



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

Quezon Avenue, Quezon City 1100
website: www.pcmc.gov.ph email: officeofthedirector@pcmc.gov.ph
Trunkline: 8588-9900 DirectLine: 8924-0836 Fax No: 8924-0840

NOTICE OF AWARD
NOA-2022-075

MEDILINES DISTRIBUTORS, INC.
#7 Pioneer St., cor. Sheridan St.
Mandaluyong City
Telephone No.: 634-9132 / 634-3752
E-mail Add: rknicolas@medilines.com.ph

Dear Sir / Madam:

Please be informed that we are procuring the following services to you through Direct Contracting per RFQ (DC) 2022-017

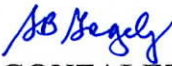
Item No.	QTY	UNIT	ITEM DESCRIPTION	UNIT COST	TOTAL AMOUNT
1	4	lot	Quarterly Preventive Maintenance Services for ten (10) units Dialog + Hemodialysis Machine (Parts and Labor)	250,000.00	1,000,000.00
			SN : 503-771 ; PN: 1801-419-2413-A-HEMO		
			SN : 503-772 ; PN: 1801-419-2414-A-HEMO		
			SN : 503-773 ; PN: 1801-419-2415-A-HEMO		
			SN : 503-774 ; PN: 1801-419-2416-A-HEMO		
			SN : 503-775 ; PN: 1801-419-2417-A-HEMO		
			SN : 503-776 ; PN: 1801-419-2418-A-HEMO		
			SN : 503-777 ; PN: 1801-419-2419-A-HEMO		
			SN : 503-778 ; PN: 1801-419-2420-A-HEMO		
			SN : 503-779 ; PN: 1801-419-2421-A-HEMO		
			SN : 503-780 ; PN: 1801-419-2422-A-HEMO		
			Scope of Works:		
			> Decaffication		
			> Visual Inspection internal and External		
			> Check mains power supply connection		
			> Tight seat of tubing connections		
			> Check TFT Monitor		
			> Check all pressure reducer valve and throttle valves		
			> Check Piston Pumps -Check Conductivity Sensors		
			> Test run and disinfection		
			> To provide PMS Checklist IQ per machine		
			> To provide Technical Service Report		
			Warranty: Three (3) months / quarter		
			Delivery Schedule : Within seven (7) working days from receipt of Purchase Order		

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Terms and Conditions :

» The supplier should render the services called for in the Purchase Order (PO) within the stated schedules upon receipt of approved PO through fax or personal received during office hours at the Procurement Section.

» PCMC has the right to reject any or all bids without offering any reason, waive any required formality and award the contract to any bidder whose proposals as evaluated by PCMC is the most advantageous to the government.



SONIA B. GONZALEZ, MD MScHSM, MPM
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 R.A. 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