

70965



Republic of the Philippines
PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Ave. Quezon City
Tel. No.: 588-9900 loc. 224, 226, 390

PURCHASE ORDER
FOR SUPPLIES OR EQUIPMENT
No. **70965**
11/23/2020

P. R. No. EP-Bayamihan 2 Dated: _____
MODE OF PROCUREMENT R2020-12-539
CS No. _____ DATE OF P.O. December 11, 2020
AC No. 2020-641-M(NP)

PRIME MEDIX ENTERPRISES

Tel: 8475-6383

TO: Supplier/Dealer Contractor Unit 525 The Hub B One Oasis, Ortigas Ave. Ext., Pasig City
Address: _____

Department/Office/Division/Section Supply & Property Section
Is to be made: Ground Floor, PCMC Bldg.
Location: _____
Special Instructions _____

Delivery period: 7 working days Other Terms: _____
Bidder's Bond Posted: Cash GSIS Policy
Cashier's/ Manager's / Cert Check No. _____
PCMC O.R. No. _____ Amount P _____

Item No	QTY ₆	UNIT _{set}	INFUSION PUMP ARTICLES	UNIT COST	TOTAL COST
			Brand: B Braun Make/Model: Infusomat Space P Warranty: 2 yrs on Parts & Services > Availability of Service Center Nationwide > With Quarterly Preventive Maintenance & Calibration Specifications: > Can be used for any kind of IV set (Universal) and in any solution-crystalloid, colloid, TPN > Can change rate of infusion w/o interrupting the infusion procedure > Capable of delivering Manual and Automatic boluses including Target Volume and Target Time > Can configure doses of commonly used drugs in the unit > Data Lock, locks the keypad and prevents unauthorized access to safety relevant functions > Deactivatable drop sensor, eliminates unnecessary drop sensor alarms during rugged transport of patients > Viewable battery charge level in terms of hours and minutes, displays how long the pump can operate in battery mode > Free flow clamp, prevents free flow on accidental opening of pump door or on changing of IV lines > Customizable menus and configurable features, menus and features can be hidden/shown and configured according to your needs and preferences > 100% (continuous operation) Battery type: rechargeable Standby and operating time using battery: 3 hours > Portable and can be attached or place to IV Pole > Accuracy delivery rate > Delivery range: increments as small as 0.01mL infusion w/ rate range from 0.01mL/hr to 1200mL/hr > Alarm system: Occlusion and Pressure; Empty; Air Bubbles > Mechanical occlusion pressure limit under fault conditions, occlusion alarm pressure max. 3.0 bar > Alarm in case of incorrect dosage of max. 0.6mL due to apparatus malfunction, the pump switches off automatically Delivery: 30 - 45 Calendar Days (1)	78,000.00	468,000.00

Funding Code

468,000.00

FUNDS AVAILABLE: ₱ 936,000

ODETH A. VILLEGAS, CPA
Chief Accountant

APPROVED:

JULIUS A. LECIONES, MD, PhD, DPA, CESO III

Executive Director

Attachments:

- P.R. No. NS Patient Care 2020-17/18
- Abstract of Canvass/Bids
- Canvass Sheet/Tender of Bids
- Notarized Certification of Exclusive Distributor
- Justification
- Others NDA 2020-174

quotations

R2020-12-539

MP-2020-266

TOTAL AMOUNT P

CERTIFICATION
This is to certify that I received today the Original copy of this Purchase Order, and held the Company bound by the terms and stipulation of the contract and other laws applicable.

(Signature over printed name)

Date: _____

Distribution : White (Original) - Supplier (to be attached in the claim voucher with other supporting documents)
Yellow (Duplicate) - Procurement

Pink - Supply and Property



Republic of the Philippines
PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Ave. Quezon City
 Tel. No.: 588-9900 loc. 224, 226, 390

PURCHASE ORDER 70965
FOR SUPPLIES OR EQUIPMENT
 P. R. No. NS Patient Care-2020-17/18 Dated: 11/23/2020
 MODE OF PROCUREMENT
EP-Bayanihan 2 dnr
 CS No. R2020-12-539 AC No. 2020-641-M(NP)
 DATE OF P.O. December 11, 2020

TO: Supplier/Dealer Contractor PRIME MEDIX ENTERPRISES Tel: 8475-6383
 Address: Unit 525 The Hub B One Oasis, Ortigas Ave. Ext., Pasig City

Department/Office/Division/Section/Unit where delivery
 Is to be made: Supply & Property Section
 Location: Ground Floor, PCMC Bldg.
 Special Instructions Ground Floor, PCMC Bldg.

Delivery period: 7 working days Other Terms: _____
 Bidder's Bond Posted: Cash GSIS Policy
 Cashier's / Manager's / Cert Check No. _____
 PCMC O.R. No. _____ Amount P _____

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
2	6	set	Balance forwarded SYRINGE PUMP Brand: B Braun Make/Model: Perfusor Space Warranty: 2 yrs on Accessories, Parts & Services > With Quarterly Preventive Maintenance & Calibration Specifications: > Can be used with syringes of any brand as small as 2/3mL, 5mL and 10mL sizes ~ the smaller the syringes, the more consistent the flow rates ~ the smaller the syringes, the earlier the alarm response time to occlusions > Can also be used with larger size syringes such as 20mL, 30mL, 50/60mL, can be used like the standard syringe pumps that uses standard syringes sizes for syringe pumps. > Minimal flow rates of 0.01mL/hr, can accomodate patient as light as 250g. meets specific podiatrist requirement > Data Lock, prevents unauthorized access to infusion data > Online change of rate, rate can be changed w/o interrupting the infusion ideal for drugs w/ short half-life > Data Lock, locks the keypad and prevents unauthorized access to safety relevant functions > Free flow clamp, prevents free flow on initial setting-up and/or on changing of syringes > Can be placed on table top or attached to IV Stand > Can be used for any solution-crystalloid, colloid, TPN > External power supply: external low voltage 11...16V DC via Connection Lead SP 12V or via Space Station > Staff call max. 24V / 0,5A / 24VA (VDE 0834) > Time of operation; 100% (cintinuous operation) > Operating conditions > Operating time of rechargeable battery approx. 8 hrs at 25mL/h > Recharging time: Approx 6hrs > Weight: Approx 1.4kg > Dimensions (W x H x D) 249 x 68 x 152 mL/h	78,000.00	468,000.00 468,000.00 936,000.00 wwwwwwwww (Nine hundred thirty six thousand pesos only)

Funding Code _____ (2) **TOTAL AMOUNT P** 936,000.00

FUNDS AVAILABLE: ₱ 936,000
ODETH A. VILLEGAS, CPA
 Chief Accountant
 APPROVED:
JULIUS A. LECCIONES, MD, PhD, DPA, CESO III
 Executive Director

Attachments:
 P.R. No. NS Patient Care 2020-17/18
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others NOA 2020-174
quotations
R2020-12-539
NTP-2020-266

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Republic of the Philippines
PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Ave. Quezon City
 Tel. No.: 588-9900 loc. 224, 226, 390

PURCHASE ORDER 70965

FOR SUPPLIES OR EQUIPMENT

P. R. NS Patient Care-2020/17/18 Dated: 11/23/2020

MODE OF PROCUREMENT

EP- Bayanihan 2 dur

CS No. R2020-12-539 AC No. 2020-641-M(NP)

DATE OF P.O. December 11, 2020

TO: Supplier/Dealer Contractor PRIME MEDIX ENTERPRISES Tel: 8475-6383

Address: Unit 525 The Hub B One Oasis, Ortigas Ave. Ext., Pasig City

Department/Office/Division/Section/Unit where delivery Is to be made: _____ Location: <u>Supply & Property Section</u> Special Instructions <u>Ground Floor, PCMC Bldg.</u>	Delivery period: 7 working days Other Terms: _____ Bidder's Bond Posted: <input type="checkbox"/> Cash <input type="checkbox"/> GSIS Policy Cashier's / Manager's / Cert Check No. _____ PCMC O.R. No. _____ Amount P _____
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Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			<p>Specifications: (cont)</p> <ul style="list-style-type: none"> > Volume pre-selection: 0.1-99.99mL in increments of 0.01mL <li style="padding-left: 20px;">100.0-999.0mL in increments 0.1mL <li style="padding-left: 20px;">1000-9999mL in increments 1mL > Time Pre-Selection, 00:01-99.59 h > Occlusion alarm pressure > alarms in case of incorrect dose, for incorrect dosages of 0.1mL due to malfunction of the device, the pump will shut off > Rate increments 0.01-99.99mL/h in increments of 0.1mL/h <li style="padding-left: 20px;">100.0-999.9mL/h in increments of 0.1mL/h > Keep vein open rate <ul style="list-style-type: none"> - Rate >= 10mL/h : KVO-rate 3mL/h - Rate < 10mL/h : KVO-rate 1mL/h > History protocol, refer to separate documents of the history viewer for closer information <p>Delivery: 30 - 45 Calendar Days</p> <p>Posting of Warranty Security:</p> <p>The obligation for the warranty shall be covered by retention money in an amount equivalent to at least five percent (5%) of the contract price.</p> <p>The said amount shall only be released after the lapse of the warranty period specified above, provided however, that the supplies delivered are free from patent and latent defects and all the conditions imposed under this contract have been fully met.</p> <p>For the use of Nursing Service (Patient Care)</p> <p>Penalty Clause for Delayed or Unsatisfactory Deliveries:</p> <ol style="list-style-type: none"> 1. One-tenth (1/10) of one percent (1%) of the cost of unperformed portion for everyday of delay. Once the cumulative amount of liquidated damages reaches 10% of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances 2. Excess in price, if procured from third parties, through alternative mode of procurement; and 3. In case of bidding, forfeiture of performance bond equal to 5% of the undelivered item/s. <p style="text-align: center;">(3)</p>		

Funding Code 2-02-01-050-030/936.2 M Bayanihan II EO **TOTAL AMOUNT P 936,000.00**

FUNDS AVAILABLE: ₱ 936,000

ODETH A. VILLEGAS, CPA
Chief Accountant

APPROVED: _____
JULIUS A. LECCIONES, MD, PhD, DPA, CESO III
Executive Director

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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: 588-9900 DirectLine: 924-0836 Fax No: 924-0840

NOTICE TO PROCEED
NTP-PROC-2020-266

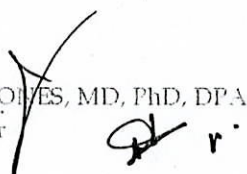
December 11, 2020

PRIME MEDIX ENTERPRISES
Unit 525, The Hub B, One Oasis
Ortigas Avenue Extension, Sta. Lucia,
Pasig City
Tel: 8475-6383 / Fax: 8942-5830

Sir / Madam:

This is to inform you that Purchase Order No. 70965 as a result of EP-Bayanihan 2
for the Procurement of 6 set Infusion Pump, B Braun, Infusomat Space P
has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within
30-45 calendar days from receipt of this notice.

JULIUS A. LECCIONE, MD, PhD, DPA, CESO III
Executive Director 

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____

