

This list was updated in *Thursday, February 07, 2019*
You can **press ctrl+F together** to search for a request by number or
description
Each page contains one request only
Please advance to the **next page**

PR# 80229
Date: Aug 12,
2018

Description	Quantity	Unit
SUFENTANYL 5MCG/ML,2ML INJECTION	50	INJ (1)
<i>Items Count 1</i>		
<p>1)Please send us quotation to our Email REQUESTS.KKUH@KSU.EDU.SA AND MUST BRING THE ORIGINAL QUOTATION TO THE OFFICE</p> <p>2). If you are unable to quote please send us no quote with company stamp to our Email.</p> <p>3)If you have the sole agency certificate please attach the certificate with your quotation.</p> <p>4)offer validity less than 60 days will not be accepted.</p> <p>5)please provide catalogue with quotation or sample on request from department.</p> <p>6)If the request is attached with KKUH engineering specification download from our website and complete the specification with stamp and send it by email and submit original to the office otherwise the quotation will be rejected.</p> <p>7)quotation must contain manufacturer name,country of make,validity and unit of measure. MEDICAL SEVICES MARKETING AUTHORIZATION (MDMA)CERTIFICATE FROM SFDA SHOULD BE ATTACHED WITH QUOTATION</p> <p>If any queries please contact Purchasing department King Khalid university hospital Ph.4691034 and 4691037 Fax.4690800 Email Address. Requests.KKUH@KSU.EDU.SA</p> <p>FOR PHARMACEUTICAL REQUESTS QUOTATIONS SHOULD SEND TO EMAIL ADDRESSDRUGREQUESTS.KKUH@KSU.EDU.SA AND FOR ENQUIRES PHONE NUMBER 4691094 FAX NUMBER 4691499</p> <p>.....</p>		

PR# 80438
Date: Sep 4, 2018

Description	Quantity	Unit
IPRATROPIUM BROMIDE 20MCG/PUFF INHALER	230	BT (1)
<i>Items Count 1</i>		
<p>1)Please send us quotation to our Email REQUESTS.KKUH@KSU.EDU.SA AND MUST BRING THE ORIGINAL QUOTATION TO THE OFFICE</p> <p>2). If you are unable to quote please send us no quote with company stamp to our Email.</p> <p>3)If you have the sole agency certificate please attach the certificate with your quotation.</p> <p>4)offer validity less than 60 days will not be accepted.</p> <p>5)please provide catalogue with quotation or sample on request from department.</p> <p>6)If the request is attached with KKUH engineering specification download from our website and complete the specification with stamp and send it by email and submit original to the office otherwise the quotation will be rejected.</p> <p>7)quotation must contain manufacturer name,country of make,validity and unit of measure. MEDICAL SEVICES MARKETING AUTHORIZATION (MDMA)CERTIFICATE FROM SFDA SHOULD BE ATTACHED WITH QUOTATION</p> <p>If any queries please contact Purchasing department King Khalid university hospital Ph.4691034 and 4691037 Fax.4690800 Email Address. Requests.KKUH@KSU.EDU.SA</p> <p>FOR PHARMACEUTICAL REQUESTS QUOTATIONS SHOULD SEND TO EMAIL ADDRESSDRUGREQUESTS.KKUH@KSU.EDU.SA AND FOR ENQUIRES PHONE NUMBER 4691094 FAX NUMBER 4691499</p> <p>.....</p>		

PR# 80537
Date: Sep 18,
2018

Description	Quantity	Unit
BROMAZEPAM 1.5MG TABLET	3000	TB (1)
<i>Items Count 1</i>		
<p>1)Please send us quotation to our Email REQUESTS.KKUH@KSU.EDU.SA AND MUST BRING THE ORIGINAL QUOTATION TO THE OFFICE</p> <p>2). If you are unable to quote please send us no quote with company stamp to our Email.</p> <p>3)If you have the sole agency certificate please attach the certificate with your quotation.</p> <p>4)offer validity less than 60 days will not be accepted.</p> <p>5)please provide catalogue with quotation or sample on request from department.</p> <p>6)If the request is attached with KKUH engineering specification download from our website and complete the specification with stamp and send it by email and submit original to the office otherwise the quotation will be rejected.</p> <p>7)quotation must contain manufacturer name,country of make,validity and unit of measure.</p> <p>MEDICAL SEVICES MARKETING AUTHORIZATION (MDMA)CERTIFICATE FROM SFDA SHOULD BE ATTACHED WITH QUOTATION</p> <p>If any queries please contact Purchasing department King Khalid university hospital Ph.4691034 and 4691037 Fax.4690800 Email Address. Requests.KKUH@KSU.EDU.SA</p> <p>FOR PHARMACEUTICAL REQUESTS QUOTATIONS SHOULD SEND TO EMAIL ADDRESSDRUGREQUESTS.KKUH@KSU.EDU.SA AND FOR ENQUIRES PHONE NUMBER 4691094 FAX NUMBER 4691499</p> <p>.....</p>		

PR# 80541
Date: Sep 18,
2018

Description	Quantity	Unit
ALUMINIUM HYDROXIDE, MAGNESIUM HYDROXIDE SUSPENSION	3500	BT (1)
Items Count 1		
<p>1)Please send us quotation to our Email REQUESTS.KKUH@KSU.EDU.SA AND MUST BRING THE ORIGINAL QUOTATION TO THE OFFICE</p> <p>2). If you are unable to quote please send us no quote with company stamp to our Email.</p> <p>3)If you have the sole agency certificate please attach the certificate with your quotation.</p> <p>4)offer validity less than 60 days will not be accepted.</p> <p>5)please provide catalogue with quotation or sample on request from department.</p> <p>6)If the request is attached with KKUH engineering specification download from our website and complete the specification with stamp and send it by email and submit original to the office otherwise the quotation will be rejected.</p> <p>7)quotation must contain manufacturer name,country of make,validity and unit of measure.</p> <p>MEDICAL SEVICES MARKETING AUTHORIZATION (MDMA)CERTIFICATE FROM SFDA SHOULD BE ATTACHED WITH QUOTATION</p> <p>If any queries please contact Purchasing department King Khalid university hospital Ph.4691034 and 4691037 Fax.4690800 Email Address. Requests.KKUH@KSU.EDU.SA</p> <p>FOR PHARMACEUTICAL REQUESTS QUOTATIONS SHOULD SEND TO EMAIL ADDRESSDRUGREQUESTS.KKUH@KSU.EDU.SA AND FOR ENQUIRES PHONE NUMBER 4691094 FAX NUMBER 4691499</p> <p>.....</p>		

PR# 80546
Date: Sep 18,
2018

Description	Quantity	Unit
REMIFENTANIL HYDROCHLORIDE 2MG/ML 1ML VIAL	1	VL (500)
<i>Items Count 1</i>		
<p>1)Please send us quotation to our Email REQUESTS.KKUH@KSU.EDU.SA AND MUST BRING THE ORIGINAL QUOTATION TO THE OFFICE</p> <p>2). If you are unable to quote please send us no quote with company stamp to our Email.</p> <p>3)If you have the sole agency certificate please attach the certificate with your quotation.</p> <p>4)offer validity less than 60 days will not be accepted.</p> <p>5)please provide catalogue with quotation or sample on request from department.</p> <p>6)If the request is attached with KKUH engineering specification download from our website and complete the specification with stamp and send it by email and submit original to the office otherwise the quotation will be rejected.</p> <p>7)quotation must contain manufacturer name,country of make,validity and unit of measure.</p> <p>MEDICAL SEVICES MARKETING AUTHORIZATION (MDMA)CERTIFICATE FROM SFDA SHOULD BE ATTACHED WITH QUOTATION</p> <p>If any queries please contact Purchasing department King Khalid university hospital Ph.4691034 and 4691037 Fax.4690800 Email Address. Requests.KKUH@KSU.EDU.SA</p> <p>FOR PHARMACEUTICAL REQUESTS QUOTATIONS SHOULD SEND TO EMAIL ADDRESSDRUGREQUESTS.KKUH@KSU.EDU.SA AND FOR ENQUIRES PHONE NUMBER 4691094 FAX NUMBER 4691499</p> <p>.....</p>		

PR# 80566
Date: Sep 19,
2018

Description	Quantity	Unit
METHOTREXATE 25MG/0.5ML PRE-FILLED SYRING	700	EA (1)
<i>Items Count 1</i>		
<p>1)Please send us quotation to our Email REQUESTS.KKUH@KSU.EDU.SA AND MUST BRING THE ORIGINAL QUOTATION TO THE OFFICE</p> <p>2). If you are unable to quote please send us no quote with company stamp to our Email.</p> <p>3)If you have the sole agency certificate please attach the certificate with your quotation.</p> <p>4)offer validity less than 60 days will not be accepted.</p> <p>5)please provide catalogue with quotation or sample on request from department.</p> <p>6)If the request is attached with KKUH engineering specification download from our website and complete the specification with stamp and send it by email and submit original to the office otherwise the quotation will be rejected.</p> <p>7)quotation must contain manufacturer name,country of make,validity and unit of measure.</p> <p>MEDICAL SEVICES MARKETING AUTHORIZATION (MDMA)CERTIFICATE FROM SFDA SHOULD BE ATTACHED WITH QUOTATION</p> <p>If any queries please contact Purchasing department King Khalid university hospital Ph.4691034 and 4691037 Fax.4690800 Email Address. Requests.KKUH@KSU.EDU.SA</p> <p>FOR PHARMACEUTICAL REQUESTS QUOTATIONS SHOULD SEND TO EMAIL ADDRESSDRUGREQUESTS.KKUH@KSU.EDU.SA AND FOR ENQUIRES PHONE NUMBER 4691094 FAX NUMBER 4691499</p> <p>.....</p>		

PR# 80637
Date: Sep 27,
2018

Description	Quantity	Unit
MULTIVITAMIN ORAL DROPS	4000	BT (1)
<i>Items Count 1</i>		
<p>1)Please send us quotation to our Email REQUESTS.KKUH@KSU.EDU.SA AND MUST BRING THE ORIGINAL QUOTATION TO THE OFFICE</p> <p>2). If you are unable to quote please send us no quote with company stamp to our Email.</p> <p>3)If you have the sole agency certificate please attach the certificate with your quotation.</p> <p>4)offer validity less than 60 days will not be accepted.</p> <p>5)please provide catalogue with quotation or sample on request from department.</p> <p>6)If the request is attached with KKUH engineering specification download from our website and complete the specification with stamp and send it by email and submit original to the office otherwise the quotation will be rejected.</p> <p>7)quotation must contain manufacturer name,country of make,validity and unit of measure.</p> <p>MEDICAL SEVICES MARKETING AUTHORIZATION (MDMA)CERTIFICATE FROM SFDA SHOULD BE ATTACHED WITH QUOTATION</p> <p>If any queries please contact Purchasing department King Khalid university hospital Ph.4691034 and 4691037 Fax.4690800 Email Address. Requests.KKUH@KSU.EDU.SA</p> <p>FOR PHARMACEUTICAL REQUESTS QUOTATIONS SHOULD SEND TO EMAIL ADDRESSDRUGREQUESTS.KKUH@KSU.EDU.SA AND FOR ENQUIRES PHONE NUMBER 4691094 FAX NUMBER 4691499</p> <p>.....</p>		

PR# 80656
Date: Oct 1, 2018

Description	Quantity	Unit
TRASTUZUMAB 150MG INJECTION	370	VL (1)
<i>Items Count 1</i>		
<p>1)Please send us quotation to our Email REQUESTS.KKUH@KSU.EDU.SA AND MUST BRING THE ORIGINAL QUOTATION TO THE OFFICE</p> <p>2). If you are unable to quote please send us no quote with company stamp to our Email.</p> <p>3)If you have the sole agency certificate please attach the certificate with your quotation.</p> <p>4)offer validity less than 60 days will not be accepted.</p> <p>5)please provide catalogue with quotation or sample on request from department.</p> <p>6)If the request is attached with KKUH engineering specification download from our website and complete the specification with stamp and send it by email and submit original to the office otherwise the quotation will be rejected.</p> <p>7)quotation must contain manufacturer name,country of make,validity and unit of measure. MEDICAL SEVICES MARKETING AUTHORIZATION (MDMA)CERTIFICATE FROM SFDA SHOULD BE ATTACHED WITH QUOTATION</p> <p>If any queries please contact Purchasing department King Khalid university hospital Ph.4691034 and 4691037 Fax.4690800 Email Address. Requests.KKUH@KSU.EDU.SA</p> <p>FOR PHARMACEUTICAL REQUESTS QUOTATIONS SHOULD SEND TO EMAIL ADDRESSDRUGREQUESTS.KKUH@KSU.EDU.SA AND FOR ENQUIRES PHONE NUMBER 4691094 FAX NUMBER 4691499</p> <p>.....</p>		

PR# 80675
Date: Oct 2, 2018

Description	Quantity	Unit
CALCIUM CARBONATE 1500MG=600MG ELE.CA. TABLET	1600000	BX (1)
<i>Items Count 1</i>		
<p>1)Please send us quotation to our Email REQUESTS.KKUH@KSU.EDU.SA AND MUST BRING THE ORIGINAL QUOTATION TO THE OFFICE</p> <p>2). If you are unable to quote please send us no quote with company stamp to our Email.</p> <p>3)If you have the sole agency certificate please attach the certificate with your quotation.</p> <p>4)offer validity less than 60 days will not be accepted.</p> <p>5)please provide catalogue with quotation or sample on request from department.</p> <p>6)If the request is attached with KKUH engineering specification download from our website and complete the specification with stamp and send it by email and submit original to the office otherwise the quotation will be rejected.</p> <p>7)quotation must contain manufacturer name,country of make,validity and unit of measure. MEDICAL SEVICES MARKETING AUTHORIZATION (MDMA)CERTIFICATE FROM SFDA SHOULD BE ATTACHED WITH QUOTATION</p> <p>If any queries please contact Purchasing department King Khalid university hospital Ph.4691034 and 4691037 Fax.4690800 Email Address. Requests.KKUH@KSU.EDU.SA</p> <p>FOR PHARMACEUTICAL REQUESTS QUOTATIONS SHOULD SEND TO EMAIL ADDRESSDRUGREQUESTS.KKUH@KSU.EDU.SA AND FOR ENQUIRES PHONE NUMBER 4691094 FAX NUMBER 4691499</p> <p>.....</p>		

PR# 80763
Date: Oct 9, 2018

Description	Quantity	Unit
POT.CITRATE MONOHYDRATE+CITRIC ACID MONOHYDRATE 1100MG+334MG ORAL SOL.	300	BT (1)
Items Count 1		
<p>1)Please send us quotation to our Email REQUESTS.KKUH@KSU.EDU.SA AND MUST BRING THE ORIGINAL QUOTATION TO THE OFFICE</p> <p>2). If you are unable to quote please send us no quote with company stamp to our Email.</p> <p>3)If you have the sole agency certificate please attach the certificate with your quotation.</p> <p>4)offer validity less than 60 days will not be accepted.</p> <p>5)please provide catalogue with quotation or sample on request from department.</p> <p>6)If the request is attached with KKUH engineering specification download from our website and complete the specification with stamp and send it by email and submit original to the office otherwise the quotation will be rejected.</p> <p>7)quotation must contain manufacturer name,country of make,validity and unit of measure.</p> <p>MEDICAL SEVICES MARKETING AUTHORIZATION (MDMA)CERTIFICATE FROM SFDA SHOULD BE ATTACHED WITH QUOTATION</p> <p>If any queries please contact Purchasing department King Khalid university hospital Ph.4691034 and 4691037 Fax.4690800 Email Address. Requests.KKUH@KSU.EDU.SA</p> <p>FOR PHARMACEUTICAL REQUESTS QUOTATIONS SHOULD SEND TO EMAIL ADDRESSDRUGREQUESTS.KKUH@KSU.EDU.SA AND FOR ENQUIRES PHONE NUMBER 4691094 FAX NUMBER 4691499</p> <p>.....</p>		

PR# 80781
Date: Oct 10, 2018

Description	Quantity	Unit
TETRACYCLINE 1% OPHTHALMIC OINTMENT 3-5GM	200	TB (1)
<i>Items Count 1</i>		
<p>1)Please send us quotation to our Email REQUESTS.KKUH@KSU.EDU.SA AND MUST BRING THE ORIGINAL QUOTATION TO THE OFFICE</p> <p>2). If you are unable to quote please send us no quote with company stamp to our Email.</p> <p>3)If you have the sole agency certificate please attach the certificate with your quotation.</p> <p>4)offer validity less than 60 days will not be accepted.</p> <p>5)please provide catalogue with quotation or sample on request from department.</p> <p>6)If the request is attached with KKUH engineering specification download from our website and complete the specification with stamp and send it by email and submit original to the office otherwise the quotation will be rejected.</p> <p>7)quotation must contain manufacturer name,country of make,validity and unit of measure. MEDICAL SEVICES MARKETING AUTHORIZATION (MDMA)CERTIFICATE FROM SFDA SHOULD BE ATTACHED WITH QUOTATION</p> <p>If any queries please contact Purchasing department King Khalid university hospital Ph.4691034 and 4691037 Fax.4690800 Email Address. Requests.KKUH@KSU.EDU.SA</p> <p>FOR PHARMACEUTICAL REQUESTS QUOTATIONS SHOULD SEND TO EMAIL ADDRESSDRUGREQUESTS.KKUH@KSU.EDU.SA AND FOR ENQUIRES PHONE NUMBER 4691094 FAX NUMBER 4691499</p> <p>.....</p>		

PR# 80795
Date: Oct 11, 2018

Description	Quantity	Unit
LIDOCAINE-XYLOCAINE 2% PRESERVATIVE FREE I.V.INJ	1000	VL (1)
<i>Items Count 1</i>		
<p>1)Please send us quotation to our Email REQUESTS.KKUH@KSU.EDU.SA AND MUST BRING THE ORIGINAL QUOTATION TO THE OFFICE</p> <p>2). If you are unable to quote please send us no quote with company stamp to our Email.</p> <p>3)If you have the sole agency certificate please attach the certificate with your quotation.</p> <p>4)offer validity less than 60 days will not be accepted.</p> <p>5)please provide catalogue with quotation or sample on request from department.</p> <p>6)If the request is attached with KKUH engineering specification download from our website and complete the specification with stamp and send it by email and submit original to the office otherwise the quotation will be rejected.</p> <p>7)quotation must contain manufacturer name,country of make,validity and unit of measure. MEDICAL SEVICES MARKETING AUTHORIZATION (MDMA)CERTIFICATE FROM SFDA SHOULD BE ATTACHED WITH QUOTATION</p> <p>If any queries please contact Purchasing department King Khalid university hospital Ph.4691034 and 4691037 Fax.4690800 Email Address. Requests.KKUH@KSU.EDU.SA</p> <p>FOR PHARMACEUTICAL REQUESTS QUOTATIONS SHOULD SEND TO EMAIL ADDRESSDRUGREQUESTS.KKUH@KSU.EDU.SA AND FOR ENQUIRES PHONE NUMBER 4691094 FAX NUMBER 4691499</p> <p>.....</p>		

PR# 80812
Date: Oct 14, 2018

Description	Quantity	Unit
ACARBOSE 50MG TABLETS	70000	TAB (1)
<i>Items Count 1</i>		
<p>1)Please send us quotation to our Email REQUESTS.KKUH@KSU.EDU.SA AND MUST BRING THE ORIGINAL QUOTATION TO THE OFFICE</p> <p>2). If you are unable to quote please send us no quote with company stamp to our Email.</p> <p>3)If you have the sole agency certificate please attach the certificate with your quotation.</p> <p>4)offer validity less than 60 days will not be accepted.</p> <p>5)please provide catalogue with quotation or sample on request from department.</p> <p>6)If the request is attached with KKUH engineering specification download from our website and complete the specification with stamp and send it by email and submit original to the office otherwise the quotation will be rejected.</p> <p>7)quotation must contain manufacturer name,country of make,validity and unit of measure. MEDICAL SEVICES MARKETING AUTHORIZATION (MDMA)CERTIFICATE FROM SFDA SHOULD BE ATTACHED WITH QUOTATION</p> <p>If any queries please contact Purchasing department King Khalid university hospital Ph.4691034 and 4691037 Fax.4690800 Email Address. Requests.KKUH@KSU.EDU.SA</p> <p>FOR PHARMACEUTICAL REQUESTS QUOTATIONS SHOULD SEND TO EMAIL ADDRESSDRUGREQUESTS.KKUH@KSU.EDU.SA AND FOR ENQUIRES PHONE NUMBER 4691094 FAX NUMBER 4691499</p> <p>.....</p>		

PR# 81300
Date: Jan 21, 2019

Description	Quantity	Unit
AZITHROMYCIN 500MG/10ML INJECTION	450	VL (1)
<i>Items Count 1</i>		
<p>1)Please send us quotation to our Email REQUESTS.KKUH@KSU.EDU.SA AND MUST BRING THE ORIGINAL QUOTATION TO THE OFFICE</p> <p>2). If you are unable to quote please send us no quote with company stamp to our Email.</p> <p>3)If you have the sole agency certificate please attach the certificate with your quotation.</p> <p>4)offer validity less than 60 days will not be accepted.</p> <p>5)please provide catalogue with quotation or sample on request from department.</p> <p>6)If the request is attached with KKUH engineering specification download from our website and complete the specification with stamp and send it by email and submit original to the office otherwise the quotation will be rejected.</p> <p>7)quotation must contain manufacturer name,country of make,validity and unit of measure. MEDICAL SEVICES MARKETING AUTHORIZATION (MDMA)CERTIFICATE FROM SFDA SHOULD BE ATTACHED WITH QUOTATION</p> <p>If any queries please contact Purchasing department King Khalid university hospital Ph.4691034 and 4691037 Fax.4690800 Email Address. Requests.KKUH@KSU.EDU.SA</p> <p>FOR PHARMACEUTICAL REQUESTS QUOTATIONS SHOULD SEND TO EMAIL ADDRESSDRUGREQUESTS.KKUH@KSU.EDU.SA AND FOR ENQUIRES PHONE NUMBER 4691094 FAX NUMBER 4691499</p> <p>.....</p>		