



Republic of the Philippines
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 **72717** **Nº 72717**
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. **Patho-2022-009** Dated: **9/3/21**
 MODE OF PROCUREMENT
PUBLIC BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. **January 14, 2022**

TO: Supplier/Dealer Contractor **METRO DRUG, INC. JVA with Interpharma Holdings and Management Corp.**
 Address: **Sta. Rosa Estate, Brgy. Macablang, Sta. Rosa, Laguna; Tel. No.: 8424-1228**
 Email Add: **Adizon@metrodrug.com.ph**

Department/Office/Division/Section/Unit where delivery Is to be made: **Materials Management Division**
 Location: **Ground Floor, PCMC Bldg.**
 Special Instructions _____

Delivery period: 7 working days
 Performance Security Posted: Surety Bond No. **LETTER OF CREDIT 02024520246798**
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P **149,731.25**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			<p>One (1) Lot Supply and Delivery of reagents/ consumables under Reagent Tie-up Agreement for Three (3) Years for Immunology Analyzer for Hepatitis B profile, Thyroid profile, Anti-HAV IgM, CMV IgM, Toxoplasma IgM, Rubella IgM, AFP, B-HCG, Serum Ferritin, Cortisol, Intact PTH and Total Vitamin D Assays</p> <p>Machine to be provided: 1 unit Roche Immunology analyzer (cobas e 411 analyzer) . Specifications: 1. Automated machine that can analyze samples using Chemiluminescence assay . 2. PC with Pentium III processor, with colored 15" SVGA touch screen monitor . Has barcoding system for samples and reagents . 3. On-board reagent status is shown . 4. Random access system for immunoassay analysis cobas e 411 disk system features two STAT sample positions that can be accessed anytime, delivering results rapidly in response to clinicians' request . 5. With the capacity to: a. Uses Serum, plasma, and urine as sample . b. Volume of sample required: 10-50uL per test sample volume . c. Capable of using different sample container types like tubes and cups when loading to machine . 6. Capable of on-board dilution of patient samples . 7. Calibration frequency requirement is at least once using the same lot in all assays . 8. Calibration curves and parameters are displayed . 9. Machine has CE marking .</p>		
page 1 of 3 /yvt					

Funding Code _____ **TOTAL AMOUNT P** _____

FUNDS AVAILABLE:
ODETH A. VILLEGAS, CPA, MBA
 Chief Accountant

APPROVED:
SONIA B. GONZALEZ ,MD, MSChSM, MPM
 OIC Executive Director

Attachments:
 P.R. No. **Patho-2022-009**
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others **BAC Reso No.2022-00-023**
 x **NOA-2022-013**
 x **NTP-PROC-2022-046**

CERTIFICATION
This is to certify that I received today the 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) - Attachment to payment
 Yellow (Duplicate) - Procurement
 Pink - Supply and Property



Republic of the Philippines
PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Ave., Quezon City
 Tel. No.: 924-66-01 to 25

PURCHASE ORDER
 FOR SUPPLIES OR EQUIPMENT

72717

P.R. NO. Patho-2022-009 Dated: 9/3/21

MODE OF PROCUREMENT
PUBLIC BIDDING

CS No. _____ AC No. _____

DATE OF P.O. January 14, 2022

TO: Supplier/Dealer Contractor **METRO DRUG, INC. JVA with Interpharma Holdings and Management Corp.**

Address: Sta. Rosa Estate, Brgy. Macabaling, Sta. Rosa, Laguna; Tel. No.: 8424-1228

Email Add: Adizon@metrodrug.com.ph

Department/Office/Division/Section/Unit where delivery

is to be made: Materials Management Division

Location: Ground Floor, PCMC Bldg.

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.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			Total Number of tests that should be covered by the proposal including all consumables needed: 900 test AFP; 400 test CMV-IgM; 2500 test Serum Ferritin; 400 test Anti - HAV Ig M; 1200 test hTSH; 400 test Rubella IgM; 800 test Free T3; 1200 test Free T4; 400 test Toxoplasma IgM; 600 test B-HCG; 200 test Cortisol; 200 test Intact Parathyroid Hormone 300 test Total Vitamin D; 400 test HBsAG; 600 test Anti-HBs (Quantitative); 600 test Anti-HBc Total; 200 test HBeAg; 300 test Anti-Hbe		
1	9	kit	Elecsys AFP, 100 tests per kit, Roche	20,900.00	188,100.00
2	4	kit	Elecsys CMV IgM, 100 tests per kit, Roche	44,650.00	178,600.00
3	25	kit	Elecsys Ferritin, 100 tests per kit, Roche	22,705.00	567,625.00
4	4	kit	Elecsys A-HaV IgM, 100 tests per kit, Roche	27,550.00	110,200.00
5	6	kit	Elecsys TSH, 200 tests per kit, Roche	32,300.00	193,800.00
6	4	kit	Elecsys Rubella IgM, 100 tests per kit, Roche	49,400.00	197,600.00
7	4	kit	Elecsys FT3 III, 200 tests per kit, Roche	31,350.00	125,400.00
8	6	kit	Elecsys FT4 III, 200 tests per kit, Roche	38,000.00	228,000.00
9	4	kit	Elecsys Toxo IgM, 100 tests per kit, Roche	43,700.00	174,800.00
10	6	kit	Elecsys HCG+β, 100 tests per kit, Roche	23,750.00	142,500.00
11	2	kit	Elecsys Cortisol II, 100 tests per kit, Roche	31,000.00	62,000.00
12	2	kit	Elecsys PTH (Intact), 100 tests per kit, Roche	37,000.00	74,000.00
13	3	kit	Elecsys Vitamin D Total, 100 tests per kit, Roche	60,000.00	180,000.00
14	4	kit	Elecsys HBsAg II, 100 tests per kit, Roche	25,000.00	100,000.00
15	6	kit	Elecsys Anti-HBs II, 100 tests per kit, Roche	25,000.00	150,000.00
16	6	kit	Elecsys A-HBc II, 100 tests per kit, Roche	22,000.00	132,000.00
17	2	kit	Elecsys HBeAg, 100 tests per kit, Roche	35,000.00	70,000.00
18	3	kit	Elecsys A-Hbe, 100 tests per kit, Roche	40,000.00	120,000.00
page 2 of 3			Conforme to the attached Terms of Reference		
/yvt					

Funding Code _____

TOTAL AMOUNT P 2,994,625.00

FUNDS AVAILABLE:

ODETH A. VILLEGAS, CPA, MBA

Chief Accountant

APPROVED:

SONIA B. GONZALEZ, MD, MSChSM, MPM

OIC- Executive Director

Attachments:

P.R. No. Patho-2022-009

Abstract of Canvass/Bids

Canvass Sheet/Tender of Bids

Notarized Certificate of Exclusive Distributor

Justification

Others BAC Reso No.2022-00-023

NOA-2022-013

NTP-PROC-2022-046

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 stipulations 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) Pink - Supply and Property
 Yellow (Duplicate) - Procurement



Republic of the Philippines
PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Ave., Quezon City
 Tel. No.: 924-66-01 to 25

PURCHASE ORDER 72717
 FOR SUPPLIES OR EQUIPMENT
 P.R. NO. Patho-2022-009 Dated: 9/3/21
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TO: Supplier/Dealer Contractor **METRO DRUG, INC. JVA with Interpharma Holdings and Management Corp.**

Address: Sta. Rosa Estate, Brgy. Macablang, Sta. Rosa, Laguna; Tel. No.: 8424-1228

Email Add: Adizon@metrodrug.com.ph

Department/Office/Division/Section/Unit where delivery is to be made: Materials Management Division

Delivery period: 7 working days

Other Terms: _____

Location: Ground Floor, PCMC Bldg.

Bidder's Bond Posted: Cash GSIS Policy

Cashier's/Manager's/Cert. Check No. _____

Special Instructions _____

PCMC O.R. No. _____

Amount P _____

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			BALANCE FORWARDED		2,994,625.00
			Nothing Follows For the use of Pathology Division (CY-2022) Multi-Year Project : 1st Year <i>All deliveries shall have at least One (1) year expiration period.</i>		(Two Million Nine Hundred Ninety Four Thousand Six Hundred Twenty Five pesos only)

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Penalty Clause for Delayed or Unsatisfactory Deliveries:

- 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.
- Excess in price, if procured from third parties, through alternative mode of procurement; and
- In case of bidding, forfeiture of performance security equal to 5% of the undelivered item/s.

Additional Instructions & conditions:

- Staggered Delivery/Payment**
- Delivery will take effect upon receipt of Delivery Confirmation of Quantity/Date**
- Delivery is within 7 working days upon receipt of Delivery Confirmation
- PCMC has the right to reject or cancel any items in this PO for justifiable and reasonable ground where the award will not benefit the Government
- Terms and conditions specified on Notice of Award.

/vvt

Funding Code 5-02-03-080 *and 1/20/22*

TOTAL AMOUNT P 2,994,625.00

FUNDS AVAILABLE: ₱ 2,994,625-

Attachments:

- P.R. No. Patho-2022-009
- Abstract of Canvass/Bids
- Canvass Sheet/Tender of Bids
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- Justification
- Others BAC Reso No. 2022-00-023
- NOA-2022-013
- NTP-PROC-2022-046

ODETH A. VILLEGAS, CPA, MBA

Chief Accountant *[Signature]*

APPROVED:

SONIA B. GONZALEZ, MD, MSChSM, MPM

OIC- Executive Director *[Signature]*

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 stipulations of the contract and other laws applicable.

(Signature over printed name)

Date: _____

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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: 8588-9900 DirectLine: 8924-0836 Fax No: 8924-0840

NOTICE TO PROCEED
NTP-PROC-2022-046

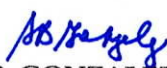

January 14, 2022

METRO DRUG, INC.
JVA with Interpharma Holdings and Management Corp.
Sta. Rosa Estate, Brgy. Macabling,
Sta. Rosa, Laguna
Tel. No.: 8424-1228
Email Add: Adizon@metrodrug.com.ph

Sir/Madam:

This is to inform you that Purchase Order No. 72717 as a result of Public Bidding for the procurement of **One (1) Lot Supply and Delivery of Reagents/Consumables under Reagent Tie-Up Agreement for Three (3) Years for Immunology Analyzer for Hepatitis B profile, Thyroid profile, Anti-HAV IgM, CMV IgM, Toxoplasma IgM, Rubella IgM, AFP, B-HCG, Serum Ferritin, Cortisol, Intact PTH and Total Vitamin D Assays** 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
Officer In Charge - Executive Director 

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____

