



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

Quezon Avenue, Quezon City 1100  
 website: [www.pcmc.gov.ph](http://www.pcmc.gov.ph) email: [officeofthedirector@pcmc.gov.ph](mailto:officeofthedirector@pcmc.gov.ph)  
 Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

**NOTICE OF AWARD**  
**NOA-2023-052**

**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](mailto: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. R2023-02-117:

QTY	UNIT	PCMC REQUIREMENT	ITEM DESCRIPTION	UNIT COST	TOTAL AMOUNT
2	bx	HBA1C Reagent 300T	Hemoglobin A1C1 5 packs/250 slds Manufacturer: Ortho Clinical Diagnostic Country of Origin: USA	81,000.00	162,000.000
<b>TOTAL</b>					<b>162,000.00</b>

Very truly yours,

  
**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