

## Republic of the Philippines

Yellow (Duplicate) - Procurement

### PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Ave. Quezon City
Tel. No.: 8588-9900 loc. 224, 226, 361, 355
Fax no.: 85889997 • e-mail: pcmcproc@gmail.com

PURCHASE ORDER FOR SUPPLIES OR EQU	72565	No	72565
FOR SUPPLIES OR EQU	IPMENT		

P. R. NO. COVIDLAB 2021-039 Dated: 11/29/2021 MODE OF PROCUREMENT

**Direct Contracting** 

AC No. DATE OF P.O. —DECEMBER 27, 2021

TO: Suj Address	pplier/Dealer s: U	Contractor _ nit 1710 Ann	ASSURANCE CONT napolis Wilshire Plaza, Anna	FROLS TECHNOLO  Appolis Street, Greenhills	OGIES CO., , San Juan City	INC.		
Department/Office/Division/Section/Unit where delivery Is to be made: Supply & Property Section Location: Ground Floor, PCMC Bldg. Special Instructions				Delivery period: 7 working days Performance Security Posted:  Cash / Cashier's / Manager's Check No. PCMC O.R. No. Amount P				
Item No.	QTY.	UNIT		ARTICLES		UNIT COST	TOTAL COST	
	105 313 10,000	kits kits pcs	RT-PCR Kits (Maccura Reagent Kits) inclusive of consumables VTM and swabs for 10,000 tests  • MACCURA SARS-CoV-2 FLUORESCENT PCR (96 tests/kit)  • MACCURA MAGBIND RNA EXTRACTION KIT (32 tests/kit)  Kang Jian VTM (1pc/test)			29,537.6607 6,563.9286	3,101,454.37 2,054,509.65 Free-of-charge	
10,000 pcs 10,000 pcs 10,000 pcs 420 racks 105 racks			Kang Jian OPS/NPS (1pc/test) Kang Jian Biohazard bag (1pc/test) Shaoxing Singatee PCR tubes (1pc/test) 200ul tips (4 rack/96 test) 1000ul tips (1 rack/96 test)			Free-of-charge Free-of-charge Free-of-charge Free-of-charge Free-of-charge		
		All	NOTE: FOR THE USE OF COVID-LAB  I deliveries shall have at least 1 year expiration period  ***************  -VAT Exempt			5,155,964.00, vvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvv		
Once the cu the Procuri action and 2. Excess in	imulative amoun ng Entity may res remedies availab price, if procurre	t of liquidated da cind or terminate le under the circu d from third part	e cost of unperformed portion for even mages reaches 10% of the amount of the contract, without prejudice to ot imstances. ties, through alternative mode of pro- ce security equal to 5% of the undelive	the contract, her courses of curement; and	2. Delivery will Delivery Confir 3. Delivery is w Delivery Confir 4.PCMC has the in this PO for ju where the awar	elivery/Payment take effect upon reconstantion of Quantity/Davithin 7 working days unation e right to reject or candistifiable and reasonable will not benefit the Conditions specified on the conditions are conditions.	nte upon receipt of cel any items de ground Government	
/mrpe			<u>18</u> 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1997 - 2976B	Life year	7 (1.20 to 5) (1.20 to 5)	
	g Code 2-0	22-01-050-	039 (004 fund - MODE 104 modes 12/22/21  5 964 Attachments  PR No.		TOTAL	AMOUNT P	5,155,964,00	
ODETH	Chief Acco	S, CPA	☐ Abstract of Canvass S	of Canvass/Bids Sheet/Tender of Bids Certification of Distributor	today Order, bound	CERTIFICAT is to certify the the copy of the , and held the by the terms a contract and able.	nat I received this Purchase he Company nd stipulation	



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

Quezon Avenue, Quezon City 1100

website: <a href="mailto:www.pcmc.gov.ph">www.pcmc.gov.ph</a> email: <a href="mailto:officeofthedirector@pcmc.gov.ph">officeofthedirector@pcmc.gov.ph</a> Trunkline: 8588-9900 DirectLine: 8924-0836 Fax No: 8924-0840

### NOTICE TO PROCEED NTP-PROC-2021-299

December 27, 2021

#### ASSURANCE CONTROLS TECHNOLOGIES CO., INC.

Unit 1710, Annapolis Wilshire Plaza, Annapolis St., Greenhills, San Juan City Tel. No. 8724-4149

Sir/Madam:

This is to inform you that Purchase Order No. 72565 as a result of Direct contracting for the Procurement of RT-PCR Kits for 10,000 tests has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within seven (7) working days from receipt of this notice and/or Delivery Order Slip for Staggered Delivery.

SONIA B. GONZALEZ, MD, MScHSM, MPM
OIC, Executive Director

CONFORME: Received Original

Signature Over Printed Name Authorized Representative Date: \_\_\_\_\_