



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-2023-152-006**

**GLOBO ASIATICO ENTERPRISES INC.**

127 JDK Bldg. Maginhawa Street,  
Teachers Village, Quezon City  
Tel. No. 982-7000 / 982-7086  
Fax No. 433-0651 / 436-5833

Dear Sir / Madam:

This is to inform you that based on the result of the Public Bidding conducted on August 1, 2023, for Various Pharmaceutical Supplies CY2023 under Invitation to Bid No. IB-2023-089, as per BAC Resolution No. R2023-08-475, your proposal was found to be the Lowest Calculated and Responsive Bid (LCRB):

SET	ITEM NO.	QTY	UNIT	ITEM DESCRIPTION	BRAND, PACKING, SPECIFICATION, ETC.	MANUFACTURER	UNIT COST	TOTAL AMOUNT	
<b>VAT-EXEMPT</b>									
B	25	2,010	pc	Epoetin B (RH Erythropoeitin) pfs 2000 IU/0.3mL (IV,SC)	Epoetin beta 2,000IU/0.3ml Solution for Injection (S.C./I.V.), Box of 6's	Recormon	Roche Diagnostics GmbH	412.50	829,125.00
B	42	13,000	tab	Mycophenolate Mofetil tab 500mg	Mycophenolate mofetil 500mg Film-Coated Tablet, Box of 50's	Cyfen	Sandoz Private Limited	43.75	568,750.00
D	9	730	vl	Cytarabine vl 500mg, 5mL (IV, SC infusion)	Cytarabine 100mg/ml Solution for Injection (IV/SC/ Intrathecal), 5ml	MPL Cyta	Multicare Pharmaceuticals Phils. Inc.	369.64	269,837.20
D	16	2,021	amp/vl	Etoposide amp/vl 20mg/mL, 5mL (IV)	Etoposide 100mg/5ml Solution for Injection (I.V.)	Etopa	Getwell Pharmaceuticals	250.00	505,250.00
D	18	50	vl	Fluorouracil vl 500mg IV	Fluorouracil 50mg/ml Solution for injection (IV), 10ml	Raciwel	Getwell Pharmaceuticals	66.07	3,303.50

**GRAND TOTAL = Php 2,176,265.70**

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**GLOBO ASIATICO ENTERPRISES INC.**

**Terms and Conditions :**

1. The prices of the awarded item(s) shall be valid until December 31, 2023.
2. Conforme on the attached Terms of Reference, if applicable
3. Staggered delivery, staggered payment.
4. Delivery Schedule: Within Seven (7) working days upon receipt of Delivery Order Slip.
5. Drugs and Medicines to be delivered should have expiration of at least one (1) year and longer or as expressed/required by Pharmacy Division.
6. The quantities specified are estimated requirements during the period and may be decreased depending upon the actual need of PCMC. It is understood therefore that PCMC is not bound to order / purchase all the items / quantities called for on this Notice of Award.
7. The supplier should submit Materials Safety Data Sheet upon initial delivery, if applicable.

You are hereby required to provide on or before 16 SEP 2023 the Performance Security in either of the following form:

FORM OF PERFORMANCE SECURITY	AMOUNT OF PERFORMANCE SECURITY (Equal to Percentage of the Total Contract Price)
a) Cash or cashier's/ manager's check issued by a Universal or Commercial Bank	Five percent (5%) <b>Php108,813.29</b> \
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	
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%) <b>Php652,879.71</b> \

Failure to provide the Performance Security shall constitute sufficient ground for cancellation of the award and imposition of penalties/forfeiture corresponding to the Bid Security posted.

Very truly yours,

*SB Gonzales*  
**SONIA B. GONZALEZ, MD, MScHSM, MPM**  
 Executive Director *Pol*

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GLOBO ASIATICO ENTERPRISES INC. ' 5

**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

7