

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

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NOTICE OF AWARD NOA-2022-016

ABBOTT LABORATORIES

8f Venice Corporate Center, No.8 Turin Street, McKinley Town Center, Taguig City Tel. No. (632) 8 7028649 E-mail Add: adrian.gonzales@abbott.com

Dear Sir / Madam:

This is to inform you that based on the result of the Public Bidding conducted on November 8, 2021 for the project stated below under Invitation to Bid No. IB 2022-022, your proposal was found to be the Single Calculated and Responsive Bid (SCRB):

ITEM DESCRIPTION	TOTAL COST
One (1) Lot Supply and Delivery of reagents/ consumables under Reagent Tie-up Agreement for Three (3) Years for Automated Analyzer Methotrexate Determination (Refer to Terms of Reference and Annex "A" for detailed offer)	Php3,453,071.52 year

You are hereby required to provide on or before 2 2 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
a) Cash or cashier's/ manager's check issued by a Universal or Commercial Bank	Five percent (5%)
b) Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank	Php172,653.58
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%) Php1,035,921.46

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One (1) Lot Supply and Delivery of reagents/ consumables under Reagent Tie-up Agreement for Three (3)

Years for Automated Analyzer for Methotrexate

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Failure to provide the Performance Security and/or contract 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 Offficer-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
[] Bank Guarantee
[] 1% Deduction from claims on the first payment for staggered deliveries
Authorized Signature over printed name)
Designation
Date