

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	73363
FOR SUPPLIES OR EOU	UIPMENT

 N_{\circ}

73363

P. R. NO._ CTL-2022-01

Dated: 3/10/22

MODE OF PROCUREMENT PUBLIC BIDDING

CS No. AC No. _ DATE OF P.O. JUNE 22, 2022

TO: Su Addres	pplier/Dealer s:555	Contractor _ Manga St.,	BIOSITE MEDICAL IN cor. Luisa St., Juna Subd., Br	ISTRUMENTS . gy. Matina Crossing, Talom	no District	, Davao City, Da	vao del Sur	
Department/Office/Division/Section/Unit where delivery Is to be made: _Supply & Property Section Location:Ground Floor, PCMC Bldg. Special Instructions				Delivery period: 7 working days Performance Security Posted: Cash / Cashier's / Manager's C		Other Terms: Surety Bond No. 6(13) No. Check No. 21573. Amount P 349, 200.00		
				PCMC O.R. No		I		
Item No.	QTY.	UNIT	A A	RTICLES		UNIT COST	TOTAL COST	
2 3 4		ded: 2,400 kit .	Sample release reagent us Rapid nucleic acid lysis a fast amplification sys Integrated automatic data PCR amplification ar Results immediately prin Intuitive software, friendl With built-in touch scree With CE marking 230 volts 3-pin power plu With UPS	pased RT-PCR Machine cular Workstation 4 more SARS-CoV2 and other to see one tube technology for the room temperature within tem in 8 - 45 minutes per analysis software from mind result printing ted out by built-in printer by English interface and quant monitor and user log-in aug/cable, strictly at 60Hz sal including all supplies and Nucleic Acid Diagnostic Kitansure] (48's / bx)	dules, ca tests or nucleic in one (1) sample ucleic aci tuick setti in interface	tridge-based acid extraction minute and ult d extraction,	achine 1	
Fundin	g Code		3 1	,	ТОТАТ	AMOUNT P	1,164,000.00	
FUNDS AVAILABLE: ROWEL G. ALDAY, CPA OIC, Accounting Division APPROVED: APPROVED: AUXILIABLE: Attachments: P.R. No.CT Abstract of Canvass SI Notarized Exclusive Justification Others BAI NO			Canvass/Bids eet/Tender of Bids ertification of istributor today the copy of this Pu Order, and held the Co bound by the terms and stip of the contract and othe			nat I received this Purchase he Company nd stipulation d other laws		
Distrib		hite (Origin llow (Dupli	al) - Attachment to pay cate) - Procurement	ment	Pink	: - Supply a	nd Property	



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

PURCHASE OR	DER		73363
FOR SUPPLIES	OR EQUIPME	ENT	
P. R. NO. CTL-	2022-01	Dated:	3/10/22
MODE OF PROPUBLI	CUREMENT C BIDDING		
CS No.		_ AC No	•
DATE OF PO	H INE 22 20	22	

				DATE OF P.	O. JUNE	AC No. 22, 2022	
TO: Su Addres			BIOSITE MEDICAL II cor. Luisa St., Juna Subd., Bi		omo District	, Davao City, Da	vao del Sur
Department/Office/Division/Section/Unit where delivery Is to be made:Supply & Property Section Location:Ground Floor, PCMC Bldg. Special Instructions			Delivery period: 7 work Bidder's Bond Posted: Cashier's / Mana PCMC O.R. No.	☐ Cash □	Other Terms:		
Item No.	QTY.	UNIT	A	ARTICLES		UNIT COST	TOTAL COST
5 6 7 8 9	50 . 200 · 25 . 96 · 400 .	pack , pack , rack , pack , pack , NC All deli	Sample Release Reagent [S Reagent Strip [Sansure] (12 50uL Filtered Tip [Sansure] 25uL PCR Tube [Sansure](2 0.2mL PCR Strip 8 well [San ************* nothing for Conforme to the attache TE: For the use of Covid Te iveries shall have at least (12 - VAT EXE	2's / pack) (96's / pack) (5's / pack) nsure](6's / pack) ollows ********** ad Terms of Reference esting Laboratory (CY 202 One (1) year expiration		free of charge free of charge free of charge free of charge free of charge (One million on tour thousand	1,164,000.00 vvvvvvvvvvvvvv e hundred sixty pesos only)
enalty Cla	use for Delayed	or Unsatisfacto	v Deliveries:		Additional inst	ructions & condition	35:
One-tenti ince the cu he Procurir action and Excess in	n (1/10) of one per mulative amount ng Entity may resc remedies available price, if procurred	rcent (1%) of the of liquidated dam ind or terminate t under the circun I from third partie	cost of unperformed portion for ever ages reaches 10% of the amount of the contract, without prejudice to othe	ne contract, er courses of urement; and ed item/s.	1. Staggered Del 2. Delivery will t Delivery Confim: 3. Delivery is wit Delivery Confirm 4.PCMC has the in this PO for jus where the award	ivery/Payment ake effect upon rece ation of Quantity/Da hin 7 working days u	pt of te pon receipt of el any items e ground overnment
page 2 mrpe	of 2 pages						
FUND ROWEL OIC, Acco	SAVAILAI	BLE: \$1,16 *6-29-22 ion MD, MScHS	M P.R. No. Abstract o Canvass S Notarized Exclusive Justificatio Others B	of Canvass/Bids Cheet/Tender of Bids Certification of Distributor	This is today today today today today today Comparstipulati	se Original se Order, a sy bound by to ion of the cont plicable.	nat I received copy of this nd held the the terms and ract and other

Distribution:

White (Original)

- Supplier (to be attached in the claim

voucher with other supporting documents)

Yellow (Duplicate) - Procurement

Pink - Supply and Property

> HSPR-PCMC-POF1 170314



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-2022-317

June 22, 2022

BIOSITE MEDICAL INSTRUMENTS

555 Manga St., corner Luisa St., Juna Subd., Brgy. Matina Crossing, Talomo District, Davao City, Davao del Sur Tel. No. (082) 296-9485

Sir/Madam:

This is to inform you that Purchase Order No. 73363 as a result of Public Bidding for One (1) Lot Supply and Delivery of supplies and consumables under Reagent Tie-up Agreement with installation and Commissioning for Cartridge-based RT-PCR Machine.

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. GONZÁLEZ, MD, MScHSM, MPM Executive Director

CONFORME: Received Original

Signature Over Printed Name Authorized Representative Date: ____