

Request For Quotation (RFQ)

R.F.Q. Date: 21-09-2016

Our Ref.No. DA_32184

Dept. Bio-Medical & Design
Engineering

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	MODULE MULTIPARMETER P/N:M3001A-OPT:A01C06		1	EA	1

Requested By: Danilo Jr. Ramos

Approved By:

Notes: F/ PHILIPSVITAL SIGNS MONITOR MP50 INTELLIVUE

R.F.Q. Date: 21-09-2016

Our Ref.No. DA_32189

Dept. Bio-Medical & Design
Engineering

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	KEYPAD MAIN 7131-ENG-P/N:143255-001		1	EA	1
2	BATTERY DOOR P/N:136777		6	EA	1
3	LCD MODULE GRAPHIC P/N:142850		2	EA	1
4	BATTERY PACK -CONDITIONED P/N:141788		5	EA	1
5	MECHANISM ASSEMBLY P/N:141968		1	EA	1

Requested By: Danilo Jr. Ramos

Approved By:

Notes: F/ INFUSION PUMP ALARIS MOD.7131

R.F.Q. Date: 21-09-2016

Our Ref.No. DA_32190

Dept. Bio-Medical & Design
Engineering

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	BOTTLE COVER F/SUCTION BOTTLE-1.4L-P/N:G9617-CPS		1	EA	1
2	BOTTLE HOLDER F/SUCTION BOTTLE 1.4L-P/N:G9633-MMC5		1	EA	1

Requested By: Danilo Jr. Ramos

Approved By:

Notes: MNFR:

General Condition: Response must be immediate. Registered Vendors are entitled to submit Quotation (**WITHIN FIVE DAYS**) from R.F.Q date by hand, fax or email along with sample and Agency Certificate. Please include item Description, Catalogue Number, Country of Origin, Unit of Measure (content of case, box, pack, kit, liter, gallon etc ..) delivery time and payment terms. Refer the R.F.Q Number and mention the contact person's name, telephone and email in Quotation.

Dallah Hospital, Purchasing Department, Tel. 2994773, Fax. 4702739, P.O Box. 87833, Riyadh 11652,
email: purchasing@dallah-hospital.com, www.dallah-hospital.com

Request For Quotation (RFQ)

R.F.Q. Date: 21-09-2016

Our Ref.No. LE_32191

Dept. Cath-Lab

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	PACEMAKER DR KAPPA# KDR-901		1	EA	1
2	CAPSURE FIX NORUS LEAD #5076-45		1	EA	1
3	CAPSURE FIX NORUS LEAD #5076-52		1	EA	1
4	SHEAT PEEL AWAY 7 FR #K57/0720K,		2	EA	1

Requested By: Lenie Cala Casumpi

Approved By:

Notes: FOR PATIENT FIEL#1240791

R.F.Q. Date: 21-09-2016

Our Ref.No. LE_32192

Dept. Cath-Lab

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	MAXIMO DUAL CHAMBER ICD # D284TRK, MEDTRONIC		1	EA	1
2	SPRINT LEAD 65CM # 6947-65, MEDTRONIC	6947-65	1	EA	1
3	LV LEAD ATTAIN ABILITY OTW		1	EA	1
4	CAPSURE FIX NORUS LEAD #5076-45		1	EA	1
5	CATHETER BALLOON ATTAIN VENOGRAM		1	EA	1
6	SHEATH SAFE CSG BRAIDED CORE WORLEY-STD 9FR		1	EA	1
7	SHEATH INTRODUCER PEEL AWAY # K57/0920K, KIMAL		1	EA	1
8	SHEAT PEEL AWAY 7 FR #K57/0720K,		1	EA	1

Requested By: Lenie Cala Casumpi

Approved By:

Notes: FOR PATIENT FILE#1280477

R.F.Q. Date: 21-09-2016

Our Ref.No. LE_32194

Dept. ACC.WTHOUT C.C

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	ENT UNIT COMPLETE		1	ST	1

Requested By: Lenie Cala Casumpi

Approved By:

Notes: NOTE: WE EXPECT TO RECIEVED THE QUOTATION (1) MONTH FROM TODAY 25/9/2016 -QTN MUST BE SEALED ENVELOPE - FOR SPECIFICATION YOU MAY VISIT US.

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Request For Quotation (RFQ)

R.F.Q. Date: 21-09-2016

Our Ref.No. LE_32195

Dept. ACC.WTHOUT C.C

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	HYDROTHERAPHY UNIT (BUTTERFLY) WALL ENTRANCE (W=2 METERS)		1	EA	1

Requested By: Lenie Cala Casumpi

Approved By:

Notes: FOR NAMAR HOSPITAL. NOTE: WE EXPECT TO RECEIVED THE QUOTATION (1) MONTH FROM TODAY 25/9/2016- MUST BE SEALED ENVELOPE- FOR SPECIFICATION YOU MAY VISIT US

R.F.Q. Date: 21-09-2016

Our Ref.No. LE_32196

Dept. ACC.WTHOUT C.C

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	WASHER DISINFECTOR W/ DRYER DOUBLE DOOR 200-300L/ENDOSCOPE DISINFECTION		1	EA	1
2	ENDO STORE DRYING CABINET		1	EA	1

Requested By: Lenie Cala Casumpi

Approved By:

Notes: NOTE: WE EXPECT TO RECIEVED THE QUOTATION (1) MONTH FROM TODAY 25/9/2016 - MUST BE SEALED ENVELOPE - FOR SPECIFICATION YOU MAY VISIT US.

R.F.Q. Date: 21-09-2016

Our Ref.No. LE_32198

Dept. ACC.WTHOUT C.C

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	DENTAL UNIT + SUCTION + COMP.AIR		1	EA	1
2	ORAL DENTAL X-RAY WALL MOUNTED		1	EA	1

Requested By: Lenie Cala Casumpi

Approved By:

Notes: FOR NAMAR HOSPITAL. NOTE: WE EXPECT TO RECEIVED THE QUOTATION (1) ONE MONTH FROM 25/9/2016- MUST BE SEALED ENVELOPE- FOR SPECIFICATION YOU MAY VISIT US

R.F.Q. Date: 21-09-2016

Our Ref.No. LE_32200

Dept. ACC.WTHOUT C.C

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	FLEXMATIC SCRUB STATION /OR SCRUB SINK SINGLE		1	EA	1
2	O.R. CEILING LIGHTS		1	EA	1

Requested By: Lenie Cala Casumpi

Approved By:

Notes: FOR NAMAR HOSPITAL. NOTE: WE EXPECT TO RECEIVED THE QUOTATION (1) ONE MONTH FROM 25/9/2016- MUST BE SEALED ENVELOPE- FOR SPECIFICATION YOU MAY VISIT US

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Request For Quotation (RFQ)

R.F.Q. Date: 21-09-2016

Our Ref.No. LE_32201

Dept. ACC.WITHOUT C.C

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	BED HEAD UNIT		1	EA	1

Requested By: Lenie Cala Casumpi

Approved By:

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R.F.Q. Date: 21-09-2016

Our Ref.No. LE_32202

Dept. ACC.WITHOUT C.C

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	PENDANT OR/ICU/PICU		1	EA	1

Requested By: Lenie Cala Casumpi

Approved By:

Notes: FOR NAMAR HOSPITAL. NOTE: WE EXPECT TO RECEIVED THE QUOTATION 1 MONTH FROM 25/9/2016- MUST BE SEALED ENVELOPE- FOR SPECIFICATION YOU MAY VISIT US

R.F.Q. Date: 21-09-2016

Our Ref.No. LE_32203

Dept. ACC.WITHOUT C.C

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	MAMOGRAPHY		1	EA	1
2	FLOUROSCOPY		1	EA	1
3	CT SCAN 128S FULL CARDIAC W/ INJ.		1	EA	1
4	DIGITAL GENERAL X-RAY 2 DETECTOR		1	EA	1
5	GENERAL X-RAY / ER		1	EA	1
6	MRI 1.5 FULL CARDIAC W/ INJ./AESTIVA MRI W/ MRI MONITOR		1	EA	1

Requested By: Lenie Cala Casumpi

Approved By:

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Request For Quotation (RFQ)

R.F.Q. Date: 21-09-2016

Our Ref.No. LE_32204

Dept. ACC.WTHOUT C.C

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	PATHOLOGY WORKSTATION		1	EA	1
2	COLD ROOM LABORATORY / PHARMACY		1	EA	1
3	LABORATORY STERILIZER		1	EA	1
4	BIOLOGICAL SAFETY CABINET 2-B		1	EA	1

Requested By: Lenie Cala Casumpi

Approved By:

Notes: FOR NAMAR HOSPITAL. NOTE: WE EXPECT TO RECEIVED THE QUOTATION 1 MONTH FROM 25/9/2016- MUST BE SEALED ENVELOPE- FOR SPECIFICATION YOU MAY VISIT US

R.F.Q. Date: 21-09-2016

Our Ref.No. LE_32205

Dept. ACC.WTHOUT C.C

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	CENTRAL STATION 24 PORT NICU/ER		1	EA	1

Requested By: Lenie Cala Casumpi

Approved By:

Notes: FOR NAMAR HOSPITAL. NOTE: WE EXPECT TO RECEIVED THE QUOTATION (1) ONE MONTH FROM 25/9/2016- MUST BE SEALED ENVELOPE- FOR SPECIFICATION YOU MAY VISIT US

R.F.Q. Date: 21-09-2016

Our Ref.No. LE_32206

Dept. ACC.WTHOUT C.C

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	AUDIOMETER + ISOLATION ROOM		1	EA	1

Requested By: Lenie Cala Casumpi

Approved By:

Notes: FOR NAMAR HOSPITAL. NOTE: WE EXPECT TO RECEIVED THE QUOTATION (1) ONE MONTH FROM 25/9/2016- MUST BE SEALED ENVELOPE- FOR SPECIFICATION YOU MAY VISIT US

R.F.Q. Date: 21-09-2016

Our Ref.No. LE_32207

Dept. ACC.WTHOUT C.C

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	MORTUARY REFRIGERATION FOR 12 BED		1	EA	1

Requested By: Lenie Cala Casumpi

Approved By:

Notes: FOR NAMAR HOSPITAL. NOTE: WE EXPECT TO RECEIVED THE QUOTATION (1) ONE MONTH FROM 25/9/2016- MUST BE SEALED ENVELOPE- FOR SPECIFICATION YOU MAY VISIT US

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Request For Quotation (RFQ)

R.F.Q. Date: 21-09-2016

Our Ref.No. LE_32208

Dept. ACC.WITHOUT C.C

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	ANGIO + CATH LAB/XRAY		1	EA	1

Requested By: Lenie Cala Casumpi

Approved By:

Notes: FOR NAMAR HOSPITAL. NOTE: WE EXPECT TO RECEIVED THE QUOTATION (1) ONE MONTH FROM 25/9/2016- MUST BE SEALED ENVELOPE- FOR SPECIFICATION YOU MAY VISIT US

R.F.Q. Date: 21-09-2016

Our Ref.No. LE_32209

Dept. ACC.WITHOUT C.C

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	STEAM STERILIZER / CSSD		1	EA	1
2	WASHER MACHINE / CSSD		1	EA	1

Requested By: Lenie Cala Casumpi

Approved By:

Notes: NOTE: WE EXPECT TO RECIEVED THE QUOTATION (1) MONTH FROM TODAY 25/9/2016 - MUST BE SEALED ENVELOPE - FOR SPECIFICATION YOU MAY VISIT US.

R.F.Q. Date: 21-09-2016

Our Ref.No. LE_32210

Dept. ACC.WITHOUT C.C

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	NURSE CALL SYSTEM / INTERCOM SYSTEM		1	EA	1

Requested By: Lenie Cala Casumpi

Approved By:

Notes: FOR NAMAR HOSPITAL. NOTE: WE EXPECT TO RECEIVED THE QUOTATION (1) ONE MONTH FROM 25/9/2016- MUST BE SEALED ENVELOPE- FOR SPECIFICATION YOU MAY VISIT US

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Request For Quotation (RFQ)

R.F.Q. Date: 21-09-2016

Our Ref.No. SH_31970

Dept. O.R.

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	TUBE DYONICS INFLOW/OUTFLOW #7211006,S&N	7211006	40	BX	3
2	ENDO BUTTON CL ULTRAFIXATION,15MM # 72200146	72200146	40	EA	1
3	SCREW BIOSURE DIFF SIZES		40	EA	1
4	DELIVERY SYSTEM FAST FIX 360,72202468 # S&N		30	EA	1
5	KNOT PUSHER MENISCAL REPAIR SYSTEM,72202674,S&N		30	EA	1

Requested By: Ali Mohammed Alsinani

Approved By:

Notes:

R.F.Q. Date: 21-09-2016

Our Ref.No. SH_32187

Dept. HOUSEKEEPING

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	MOP WET W/HANDLE & CLIP		100	ST	1
2	DRY MOP FRAME & HANDLE		30	ST	1
3	MOP WET BLUE		864	EA	1
4	MOP WET COTTON 16 OZ		2500	EA	1

Requested By: Ali Hussein Alqahtani

Approved By:

Notes: send you offer with maximum discount within 4 days.

R.F.Q. Date: 21-09-2016

Our Ref.No. SH_32188

Dept. HOUSEKEEPING

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	CURTAIN BED DISPOSABLE ANTI BACTERIAL		150	EA	1

Requested By: Ali Hussein Alqahtani

Approved By:

Notes: send you offer with maximum discount within 4 days.

General Condition: Response must be immediate. Registered Vendors are entitled to submit Quotation (**WITHIN FIVE DAYS**) from R.F.Q date by hand, fax or email along with sample and Agency Certificate. Please include item Description, Catalogue Number, Country of Origin, Unit of Measure (content of case, box, pack, kit, liter, gallon etc ..) delivery time and payment terms. Refer the R.F.Q Number and mention the contact person's name, telephone and email in Quotation.

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Request For Quotation (RFQ)

R.F.Q. Date: 21-09-2016

Our Ref.No. SH_32212

Dept. Radiology

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	FILM DRY VIEW LASER 25X30CM # 1286533, KODAK	1286533	8	BX	125
2	FILM DRY VIEW LASER 18X24 #8613424,KODAK		12	BX	1
3	FILM DRY VIEW LASER 35X43 #8723132,KODAK		8	BX	1

Requested By: Ali Mohammed Alsinani

Approved By:

Notes:

R.F.Q. Date: 21-09-2016

Our Ref.No. SH_32214

Dept. E. N. T.

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	ELECTRODE VITALSTIM THERAPY KIT F/ ADULT#29000,DJO EMPI CHATTANOOGA	59000	30	BX	12
2	ELECTRODE VITALSTIM THERAPY KIT F/PEDIATRIC#59005 , DJO EMPI CHATTANOOGA	59005	15	BX	12

Requested By: Ali Mohammed Alsinani

Approved By:

Notes:

R.F.Q. Date: 25-09-2016

Our Ref.No. DA_32215

Dept. SPARE PART STORE

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	SENSOR OXYGEN FOR DRAGER P/N:6850645		14	EA	1

Requested By: Danilo Jr. Ramos

Approved By:

Notes: VERY URGENT!! NEED IMMEDIATE DELIVERY

R.F.Q. Date: 25-09-2016

Our Ref.No. Sh_32216

Dept. DALLAH DENTAL CENTER

S#	Item Description	Cat.Code	Req.Qty	Unit	Ratio
1	EVA SOFT BLEACHING SHEET		20	BX	1

Requested By: Shields Vargas Rendon

Approved By:

Notes:

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