



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

Quezon Avenue, Quezon City 1100
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Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE OF AWARD
NOA-2023-089

MEDTRONIX MEDICAL SUPPLIES AND EQUIPMENT,
72-A Scout Limbaga St, Tomas Morato Ave.
Quezon City
Telephone No.: 415-2528, 413-4764

Dear Sir / Madam:

Please be informed that we are procuring the following services to you through Direct Contracting per RFQ (DC) 2023-034.

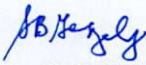
Item No.	QTY	UNIT	ITEM DESCRIPTION	UNIT COST	TOTAL AMOUNT
Supply of Labor, tools, parts & materials for the Preventive Maintenance Services and Replacement of defective parts for the Heart and Lung Machine, Brand: MAQUET					
I. One (1) Lot Preventive Maintenance				40,000.00	40,000.00
			Scope of Works for the HL20 Perfusion System and HCU40 Heater - Cooler > Physical Check and Cleaning > Console and pump mechanics > Pump electronics > Check power supply > Test back-up battery > Check mechanical function of wheels and brake, globe valves, drain valves and knob set > Test system > Check system control panel/touch screen > Clean and replace water		
II. Replacement of the following parts					
	2	pc	> HL20 Lead Acid Battery, 12V, Netherlands	50,000.00	100,000.00
	2	pc	> TPM Belt with Pulley, Netherlands	95,000.00	190,000.00
	3	pc	> RPM Belt, Netherlands	9,500.00	28,500.00
III. Labor					
	1	Lot	> Installation & Functional Testing		20,000.00
			Warranty: Three (3) Months		
			Delivery Schedule: 8-12 weeks upon receipt of approved Purchase Order		
			Total Amount		378,500.00

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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 Division.

» 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

