



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 **72718** **Nº 72718**  
 FOR SUPPLIES OR EQUIPMENT  
 P. R. NO. **Patho-2022-015** \ Dated: **9/24/21**  
 MODE OF PROCUREMENT  
**PUBLIC BIDDING**  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. **January 14, 2022**

TO: Supplier/Dealer Contractor **ABBOTT LABORATORIES**  
 Address: **8F Venice Corporate Center, No.8 Turin Street, McKinley Town Center, Taguig City; Tel. No. (632) 8 7028649**  
 E-mail Add: **adrian.gonzales@abbott.com**

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: \_\_\_\_\_  
 Performance Security Posted:  Surety Bond No. \_\_\_\_\_  
 Cash / Cashier's / Manager's Check No. **46319**  
 PCMC O.R. No. \_\_\_\_\_ Amount P **172,653.58**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			<b>One (1) Lot Supply and Delivery of reagents/ consumables under Reagent Tie-up Agreement for Three (3) Years for Automated Analyzer Methotrexate Determination</b>		
			<b>Machine to be provided:</b> <b>1 unit Fully automated Analyzer for Methotrexate determination Fully automated Analyzer for Methotrexate determination ( ARCHITECT i 1000 SR)</b>		
			<b>Specifications:</b> 1. System Control Center: Colored touch screen monitor Technology: Chemiflex 2. Sample Volume requirement: 10-150 ul average 62ul 3. Maximum throughput: up to 100 tests/hour 4. Capable of automatic dilution with bubble and clot detection 5. Reagent stability is 30 days 6. Capable of storing upto 50,000 sample results 7. The machine has CE markings or its equivalent		
			Total Number of tests that should be covered by the proposal including all consumables needed 1600 Test Methotrexate Assay		
1	16	kit	Methotrexate Reagent, 1x 100 tests, 100 tests/kit, ABBOTT	200,000.00	3,200,000.00
2	6	kit	Pre-Trigger Solution, 4 x 1000 ml, 9000 tests/kit, ABBOTT	6,497.00	38,982.00
3	1	kit	Probe Conditioning Solution, 4 x 25 ml, 1000 tests/kit, ABBOTT	7,125.69	7,125.69
4	2	kit	Reaction Vessels, 4000/box, 1000 tests/kit, ABBOTT	9,183.46	18,366.92
5	2	kit	Sample Cups, 1000/box, 1000 tests/kit, ABBOTT	4,127.00	8,254.00
6	6	kit	Trigger Solution, 4 x 1000 ml, 3000 tests/kit, ABBOTT	2,875.00	17,250.00
7	3	kit	Wash Buffer, 4 x 1000 ml, 1000 tests/kit, ABBOTT	4,186.00	12,558.00
8	2	kit	Methotrexate Calibrator Kit, 1 ml, 27 tests/kit, ABBOTT	17,636.16	35,272.32
9	8	kit	Methotrexate Control Kit, 1 ml, 50 tests/kit, ABBOTT	8,386.81	67,094.48
10	5	kit	Methotrexate Y,Z Control Kit, 2 x 8 ml, 25 tests/kit, ABBOTT	5,386.81	26,934.05
11	3	kit	Multi-Assay Manual Diluent, 1 x 100 ml, 25 tests/kit, ABBOTT	7,078.02	21,234.06
page 1 of 2 /yvt			Conforme to the attached Terms of Reference		

Funding Code \_\_\_\_\_ **TOTAL AMOUNT P 3,453,071.52**

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

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

Attachments:  
 P.R. No. **Patho-2022-015**  
 Abstract of Canvass/Bids  
 Canvass Sheet/Tender of Bids  
 Notarized Certification of Exclusive Distributor  
 Justification  
 Others **BAC Reso No.2022-00-026**  
**x NOA-2022-016**  
**x NTP-PROC-2022-047**

**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

**72718**

**PURCHASE ORDER**  
 FOR SUPPLIES OR EQUIPMENT  
 P.R. No. Patho-2022-015 Dated: 9/24/21  
 MODE OF PROCUREMENT  
**PUBLIC BIDDING**  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. January 14, 2022

TO: Supplier/Dealer Contractor **ABBOTT LABORATORIES**  
 Address: 8F Venice Corporate Center, No.8 Turin Street, McKinley Town Center, Taguig City; Tel. No. (632) 8 7028649  
 E-mail Add: adrian.gonzales@abbott.com  
 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  
 Special Instructions \_\_\_\_\_ Cashier's/Manager's/Cert. Check No. \_\_\_\_\_  
 PCMC O.R. No. 46319 Amount P 172,653.58

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			<b>BALANCE FORWARDED</b>  <b>***Nothing Follows***</b> For the use of Pathology Division (CY-2022) \ <b>Multi-Year Project : 1st Year</b> <b>All deliveries shall have at least One (1) year expiration period.</b>		<b>3,453,071.52</b>  <i>(Three Million Four Hundred Fifty Three Thousand Seventy One pesos and 52/100)</i>

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Penalty Clause for Delayed or Unsatisfactory Deliveries:	Additional instructions & conditions:
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 security equal to 5% of the undelivered item/s.	1. <b>Staggered Delivery/Payment</b> 2. <b>Delivery will take effect upon receipt of Delivery Confirmation of Quantity/Date</b> 3. Delivery is within 7 working days upon receipt of Delivery Confirmation 4. 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 5. Terms and conditions specified on Notice of Award.

/yvt				<b>TOTAL AMOUNT P</b>	<b>3,453,071.52</b>
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Funding Code 5-02-03-080 and 1/20/22

FUNDS AVAILABLE: P 3,453,071.52

ODETH A. VILLEGAS, CPA, MBA  
 Chief Accountant 1/29

APPROVED:

SONIA B. GONZALEZ, MD, MSChSM, MPM  
 OIC- Executive Director 1/29

Attachments:

- P.R. No. Patho-2022-015
- Abstract of Canvass/Bids
- Canvass Sheet/Tender of Bids
- Notarized Certificate of Exclusive Distributor
- Justification
- Other BAC Reso No. 2022-00-026
- NOA-2022-016
- NTP-PROC-2022-047

**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  
DEPARTMENT OF HEALTH  
**PHILIPPINE CHILDREN'S MEDICAL CENTER**

Quezon Avenue, Quezon City 1100

website: [www.pcmc.gov.ph](http://www.pcmc.gov.ph) email: [officeofthedirector@pcmc.gov.ph](mailto:officeofthedirector@pcmc.gov.ph)

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

**NOTICE TO PROCEED**  
**NTP-PROC-2022-047**



January 14, 2022

**ABBOTT LABORATORIES**  
8F Venice Corporate Center,  
No.8 Turin Street, McKinley Town Center,  
Taguig City  
Tel. No. (632) 8 7028649  
Email: [info@lifelinediag.com](mailto:info@lifelinediag.com)

Sir/Madam:

This is to inform you that Purchase Order No. 72718 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 Automated Analyzer Methotrexate Determination** 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: \_\_\_\_\_