



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** 72777  
No - 72777  
**FOR SUPPLIES OR EQUIPMENT**  
 P. R. NO. CHC 2021-17 Dated: 2021-03-01  
 MODE OF PROCUREMENT: Public Bidding  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. 2022-01-26

**MTC OPTO -MEDIC, INC.**

TO: Supplier/Dealer Contractor \_\_\_\_\_  
 Address: 631 Ronquillo St., Quiapo Manila 179 Yakal St., Makati City Tel. No.: 8813-1351/53/55, 8812-2162

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. GC13) 1619054  
 Cash / Cashier's / Manager's Check No. \_\_\_\_\_  
 PCMC O.R. No. \_\_\_\_\_ Amount P 34,400.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	1	unit	<p><b>CRYO MACHINE</b></p> <p>BRAND: KEELER            MAKE / MODEL: KEELER/ CRYOMATIC MK II</p> <p>A. Specifications</p> <ol style="list-style-type: none"> <li>Gas specification: Medical grade Nitrous Oxide(N<sub>2</sub>O) or Medical Grade Carbon dioxide (CO<sub>2</sub>) in Non- syphonic cylinders</li> <li>Operating range: 3100-4480 kPa (450-650PSI/31-45 Bar)</li> <li>Maximum Cylinder Pressure:8275 kPa(1200PSI/83 Bar)</li> <li>Input Voltage Range: 100-240Vac (50/60Hz)</li> <li>Dimension: Width: 350 mm (14") Depth: 200mm (8") Height: 190mm (7.5")</li> <li>Weight: 4.5 kg (10lbs)</li> <li>Equipment Classification: Class 1, Type BF (Applied Part)</li> <li>Protection Against Ingress Console IpxO Footswitch IPX7</li> <li>Graphical LCD used to provide system information to the user; such as probe information, gas cylinder status and freeze time.</li> <li>Storage: +100C to +550C Operating:+100C to +400C</li> <li>Temperature Range: -40°C to +70°C</li> <li>Relative Humidity: Transport: 10% to 95% Storage: 10%to 95% Operation: 30% to 90%</li> <li>Atmospheric Pressure: Transport: 500hPa to 1060hPa Storage: 700hPa to 1060hPa Operation: 800hPa to 1060hPa</li> <li>The unit operates at 100-240VAC (50/60Hz)</li> <li>Power consumption: 100 VA</li> <li>Mechanical Parts are made of heavy duty durable type</li> <li>Equipment is maintainable and serviceable</li> </ol> <p>B. ACCESSORIES to be provided per unit</p> <ol style="list-style-type: none"> <li>One (1) Unit AVR compatible to the unit</li> <li>Will provide local trolley stainless</li> </ol> <p>Brand : STAVOL            Model: 1000VA</p> <ol style="list-style-type: none"> <li>Retina Probe #2: 2509-P-8030-Compact Retinal Probe</li> <li>Footswitch</li> </ol> <p>C.WARRANTY</p>	1,048,000.00 ** one million forty eight thousand pesos only **	<b>1,048,000.00</b>

Funding Code \_\_\_\_\_

**TOTAL AMOUNT P**

FUNDS AVAILABLE:

**ODETH A. VILLEGAS, CPA**

Chief Accountant

APPROVED:

**SONIA B. GONZALEZ, MD, MSCHSM, MPM**

Executive Director

Attachments: CHC 2021-17

- P.R. No. \_\_\_\_\_
- Abstract of Canvass/Bids
- Canvass Sheet/Tender of Bids
- Notarized Certification of Exclusive Distributor
- Justification
- Others \_\_\_\_\_

NOA-2022-049  
 BAC Reso No.R 2022-01-064  
 NTP-PROC-2022-113

**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



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

72777

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**FOR SUPPLIES OR EQUIPMENT**  
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 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
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TO: Supplier/Dealer Contractor **MTC OPTO -MEDIC, INC.**  
 Address: 631-Ronquillo St., Quiapo Manila-179 Yakal St., Makati City-Tel. No.: 8813-1351/53/55; 8812-2162

Department/Office/Division/Section/Unit where delivery Is to be made: <u>Materials Management Division</u> Location: <u>Ground Floor, PCMC Bldg.</u> Special Instructions _____	Delivery period: <u>7 working days</u> Other Terms: _____ Bidder's Bond Posted: <input type="checkbox"/> Cash <input type="checkbox"/> GSIS Policy Cashier's / Manager's / Cert Check No. _____ PCMC O.R. No. _____ Amount P _____
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Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			1. With two (2) years warranty on services, parts and accessories 2. With free quarterly preventive maintenance and calibration E. With duly notarized certificate from Distributor - MTC - Optomedic Inc. Certifies that: i. Parts, accessories and consumables are readily available at the authorized Philippine service center/s for a period of five (5) years after the warranty period. Service Center: 3rd Floor OHI Bldg. 179 Yakal St., San Antonio Village, Makati City. Tel Nos: 8813-1351/8813-1355/ Fax No. 8812-2162. Email Address : technical@mtceyecare.com/mtcservice.karen@gmail.com. Contact Person: Karen Parungao / Emilyn Frias ii. Ensures availability of competence in-house technical specialist in handling and providing technical support as well as maintenance of the equipment being offered; and iii. Assures conduct training for proper operation and maintenance to end-users of the equipment upon delivery; iv. shall provide replacement/back-up unit while the delivered unit is being repaired. F. With duly notarized certificate from Principal Manufacturer - KEELER OPHTHALMIC INSTRUMENTS Certifies that: i. All the terms and conditions stated in bidding documents per IRR of RA 9184 and corresponding contract for the project will be honored including in the event that a change of distributorship will occurs during the duration of the contract up to the warranty and preventive maintenance period. ii. The expected useful life of the equipment is five (5) to eight (8) years under normal use: iii. Guarantees availability of all spare parts, accessories and consumables at least for the next five (5) years from testing, commissioning, acceptance and delivery; iv. Guarantees provision of the certificate from the manufacturer for the consumer guidelines regarding disposal of the equipment (information about how and where the used and decommissioned products / parts can be returned for recycling and or disposal) <i>(SEE ATTACHED)</i>		

Funding Code \_\_\_\_\_ Page 2/3 **TOTAL AMOUNT P 1,048,000.00**

FUNDS AVAILABLE:

**ODETH A. VILLEGAS, CPA**

Chief Accountant

APPROVED:

**SONIA B. GONZALEZ, MD, MScHSM, MPM**

Executive Director

Attachment CHC 2021-17

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- Justification
- Others \_\_\_\_\_

NOA-2022-049  
 BAC Reso No. R 2022-01-064  
 NTP-PROC-2022-113

**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 stipulation 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



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**PHILIPPINE CHILDREN'S MEDICAL CENTER**  
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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
			<p>DELIVERY PERIOD: Forty Five - Sixty (45 - 60) Calendar Days</p> <p>***Nothing Follows***</p> <p>For the use of: Cancer and Hematology Center</p> <p><b>Penalty Clause for Delayed or Unsatisfactory Deliveries:</b></p> <p>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.</p> <p>2. Excess in price, if procured from third parties, through alternative mode of procurement; and</p> <p>3. In case of bidding, forfeiture of performance security equal to 5% of the undelivered item/s.</p>		

Funding Code 1-06-05-110 *mdf 1/27/22*

**TOTAL AMOUNT P**

FUNDS AVAILABLE: ₱ 1,048,000 -

Attachments: CHC 2021-17

**ODETH A. VILLEGAS, CPA** *2/02*

Chief Accountant

APPROVED:

**SONIA B. GONZALEZ, MD, MScHSM, MPM** *[Signature]*

Executive Director

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- Justification
- Others \_\_\_\_\_

NOA-2022-049  
BAC Reso No.R 2022-01-064  
NTP-PROC-2022-113

**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 stipulation of the contract and other laws applicable. *sent thru email*

*Confirmed by Cesar Roxas*  
(Signature over printed name)

Date: 2/8/22

Distribution : White (Original) - Supplier (to be attached in the claim voucher with other supporting documents) Pink - Supply and Property  
Yellow (Duplicate) - Procurement

*2 payment subject to release by NCA*



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-2022-113

Date : January 26, 2022

**MTC OPTO –MEDIC, INC.**  
631 Ronquillo St., Quiapo Manila  
179 Yakal St. , Makati City  
Tel. No.: 8813-1351/53/55, 8812-2162  
Mobile No. 09178448058  
E-mail Addresses: [mtc.jhara.cabrera@gmail.com](mailto:mtc.jhara.cabrera@gmail.com)  
[mtcoptomedicsales@gmail.com](mailto:mtcoptomedicsales@gmail.com)

Sir/Madam:

This is to inform you that Purchase Order No. 72777, as a result of Public Bidding for the purchase of **One (1) Unit Cryo Machine ( Brand: Keeler / Cryomatic MK II)** has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within **Forty Five to Sixty (45 to 60) Calendar Days** from receipt of this Notice.

*S.B. Gonzales*  
**SONIA B. GONZALEZ, MD MSChSM, MPM**  
OIC, Executive Director *SJ MW*

CONFORME:  
Received Original

*[Signature]*  
**CESAR E. ROXAS**

Signature Over Printed Name  
Authorized Representative  
Date: February 8, 2022

