1,280,000.00

TOTAL AMOUNT P

CERTIFICATION



Funding Code

FUNDS AVAILABLE:

Republic of the Philippines PHILIPPINE CHILDREN'S MEDICAL CENTER Quezon Ave. Quezon City

PURCHAS	SE ORDER	No	70990
FOR SUP	LIES OR EQUIPA	IENT	11/23/2020
P. R. NO		Dated: _	
MODE OF	PERSUREMENT	iw	12/09/2020
<u> </u>	R2020-12-539	•	2020-654-M(NP)
CS No	1/2020-12-003	December 96	-2020
DATE OF	P.O.	December 10	, 2020

		Tel. No.	: 588-9900 loc. 224, 226, 390	CS No	December 96	-2020-654-M(NP) 	
TO: Suj	oplier/Dealer s:Un	Contractor t 525 The Hub	PRIME MEDIX ENTERPRISES B One Oasis, Ortigas Ave. Ext.	Brgy. Sta. Lucia, Rasig City	Tel: 8475-638 Fax: 8942-58		
Is to be	made:Su	pply & Property	ion/Unit where delivery Section MC Bldg.	Delivery period: 7 working days Bidder's Bond Posted: Cash Cashier's / Manager's / Cert Cl PCMC O.R. No.] GSIS Policy heck No.		
Item No.	QTY.	UNIT	, A	RTICLES	UNIT COST	TOTAL COST	
1	4 .	set	Cardiac Monitor		320,000.00	1,280,000.00 wwwww	ur
>	IBP) Pace Maker d ST segment a Wall mounted Able to monito With at least s CG Capable of c Lead cholice Arrythmia an PO2 Monitor Rubber glow Shockproof Waterproof Monitor toler Pleth wavefe Perfusion in	(5) parameters etection nalysis and ary bracket easily r adult, pedia a eventy two (72 erived 12 leads I, II, III, AVIC, alysis monitorin ng SPO2 sensor ant SPO2 sensor rm - visual inc dicator - numer	thmia analysis detached with carrying handle for and neonatal patients hours history saving/ recording AVF, AVL, VI, -V6 ng system standard in all lead set spr licator of patient's pulse ical value for pulsatile portion	hy/ ET CO2, O2 saturation, 2BP (NIBP and reasy transport from one place to another	(One million eighty thousa only).		Paramet.
			to, manual and sequence	D			
			most recent or until the next NIB	P measurement			
	nvasive Bloo Dual Invasi Pressure M Cardiac out	d Pressure ve blood pres chitoring: ABP, put monitoring	sure with dual adapter cable ART, CVP, PAP				

(1)

Attachments:



Funding Code

FINDS AVAILARLE

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

PURCHAS	EODDED		70990
FOR SUPP	LIES OR EQUIPM IS-Patient Care-2020	IENT -19 Dated:	70990 11/23/2020
MODE OF	PROCUREMENT		12/09/2020
CS No	R2020-12-539	AC No.	2020-654-M(NP) 6, 2020
DATE OF	P.O	December 1	6, 2020

TOTAL AMOUNT P

CERTIFICATION

		DD	IME MEDIX ENTERPRISE	S	Tel: 8475-638	
TO: Sup	plier/Dealer	Contractor Contr	IME MEDIX ENTERPRISE One Oasis, Ortigas Ave. Ext	. Brgy. Sta. Lucia, Pasig City	Fax: 8942-583	30
Depart Is to be	ment/Office/I made:Sur	Division/Section pply & Property Se	/Unit where delivery ection Bldg.	Delivery period: 7 working days Bidder's Bond Posted: Cash Cashier's / Manager's / Cer PCMC O.R. No.	t Check No.	TOTAL COST
Item No.	QTY.	UNIT		ARTICLES	UNII COSI	10
B. C.	To include Ce With alarm his With graphica The unit will b With built-in b No separate o Power Sup Mechanical p Equipment sh Accessories p 1 KVA UPS (Brand: Meij Consumables Pulse Oxime One (1) piece and Neonata BP Cuff with Adult (25-34) Small Adult (Child/Pedia Infant (8-13) Small Infant Thermal pap	st 14-15" LCD ermal printer innectivity sual alarms to print via Centra itral Monitoring S story of ten (10) da I trend date of ten e operated at 230 attery back-up wit conversion riy 150-240 V ants should be he could be maintaina ber unit Compatible to the i ter sensor e reusable wrap a il hose - two(2) pos cm) 20 5-28cm) (14-21.5cm) cm) (1-10cm) er for printer - third	(10) days volts 3-Pins power plug/ ca h battery life of at least 1-2 ~ 50/60 Hz + 1 Hz avy-duty type ble and serviceable equipment power requirement round and two (2) pieces ea s. Each	ible strictly at 60 hertz hours, with battery recharging of <four (4)<="" td=""><td></td><td></td></four>		
	> Transducer	fort IBP and VCP				1,280,000.0

(2)

Attachments:



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

Yellow (Duplicate) - Procurement

DUDCHA	SE ORDER		70990
LOKCITA	DI JES OD EULIDMEN	т	70990
P. R. NO.	PLIES OR EQUIPMEN NS-Patient Care-2020-19	Dated:	11/23/2020
MODE O	F PROCUREMENT NP Bayanihan		12/09/2020
CS No.	R2020-12-539	AC No.	2020-654-M(NP) 5, 2020
CS NO.	De De	cember 16	5, 2020

7. 511	nlier/Dealer	Contractor	PRIME MEDIX ENTERPRISE	S	Tel: 8475-638	
ddress	Un	it 525 The Hub	B One Oasis, Ortigas Ave. Ext	. Brgy. Sta. Lucia, Pasig City	Fax: 8942-583	50
				T D 11	days Other Terms:	
eparti	ment/Office/	Division/Section	on/Unit where delivery	Delivery period: 7 working Bidder's Bond Posted:		
to be	made:Su	pply & Property	Section	Cashier's / Manager's		
ocatio	on: Gr	ound Floor, PCI	√IC Bldg.	PCMC O.R. No.	Amount P	
pecia	Instructions			- 1		
m No.	QTY.	UNIT		ARTICLES	UNIT COST	TOTAL COST
II NO.						
D W	'arranty:					
>	With at least t	wo (2) years wa	rranty on services, parts and a	ccessories		
>	With free qua	terly preventive	maintenance and calibration			
	elivery:					
3	0 - 45 calenda	days				
			Nothing	Follows		
		-	Note: For the use of NS-Patie	nt Care		
			TAULE. I OI THE USE OF INC-1 due			
-11/1-	ranh Contribu				/	
on vva Sbligat	ranty Security	ranty shall be co	overed by retention money in a	n amount equivalent to at least five	percent (5%) of the contract	price ·
said a	mount shall on	ly be released a	fer the lapse of the warranty p	eriod specified above, provided how	wever, that the supplies delive	e ed are
ee fro	n patent and	alent defects ar	nd all the conditions imposed ur	nder this contract have been fully m	et.	
lause f	or Delayed or U	isatisfactory Delive	eries:			
tenth (1/1	O) of one percent (1%	of the cost of unperform	ned portion for everyday of delay.			
ce the cu	mulative amount of liqu	id ted damages reache	s 0% of the amount of the contract, without prejudice to other courses of			
	nd Entity may record or emedies available unde		Hilliage by stance to only one one			
	ice, if procurred from					
	mative mode of procu					
	lding, forfeiture of per					
	of the undelivered ite					
ual to 3%	of the abasilver so re					
				- #1		
			280,000 - Attachme × P.R. No	136.2M	TOTAL AMOUNT I	p 1,280,000.00
Fund	ing Code _	2-02-01-05	0-030 / Day 10-10	F4		
		A.	Attachme	nts:	CERTIFIC	ATION
FUX	DS/AVAIL	ABLE:	Attachine	o. NS-Patient Care-2020-19	This is to certify	that I receiv
Ve /	maple . 101	Loy 905	☐ Abstra	ct of Canvass/Bids	today the Origina	at copy of the
EYHA	VILLEGAS.	CPK	— ☐ Canva	ss Sheet/Tender of Bids	Purchase Order,	the terms a
/	Chief A	countant	□ Notari	zed Certification of	Company bound b	ntract and oth
	DOUED.		Exclus	sive Distributor	stipulation of the co	mu act and ou
APF	PROVED:	/	□ Iustifi	cation	laws applicable.	
	1.1		│ □ Others	NOA LOW - 179 r. /		intad nama)
CAI	ECCIONES,	MD, PhD, DPA,	TIA TO THE RESERVE TO	quotations R 2040-11-139 P.	(Signature ove	r printed name)
DA. C		Director	~ · //			
	Evecutiv	e Director a				
	Executiv	e Director		NTP-2020. 270 /	Date:	



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-2020-270 、

December 16, 2020

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

Signature Over Printed Name Authorized Representative

Date:

Pasig City Tel: 8475-6383/ Fax: 8942-5830		
Sir/Madam: This is to inform you that Purchase Order Notion the Procurement of	o. 70990 as a result of	EP-Bayanihan
has been approved. You may now proceed with the delivery of the solution of t		se Order within
IULIUS A. JECCIONES, MD, PhD, DPA, CE Executive Virector V CONFORME: Received Original	SO III	



