ROYAL HERITAGE HEALTH FOUNDATION

Request for Quotation (RFQ)
RFQ Number: RHHF/NHF HEALTH/RFQ/2025/Q3/002 DRUGS

ANNEX 4 - PRICING FORM

S/N	Medications	UoM	Unit Price	Quantity	Total Price (NGN)
A	**Sexual Reproductive Health**				
1	Bromocriptine tab	pack		250	
2	Dydrogestrone (Duphaston)	pack		250	
3	Clomiphene	pack		250	
4	Metformin 500mg Tab	x100		250	
5	Amoxiclav 625mg Tab	pack		250	
6	Levonorgestrol 2mg Tab	pack		250	
7	Medroxyprogesterone inj	pack		250	
8	Condom	pack		250	
9	Combi3 Tab	pack		250	
10	IUD Device	pack		250	
11	Misoprostol Tab	pack		250	
12	Vit E softgel	pack		250	
C	**Case Management of Rape**				
1	Emtricitabine and Tenofovir disoproxil fumarate (Truvada)	pack		300	
2	Tinidazole Tab	x100		300	
3	Metroindazole 400mg	x100		300	
4	Azithromycin 500mg Tab	pack		300	
5	Cotrim tab	x100		300	
6	Diazepam Tab	x10		300	
7	Levonorgestrol 2mg	pack		300	
8	Diclofenac potassium+PCM	pack		300	
9	Fluconazole 150mg	x100		300	
D	**Acute Respiratory Infection/Cold**				
1	Cefixime 200mg	pack		350	
2	Cefuroxime 500mg	pack		350	
3	Cotrim tab	x100		350	
4	Cotrim susp	bottles		350	
5	Doxycycline Tab	x100		350	
6	Paracetamol tab	x1000		350	
7	Paracetamol syr	bottles		350	
8	Azithromycin 500mg tab	pack		350	
9	Azithromycin susp	bottles		350	
10	Amoxyl 500mg cap	x100		350	
11	amoxyl susp	bottles		350	
12	Cephalexin tab	pack		350	
13	Clarithromycin Tab	pack		350	
14	Erythromycin 500mg Tab	x100		350	
15	Erythromycin Susp	bottles		350	
16	Loratadine 10mg Tab	x100		350	
17	Loratadine syrup	bottles		350	

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18	Cetrixine Tab	x100		350	
19	Prednisolone 5mg	x100		350	
E	**Maternal delivery**				
1	Oxytocin inj	amp		350	
2	Misoprostol	pack		350	
3	Multivitamins Tab	x1000		350	
4	Metronidazole 400mg Tab	x100		350	
5	Amoxyl 500mg	x100		350	
6	Paracetamol 500mg Tab	x1000		350	
F	**AWD/Cholare/General Treatment**				
1	Face Mask	pack		200	
2	Long Lasting Insectidal Net	pieces		500	
3	ACT 1 (Artesunate Amodiaquine)	pack		500	
4	ACT 2 (Artesunate Amodiaquine)	pack		500	
5	ACT 3 (Artesunate Amodiaquine)	pack		500	
6	ACT 4 (Artesunate Amodiaquine)	pack		500	
7	Artemether + Lumenfantrine 20/120mg x 24	pack		600	
8	Artemether + Lumenfantrine 20/120 x 18	pack		600	
9	Artemether + Lumenfantrine 20/120 x12	pack		600	
10	Artemether + Lumenfantrine 20/120mg x6	pack		600	
11	Artemether 40mg/2ml, inj. of 6vials	pack		600	
12	Artemether 80mg/2ml, inj. of 6vials	pack		600	
13	Artesunate inj 60mg	pack		600	
14	Artesunate inj 120mg	pack		600	
15	Paracetamol Inj	pack		600	
16	Paracetamol 125mg/5ml, susp	bottle		600	
17	Paracetamol Tab	x1000		200	
18	Cotrim Susp	bottle		500	
19	Cotrim 480mg Tab	x100		500	
20	Ciprofloxacin Inf	Vial		600	
21	Ciprofloxacin 500mg Tab	x100		450	
22	Fesolate Tab	x1000		200	
23	Folic Acid Tab	x1000		200	
24	Ibuprofen 200mg Tab	x1000		150	
25	SD Bioline Malaria Pf	pack		500	
26	Loperamide 2mg Tab	x100		500	
27	Kaolin syr	bottle		500	
28	Metronidazole inf	Vial		600	
29	Metronidazole 200mg Tab	x1000		200	
30	Metronidazole 400mg Tab	x100		600	
31	Doxycycline 100mg Cap	x100		600	
32	Tetracycline 250mg Cap	x100		400	
33	Cholera Test RDT Kits	pcs		500	
34	Racecadotril (Hidrasec) 30mg	x3		500	
35	ORS	x3		500	
36	Ringer's lactate solution	pcs		500	
37	Amoxyl 250mg	x100		600	
38	Amoxyl 500mg	x100		500	
39	MUAC Tape (pack of 50pcs)	pack		50	
40	BAG PLASTIC, for drugs, 6 x 8 cm, (100 pces)	pieces		600	
	GRAND TOTAL				
In words:					

Note:

1. The costs should not include VAT
2. Withholding tax will be deducted on ALL transactions
3. Delivery terms : DAP Incoterms 2020
4. All costs must include Packing, handling, transportation, branding (if requested), loading / offloading and any other costs associated to the supply of these items to the final destination. RHHF will not be liable to pay any other costs.
5. The quantities to be purchased will depend on the actual needs, requirements and funding availability. Please note that quantities may fluctuate and will vary more or less than the indicated quantity projection.

OTHER INFORMATION	
Validity of Offer (in days)	
Service delivery timeline (In Days after award of PO / Contract)	
Agrees with RHHF Payment terms(100% PAYMENT UPON DELIVERY): Y	
Name of Supplier:	
Name of Contact Person:	
Job title:	
Contact Number:	
Email:	
Signature & Date :	