

Republic of the Philippines DEPARTMENT OF HEALTH PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100
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NOTICE OF AWARD NOA-2022-006

LIFELINE DIAGNOSTICS SUPPLIES, INC.

1225 Quezon Avenue., Brgy. Sta, Crus,

Quezon City

Tel No.: 8376-5917 / Fax No.: 8372-1675/98

Email: info@lifelinediag.com

Dear Sir / Madam:

This is to inform you that based on the result of the Competitive Bidding conducted on November 8, 2021 for the procurement of One (1) Lot Supply and Delivery of supplies/consumables under Machine Placement Agreement for three (3) years for Hemoglobin Screening for Blood Donors under Invitation to Bid No. IB-2022-005, as per BAC Resolution No. R2022-00-016, your proposal was found to be the Singele Calculated and Responsive Bid (SCRB):

Item Description	Total Cost
One (1) Lot Supply and Delivery of supplies/consumables under Machine Placement Agreement for three (3) years for Hemoglobin Screening for Blood	Php867,000.00 per year
Donors (Refer to Terms of Reference and Annex "A" for detailed offer)	

You are hereby required to provide on or before _

2 4 JAN 2022

the following:

- 1. Necessary contract for this purpose
- 2. Payment of Performance Security in either of the following forms:

FORM OF PERFORMANCE SECURITY	AMOUNT OF PERFORMANCE SECURITY (Equal to Percentage of the Total Contract Price)
a) Cash or cashier's/ manager's check issued by a Universal or Commercial Bank b) Bank draft/guarantee or irrevocable letter of credit issued by a Universal or	Php43,350.00
Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank	
c) Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security.	Thirty percent (30%) Php260,100.00



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Failure to provide the Performance Security shall constitute sufficient ground for cancellation of the award and imposition of penalties/forfeiture corresponding to the Bid Security posted.

Very truly yours,
SONIA B. GONZALEZ, MD, MScHSM, MPM Officer-in-Charge, Executive Director
Conforme:
This is to certify that the company has authorized me to accept this award, sign all related documents and hold the company bound by rules and laws applicable thereto.
I further certify that I have chosen the following mode (as checked) as the form of retention money required of us under RA 9184 Sec. 62.1.
[] Bank Guarantee
[] 1% Deduction from claims on the first payment for staggered deliveries
Authorized Signatory (Signature over printed name)
Designation
Date