC, Chest X-Ray, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA, Breast Mammogram, Pap Smear	14	<b>PACKAGE C</b>		Urinalysis, CBC, Chest X-Ray, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA	9	<b>PACKAGE D</b>		Urinalysis, CBC, Chest X-Ray, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA, HBA1C, PSA	2	<b>PACKAGE E</b>		Urinalysis, CBC, Chest X-Ray, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA, PSA	3	<b>PACKAGE F</b>		Urinalysis, CBC, Chest X-Ray, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA, HBA1C	5	<b>PACKAGE G</b>		Urinalysis, CBC, Chest X-Ray, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA, HBA1C, Pap Smear	1	<b>PACKAGE H</b>		Urinalysis, CBC, Chest X-Ray, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA, HBA1C, Breast Mammogram	1	<b>PACKAGE I</b>		Urinalysis, CBC, Chest X-Ray, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA, Pap Smear	4	<b>PACKAGE J</b>		Urinalysis, CBC, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA	1	<b>PACKAGE K</b>		Urinalysis, CBC, ECG, FBS, SGPT, Lipid Profile, BUN, Creatinine, BUA, HBA1C, Pap Smear	1	<b>TOTAL</b>	<b>51</b>		
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Owner/Company Representative  
(Signature over Printed Name)



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	<p><b>Please refer to Annex A – List of Employees and Test Requirements</b></p> <p><b>Note:</b></p> <ul style="list-style-type: none"><li>➤ The supplier’s quotation must not exceed the approved budget per employee. (P6,000.00/ employee)</li><li>➤ Payment shall be based on the actual tests conducted per employee.</li></ul> <p><b>Other Requirements:</b></p> <ol style="list-style-type: none"><li>1. With DOH License to operate a General Clinical Laboratory;</li><li>2. Complete fully automated laboratory examinations;</li><li>3. Results available within 5 days from conduct of procedure;</li><li>4. Mobile service capable or with existing branch within the city of within 30km distance from the SSS branch. (Bidder to indicate if mobile service will be provided, name and location of branch/es within the city or within 30 km distance from SSS branch);</li><li>5. Preferably with Quality Certification (ISO 9000/ISO9001) of main office or participating branch;</li><li>6. Preferably with Quality Accreditation (PAB/ISO) 15189) of main office or participating branch.</li></ol> <p>Requesting Branch: <b>SSS PAMPANGA BRANCH</b> Clearance No.: <b>PAM2025-009</b> Purchase Request No.: <b>PAM2025-009</b> Method of Procurement: <b>NP-53.9-Small Value Procurement</b> Mode of Evaluation: <b>Per Lot</b> Date Received: <b>07/03/2025</b></p>	
<b>GRAND TOTAL</b>		

**Approved Budget Contract:** P306,000.00/ 6,000 per employee  
**Delivery Terms:** 30 calendar days from the receipt of approved PO/JO  
**Payment Terms:** Supplier shall be paid in accordance to Government Terms  
**Price validity:** Based on actual price at the time of purchase and up to the extent of the approved budget only.  
**Area of Delivery:** Pampanga Area

- NOTE/S:
- 1.)For canvass with an ABC of P100,000.00 and above, the winning bidder may be required to post a Performance/Warranty Security within Three (3) Calendar Days from receipt of Notice of Award equivalent to 5% Cash(Goods and Consulting Services) & 10% Cash (Infrastructure),Cashier's / Manager's Check, Bank Guarantee/Draft or 30% Surety Bond callable upon demand, of the contract price.
  - 2.) The supplier is required to indicate his **PhilGEPS Registration Number** on the canvass form.
  - 3.) The SSS shall withhold the applicable taxes from the amount payable in accordance with the BIR regulations.
  - 4.) Please specify the brand name / model being offered.
  - 5.) Price quotation should be made with extra care taking into account the specification, unit and quantity to avoid errors. The offeror binds himself to this quotation’s TERMS & CONDITIONS.
  - 6.)This canvass shall only determine the supplier who has the lowest bid for the amount of the Purchase Order (PO) and the check/fund transfer payable to the winning bidder shall be based on actual cost and up to the extent of the approved budget only.
  - 7.) For further inquiries, kindly call **Ms. JULIE ANN R. ARELLANO / JAZZLE CLARIZE M. PINEDA**, Division BAC Secretariat at (045) 455-5213|5359|5360.

This is to certify that my Company is updated in the payment of contributions and loans to SSS and the data / quotation indicated are valid.

**Owner/Company Representative**  
**(Signature over Printed Name)**

Please indicate below your Business Name,  
Address and Telephone Number and Date Received.

Your Business SSS No.: \_\_\_\_\_

PhilGEPS Registration No.: \_\_\_\_\_


T I N.: \_\_\_\_\_

Date Received: \_\_\_\_\_

\_\_\_\_\_  
(Business Name)

\_\_\_\_\_  
(Address & Telephone No.)

Very truly yours,

  
\_\_\_\_\_  
**NORMITA M. CRUZ**  
Division BAC Chairperson  
Luzon Central 2 Division

Canvassed by: \_\_\_\_\_

\_\_\_\_\_  
Signature over printed name

Contact detail of Canvasser:  
Telephone Number: \_\_\_\_\_



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**Please be guided by the following instructions/ reminders:**

1. Fill out all the necessary information.
2. Please make sure that the company is updated in its payment of premium contributions and loan repayments to SSS.
3. **Terms of Payment:** Direct payment to supplier's bank account or check payment (if applicable) upon inspection and acceptance of goods/services by SSS.
4. The SSS shall withhold the VAT from the amounts payable to the suppliers in accordance with B.I.R. regulations. Please see Item 6 for other terms and conditions.
5. **Mode of Submission**
  - For RFQ with Approved Budget of Php100,000.00 below** – Submit your quotation (**Open Canvass/Envelope**) to any preferred means such as hand carry/courier before the deadline of submission.
  - For RFQ with Approved Budget of P100,000.00 and above** – Submit your quotation through a **Sealed Envelope** to the procuring branch through any preferred means before the deadline of submission.
  - RFQ sent through fax or email** must be signed.
  - The applicable documentary requirements must be submitted upon submission of offers/quotation. (As listed in Item 7.)**
6. The SSS is tax-exempt and shall be exempted from payment of VAT, as confirmed by the Department of Finance. It shall however, withhold the VAT from the amounts payable by the SSS to these suppliers in accordance with the BIR regulations.

	VAT REGISTERED	NON-VAT REGISTERED
VAT		
Labor	5%	
Materials	5%	
%TAX		
Labor		3%
Materials		3%
EWT		
Labor	2%	2%
Materials	1%	1%

7. Failure to satisfactory deliver the goods on the delivery date, the supplier is liable for delay and shall pay the SSS liquidated damages in the amount of at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay. ---xxxx (Sec. 68 Rule XXII 2016 RIRR RA9164).
8. List of documentary requirements, where applicable:
  - a) **BIR Certificate of Registration** – first-time bidders to submit BIR 2303 copy for the employer’s name to be encoded in our System Application and Products (SAP) in Data Processing Database
  - b) **Documentary requirements for Alternative Methods of Procurement (Appendix A of Annex “H” of the 2016 Revised Implementing Rules and Regulations of RA 9184, as amended by GPPB Resolution No. 21-2017, dated 30 May 2017.)**

Alternative Modality	Mayor’s/ Business Permit	Professional License / Curriculum Vitae (Consulting Services)	PhilGEPS Reg. Number	PCAB License (Infra.)	NFCC (Infra.)	Income/ Business Tax Return	Omnibus Sworn Statement
<b>I. Direct Contracting [Section 50]</b>	✓		✓			✓ For ABCs above P500K	
<b>II. Shopping [Sec 52.1(b)]</b>	✓		✓				
<b>III. Negotiated Procurement</b>							
<b>A. Emergency Cases (Section 53.2)]</b>	✓			✓	✓ For ABCs above P500K	✓ For ABCs above P500K	✓ <u>For ABCs above P500K</u>
<b>B. Take-Over of Contracts (Section 53.3.2; for new bidders)</b>	✓	✓	✓	✓	✓		
<b>C. Adjacent/ Contiguous (Section 53.4)</b>				✓	✓		
<b>D. Scientific, Scholarly or Artistic Work, Exclusive Technology and Media Services (Section 53.6)</b>	✓	✓	✓			✓ For ABCs above P500K	
<b>E. Highly Technical Consultant (Section 53.7)</b>	✓	✓	✓				
<b>F. Small Value Procurement (Section 53.9)</b>	✓	✓	✓	✓		✓ <u>For ABCs above P500K</u>	✓ <u>For ABCs above P50K</u>
<b>G. Lease of Real Property Or Venue (Section 53.10)</b>	✓ <u>Except for gov’t agencies as lessors</u>		✓ <u>Except for gov’t agencies as lessors</u>			✓ Except for gov’t agencies as lessors	

\*For individuals engaged under Sec. 53.6, 53.7 and 53.9 of the IRR of RA 9184, only the BIR Certificate of Registration shall be submitted in lieu of the Mayor’s Permit.  
\*\* Requirements under Section 53.6 of the IRR of RA 9184 will not apply to artists such as singer, performer, poet, writer, painter and sculptor who are not engaged in business.  
\*\*\* For methods of procurement requiring Mayor’s Permit and PhilGEPS Registration Number, Certificate of Platinum Membership may be submitted in lieu of the said documents.

This is to certify that the price offer conforms to the specification of the project and that the above terms and conditions are understood and complied.

**Owner/Company Representative**  
**(Signature over Printed Name)**