



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
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE OF AWARD
NOA-2022-148

DISTRIBUTION SOLUTIONS PHILS., INC.

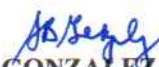

4th Floor Centermall Bldg.,
51 President's Ave., BF Homes,
Phase 1, Parañaque City
Tel. No.: 8801-2339
Email Add: fbpdevera@distriphil.com

Dear Sir / Madam:

Please be informed that we are procuring the following additional item/s under the same terms and conditions of the contract One (1) Lot Supply and Delivery of reagents/consumables under Reagent Tie-up Agreement for three (3) years for Automated Clinical Chemistry Analyzer through Direct Contracting per Resolution No. R2022-08-399:

QTY	UNIT	ITEM DESCRIPTION	UNIT COST	TOTAL AMOUNT
		Brand: Vitros		
1	bx	ANTI-STREPTOLYSIN REAGENT, 300 test/box	37,000.00	37,000.000
2	bx	C3 REAGENT, 300 test/box	37,000.00	74,000.000
2	bx	CK, 90 test/box (18x5)	6,000.00	12,000.000
5	bx	CRP, 90 test/box	9,000.00	45,000.000
4	bx	CSF PROTEIN, 90 test/box (18x5)	4,000.00	16,000.000
2	bx	dHDL, 300 test/box (60x5)	16,000.00	32,000.000
2	bx	GGT, 250 test/box	9,000.00	18,000.000
4	bx	LACTATE, 90 test/box	10,000.00	40,000.000
4	bx	LIPASE, 90 test/box	5,950.00	23,800.000
2	bx	PHENYTOIN, 90 test/box	10,000.00	20,000.000
2	bx	PHOSPHOROUS, 300 test/box (60x5)	10,000.00	20,000.000
2	bx	TRIGLYCERIDES, 300 test/box (60x5)	10,000.00	20,000.000
4	bx	UPRO, 90 test/box (18x5)	6,500.00	26,000.000
1	bx	VALPROIC, 300 test/box	35,000.00	35,000.000
5	kit	Vancomycin RGT, 300 test/box for Vitros Clinical Chemistry Analyzer	100,000.00	500,000.000
TOTAL				918,800.00

Very truly yours,


SONIA B. GONZALEZ, MD, MSChSM, MPM
Executive Director 

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DISTRIBUTION SOLUTIONS PHILS., INC.

One (1) Lot Supply and Delivery of reagents/consumables under Reagent Tie-up Agreement for three (3) years for Automated Clinical Chemistry Analyzer through Direct Contracting

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