



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 **72725** **Nº 72725**
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. **PathoBB-2022-004** Dated: **9/3/21**
 MODE OF PROCUREMENT
PUBLIC BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. **January 14, 2022**

TO: Supplier/Dealer Contractor **DISTRIBUTION SOLUTION PHILS, INC.**
 Address: **4TH Floor Centermall Building, #51 President's Avenue, BF Homes, Phase 1, Parañaque City/Tel No.: 8801-2339**
 Email: **fbpdevera@distriphil.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. _____
 PCMC O.R. No. **22462694** Amount P **263,221.67**

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 Automated Immuno-haematology Analyzer</p> <p>Machine to be provided: 2 units Ortho Vision Analyzer</p> <p>Specifications:</p> <ol style="list-style-type: none"> An automated machine that can operate, process and analyze samples simultaneously from putting the specimen in the machine up to the releasing of results without human interruption for the following IH procedures such as: <ol style="list-style-type: none"> Blood Grouping (newborn and adults) Antibody Screen and Identification (patients and blood units) Crossmatch Other Blood Banking procedures Random access and capable to prioritize emergency samples with capacity to: <ol style="list-style-type: none"> Detect both IgM and IgG including anti-Mi(a+) for the 3 cell antibody screen. Detect weak D and partial D Run pediatric tubes.samples (500ul) Throughput should not be less than: <ol style="list-style-type: none"> 48 samples for blood typing (forward & reverse) per hour 37 samples for antibody screening (3 cells-for patients) per hour 42 samples for antibody screening (pooled-for units) per hour 42 samples for crossmatch per hour Single piercing of cassettes With daily internal quality control system Will provide Ortho Workstation as back up unit (modular machine) in which testing can be done, semi-automated with the same format. The format should be capable to resolve discrepancies either by increasing the anti-body concentration or incubating in different temperature. The system should also be able to detect with accuracy, clinically significant antibodies. 		
page 1 of 4					
/vvt					

Funding Code _____

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

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

Attachments:
 P.R. No. **PathoBB-2022-004**
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others **BAC Reso No.2022-00-030**
 NOA-2022-017
 NTP-PROC-2022-054

TOTAL AMOUNT P _____

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 **72725**
 FOR SUPPLIES OR EQUIPMENT
 P.R. NO. PathoBB-2022-004 Dated: 9/3/21
 MODE OF PROCUREMENT
PUBLIC BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. January 14, 2022

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 Address: 4TH Floor Centermall Building, #51 President's Avenue, BF Homes, Phase 1, Parañaque City/Tel No.: 8801-2339
 Email: fbpdovera@distriphil.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. _____ Amount P _____

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			7 Minimum volume sample required: - 500ul. centrifuged whole blood , (In microtainer tube, without plasma separation) Dead volume sample: 400ul centrifuged whole blood (in microtainer tube, without plasma separation) . 8 On-board stability of reagents: 3 to 5 days . 9 Automated identification of samples and reagents . 10 With software for antibody identification . 11 Capable of the following: ● full positive identification of lot numbers . ● liquid detection, sample clot detection and low level notification . 12 Automatic cross-checking of previous results . 13 Blood grouping reagents with certificate of product registration (CPR) from BFAD and evaluation result from the National Reference Laboratory for Immunohematology (NKTII) . 14 With installations in Philippine General Hospital and Philippines Orthopedic Center . Total Number of procedures that should be covered by the proposal; including all consumables: 1,200 tests Blood typing, for newborn . 24,400 tests Blood typing, for adults . 12,000 tests Antibody screening, for patients (3 cells). 9,600 tests Antibody screening, for units (pooled) . 200 tests Antibody identification . 14,400 tests Crossmatch . 12,000 tests Direct Coomb's Test . 800 tests Indirect Coomb's Test		
page 2 of 4					
/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. PathoBB-2022-004
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- Canvass Sheet/Tender of Bids
- Notarized Certificate of Exclusive Distributor
- Justification
- Other BAC Reso No. 2022-00-030
- NOA-2022-017
- NTP-PROC-2022-054

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 (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 72725
 FOR SUPPLIES OR EQUIPMENT
 P.R. NO. PathoBB-2022-004 Dated: 9/3/21
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PUBLIC BIDDING
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 Bidder's Bond Posted: Cash GSIS Policy
 Location: Ground Floor, PCMC Bldg. Cashier's/Manager's/Cert. Check No. _____
 Special Instructions _____ PCMC O.R. No. _____ Amount P _____

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	12	box	6901906 Newborn Cassette (A,B,A+B,D,ctrl,IgG) 100 test/box, 100 tests/ Pack, Ortho BioVue	10,000.0000	120,000.00
2	61	box	707100 ABO Reverse Grouping Cassette 400 cassettes/box, 400 tests/ Pack, Ortho BioVue	25,500.0000	1,555,500.00
3	162.666	box	707930 Affirmagen (A1, B) (2x3ml) 150 test/box, 400 tests/ Pack, Ortho BioVue	2,300.0000	374,131.80
4	32	box	707300 AHG Polyspecific Cassette (IgG, C3d) 400 cassettes/box, 800 tests/ Pack, Ortho BioVue	35,000.0000	1,120,000.00
5	85.333	box	719102 0.8 % Surgiscreen 3 cells panel (3x10 ml) 150 test/box, 150 tests/ Pack, Ortho	7,000.0000	597,331.00
6	12	box	719000 Pooled Screening Cells (1x20 ml) 1000 test/box, 1000 tests/ 1 set good for 30 days, Ortho	16,000.0000	192,000.00
7	12	box	719522 0.8% Resolve Panel B (11x3ml) 50 test/box, 150 tests/ Pack, Ortho	12,000.0000	144,000.00
8	12	box	719402 0.8% Resolve Panel C (22x3ml) 50 test/box, 150 tests/ Pack, Ortho	9,000.0000	108,000.00
9	32.444	box	6902040 Ortho BLISS (3x10ml) 150 test/10ml, 450 test/Box, Ortho	5,100.0000	165,464.40
10	24	set	6842785 Ortho Confidence (Internal Control) (30 days), 1 set good for 15 days, Ortho	7,000.0000	168,000.00
11	72	box	707135 ABD Confirmation Cassette (A,B,D) 100 cassettes/box, 200 tests/Pack, Ortho BioVue	10,000.0000	720,000.00
Conforme to the attached Terms of Reference ***Nothing Follows*** For the use of Pathology Division (CY-2022) Multi-Year Project : 1st Year All deliveries shall have at least One (1) year expiration period.				(Five Million Two Hundred Sixty Four Thousand Four Hundred Twenty Seven and 20/100)	
page 3 of 4 /vvt					5,264,427.20

Funding Code _____

TOTAL AMOUNT P 5,264,427.20

FUNDS AVAILABLE:

ODETH A. VILLEGAS, CPA, MBA
 Chief Accountant

APPROVED:

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

Attachments:

- P.R. No. PathoBB-2022-004
- Abstract of Canvass/Bids
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- Justification
- Other BAC Reso No. 2022-00-030
- NOA-2022-017
- NTP-PROC-2022-054

CERTIFICATION

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(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
 FOR SUPPLIES OR EQUIPMENT

72725

P.R. NO. PathoBB-2022-004 Dated: 9/3/21

MODE OF PROCUREMENT
PUBLIC BIDDING

CS No. _____ AC No. _____

DATE OF P.O. January 14, 2022

TO: Supplier/Dealer Contractor **DISTRIBUTION SOLUTION PHILS, INC.**

Address: 4TH Floor Centermall Building, #51 President's Avenue, BF Homes, Phase 1, Parañaque City/Tel No.: 8801-2339

Email: fbpdevera@distriphil.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: _____

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
			BALANCE FORWARDED		5,264,427.20
					(Five Million Two Hundred Sixty Four Thousand Four Hundred Twenty Seven and 20/100)
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. Staggered Delivery/Payment 2. Delivery will take effect upon receipt of Delivery Confirmation of Quantity/Date 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.		
page 4 of 4					
/yvt					

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

TOTAL AMOUNT P 5,264,427.20

FUNDS AVAILABLE: P 5,264,427.20

Attachments:

- P.R. No. PathoBB-2022-004
- Abstract of Canvass/Bids
- Canvass Sheet/Tender of Bids
- Notarized Certificate of Exclusive Distributor
- Justification
- Others
- BAC Reso No. 2022-00-030
- NOA-2022-017
- NTP-PROC-2022-054

Hys
ODETH A. VILLEGAS, CPA, MBA

Chief Accountant *1/20/22*

APPROVED:

SB/Kangely
SONIA B. GONZALEZ, MD, MSChSM, MPM

OIC- Executive Director *1/20/22*

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-2022-054 *ms*

January 14, 2022

DISTRIBUTION SOLUTION PHILS, INC.

4th Floor Centermall Building,

#51 President's Avenue, BF Homes, Phase 1,

Parañaque City

Tel No.: 8801-2339

Sir/Madam:

This is to inform you that Purchase Order No. 72725 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 Immunohaematology Analyzer** 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
SONIA B. GONZALEZ, MD, MScHSM, MPM
Officer In Charge - Executive Director *ms*

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____