



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 **Nº 73229**
FOR SUPPLIES OR EQUIPMENT
 P. R. NO. NS Patient Care 2021-001 Dated: June 28, 2021
 MODE OF PROCUREMENT

COMPETITIVE BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. May 17, 2022

TO: Supplier/Dealer Contractor VMED Medical Co.
 Address: 1131 Dagupan St. Tondo Manila, Tel No: 8254-4018 Cellphone No: 09157328181,

Department/Office/Division/Section/Unit where delivery Is to be made: _____
 Location: Materials Management Division
 Special Instructions: Ground Floor, PCMC Bldg.
 Delivery period: 7 working days Other Terms: Bank Guarantee
 Performance Security Posted: Surety Bond No. BDO 152820102858 DSL
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P 112,365.65

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	79	unit	Supply and Delivery of Syringe Pump Brand/Model: BYOND/ SEMI1 A. SPECIFICATIONS 1. Can be used with syringes of any brand (universally compatible) as small as 2ml, 5ml and 10ml size, can also be used larger sizes syringes such as 20ml, 30ml, 50/60ml 2. Minimal flow rates of 0.1ml/hr with the rate form 0.1ml/hr from 1200ml/hr to 1800ml/hr 3. Data lock/Screen lock: locks the keypad and prevent unauthorized access to safety relevant function 4. Capacity: Atleast minimum of 2,000 to 20,000 event or better can be stored and playback, Approximately 1 year of event log storage in normal size 5. Barrel clamp to hold the syringe in place, prevents free flow on initial setting up and/or on changing of syringes 6. Can be placed on table top and can be attached to IV stand 7. Can be used for any solution-crystalloid, colloid, TPN 8. Time operation; 100% (continous operation) 9. Operating time of rechargeable battery approx. 4-8hrs 10. weight: 2kg 11. Volume pre-selection 0.1-99.99 ml in increments of 0.01 ml 100.0-999.0 ml in increments 0.1ml 1000-9999 ml in increments 1ml 12. Occlusion alarm pressure, Visual and Audible alarm 13. With built in battery back up for detection and lifesaving equipment 14. No separate voltage conversion 15. Mechanical Parts are heavy-duty type 16. The unit will be operated at 230 Volts 3-Pin power plug/cable, strictly at 60 hertz. 17. Power consumption must be clearly stipulated 3 options: First: 100~240VAC, 50/60Hz; Second: Inserted Li-battery 11.1V, capacity ≥ 2600mAh; Third: External DC 15V power supply vvvvvvvvvvvvvv (Two Million Two Hundred Forty Seven Thousand Three Hundred Thirteen Pesos)	28,447.00	2,247,313.00

Funding Code _____ **TOTAL AMOUNT P 2,247,313.00**

FUNDS AVAILABLE:
ROWEL G. ALDAY, CPA
 OIC- Chief Accountant
 APPROVED:
SONIA B. GONZALEZ, MD, MSsHSM, MPM
 Executive Director

Attachments:
 P.R. No. NS Patient Care 2021-001
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 BAC RESO NO. R2022-04-170
 NOA-2022-079
 NTP-PROC-2022-199

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 73229
FOR SUPPLIES OR EQUIPMENT
 P.R. NO. NS Patient Care 2021-001 Dated: June 28, 2021
MODE OF PROCUREMENT
COMPETITIVE BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. MAY 17, 2022

TO: Supplier/Dealer Contractor VMED Medical Co.
 Address: 1131 Dagupan St. Tondo Manila, Tel No: 8254-4018 Cellphone No: 09157328181, Bank Guarantee - 800 158 1010285 96 DSI

Department/Office/Division/Section/Unit where delivery is to be made: _____ Delivery period: 7 working days Other Terms: 800 158 1010285 96 DSI
 Location: Materials Management Division Bidder's Bond Posted: Cash GSIS Policy No. _____
 Special Instructions Ground Floor, PCMC Bldg. Cashier's/Manager's/Cert. Check No. _____
 PCMC O.R. No. _____ Amount P 112,945.65

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			<p>18. Equipment is maintainable and serviceable</p> <p>B.ACCESSORIES PER Unit</p> <p>1.One (1) extra power cord supply with socket adaptor per unit</p> <p>2.One (1) heavy duty extension cord with six (6) socket</p> <p>C.Consumables to be Provided Per Unit</p> <p>1.Five (5) pieces Extension Tube and (5) pieces Perfusor Tubings</p> <p>D. Warranty</p> <p>1.With two (2) years warranty on services, parts and accessories</p> <p>2.With free quarterly preventive maintenance and calibration</p> <p>E. With duly notarized certificate from Distributor- VMED MEDICAL CO.</p> <p>Certifies that:</p> <p>i. Parts, accessories and consumables are readily available at the authorized Philippine service center/s which is at 1331 Dagupan St.Tondo Manila for a period of five (5) years after the warranty period of the project.</p> <p>ii. The authorized service centers and VMED Medical Co. has available competent in-house technical specialists in handling and providing technical support as well as maintenance of the equipment being offered;</p> <p>iii.Will conduct training for proper operation and maintenance to end users of the Syringe Pump Equipment upon the delivery; and</p> <p>iv.Will provide replacement/back-up unit while the delivered unit is being repaired.</p> <p>F.With duly notarized certificate from Principal Manufacturer- HUNAN BEYOND MEDICAL TECHNOLOGY CO.,LTD</p> <p>Certifies that:</p> <p>i.All the terms and conditions stated in the bidding documents per IRR of RA 9184 and corresponding contract for the project shall be honored by HUNAN BEYOND MEDICAL TECHNOLOGY CO.,LTD including in the event that a change of dealership will occur during the duration of the contract up to the warranty and preventive maintenance period;</p>		

Funding Code _____

TOTAL AMOUNT P 2,247,313.00

FUNDS AVAILABLE:

ROWEL G. ALDAY, CPA
 Chief Accountant
 OIC-
 APPROVED:

SONIA B. GONZALEZ, MD, MSHSM, MPM
 Executive Director

- Attachments:
- P.R. No. NS Patient Care 2021-001
 - Abstract of Canvass/Bids
 - Canvass Sheet/Tender of Bids
 - Notarized Certificate of Exclusive Distributor
 - Justification
 - Others _____
 - BAC RESO NO. R2022-04-170
 - NOA-2022-079
 - NTP-PROC-2022-199

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 73229
 FOR SUPPLIES OR EQUIPMENT
 P.R. NO. NS Patient Care 2021-001 Dated: June 28, 2021
 MODE OF PROCUREMENT
COMPETITIVE BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. **MAY 17, 2022**

TO: Supplier/Dealer Contractor VMED Medical Co.
 Address: 1131 Dagupan St. Tondo Manila, Tel No: 8254-4018 Cellphone No: 09157328181,
 Department/Office/Division/Section/Unit where delivery is to be made: _____ Delivery period: 7 working days Other Terms: Bank Guarantee
 Bidder's Bond Posted: Cash GSIS Policy
 Location: Materials Management Division Cashier's/Manager's/Cert. Check No. _____
 Special Instructions Ground Floor, PCMC Bldg. PCMC O.R. No. _____ Amount P 112,365.65

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			ii. The Syringe Pump expected useful life under normal use is 5 yrs, to be used one patient at a time; 18 hours a day, under regular conditions. iii. Guarantee on availability of all spare parts, accessories and consumables at least for the next five (5) years from testing, commissioning acceptance and delivery. iv. That we have competence in handling and providing technical support as well as maintenance of the equipment being offered; v. Consumer guidelines regarding disposal of the equipment are as follows: Disposal of the equipment can be recycled by utilizing the scrap metals. These scrap metal is picked up by a waste transporter or dropped off at a recycling facility where the metals are separated by type. They are then shredded to help reduce the amount of energy expended during the melting process. G. Delivery Period: Forty Five (45) to Sixty (60) calendar days upon site readiness (PCMC Eight Storey Building/ from the time that the specific site is ready for the delivery of the units) For the use of: Note: Nursing Patient Care		

Penalty Clause for Delayed or Unsatisfactory Deliveries: 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.		
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Funding Code 1-06-05-116 (P639M) mds/5/27/22 **TOTAL AMOUNT P 2,247,313.00**

FUNDS AVAILABLE: P 2,247,313 -
Rowel G. Alday
ROWEL G. ALDAY, CPA
 OIC- Chief Accountant

 APPROVED:
Sonia B. Gonzalez
SONIA B. GONZALEZ, MD, MSsHSM, MPM
 Executive Director

 Attachments:
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 (Signature over printed name)

 Date: _____

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use equipment
 > Subject to release of NCA from DBM + release of funds from BT



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

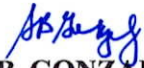

**NOTICE TO PROCEED
NTP-PROC-2022-199**

VMED Medical Co.
1131 Dagupan St. Tondo Manila
Tel No: 8254-4018 Cellphone No:
09157328181
Email: vmedcompany@gmail.com,
arlenesamoy@gmail.com

Sir / Madam:

This is to inform you that Purchase Order No. 73229, as a result of Competitive Bidding for the purchase of **Supply and Delivery Seventy Nine (79) Units Syringe Pump (Brand/Model: BYOND) /SEMII** 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** upon site readiness (PCMC Eight Storey Building/ from the time that the specific site is ready for the delivery of units)


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

CONFORME:
Received Original

Signature over Printed Name
Authorized Representative

Date: _____