



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
FOR SUPPLIES OR EQUIPMENT
 NICU 2022-003 2022-02-08
 P. R. NO. _____ Dated: _____
 MODE OF PROCUREMENT: Public Bidding
PUBLIC BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. 2022-07-21

HEALTHSOLUTIONS ENTERPRISES INC.

TO: Supplier/Dealer Contractor _____
 Address: Purok 8, Cayetano Avenue Extension (Former Mariano Street) Brgy. Licod Palingon, Tipas, Taguig City, Philippines 1630
 Tel. No.: (632) 836-5858 to 62

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. G(13) 49383
 PCMC O.R. No. _____ Amount P 356,400.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1		unit	RADIANT WARMER BRAND: DRAEGER, GERMANY. MAKE / MODEL: Babytherm 8010 A. Specifications 1. Bassinet / Mattress : 745 x 485 x 13mm mattress size (mattress) 750 x 490 mm (bed) 2. Weight of Bassinet / Matress: Mattress with heater 13 kg 3. Heated gel mattress, operating independently of the radiant warmer 4. Bed Tilt capable : maximum of 20° front end down maximum of 15° front end up 5. Foot Control adjustable bed height 6. Post / Stand column on both sides 7. Warmer / heater : warm up time: < 5 minutes 8. Keeps warmer heat away from the caregivers, and with adjustable temperature controls 9. Built-in Monitor for temperature 10. will provide external / stand alone timer (Brand: Medela) 11. Built-in weighing scale: Range of 250g to 8kg 12. Visual and Audio Alarms 13. with built in procedure light and night light 14. With Storage drawers 15. The unit will be operated at 230 Volts 3-Pin Power Plug / cable, strictly at 60 hertz 16. No separate volt conversion 17. Power Consumption of Radiant Warmer - 600W 18. Mechanical parts are of heavy-duty type 19. Equipment is maintainable B. Accessories (to be provided per unit) 1. One (1) Unit UPS with frequency converter or equivalent : 2KVA / Brand : POWERCOM RAPTOR/Model: RPT2000AP 2. Two (2) pieces reusable sensors/probes for skin temperature for neonates C. Consumables (to be provided per unit)	1,188,000.00	1,188,000.00 ** one million one hundred eighty eight thousand pesos only **
Page 1/3					1,188,000.00

Funding Code _____

TOTAL AMOUNT P

FUNDS AVAILABLE:
LOURDES B. DELOS REYES, CPA

Chief Accountant

APPROVED:

SONIA B. GONZALEZ, MD MSCHSM, MPM

Executive Director

Attachments: NICU 2022-003

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

NOA-2022-113
 BAC Reso No. R2022-06-286
 NTP-PROC-2022-330

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.: 588-9900 loc. 224, 226, 390

PURCHASE ORDER 73524
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. NICU 2022-003 Dated: 2022-02-08
 MODE OF PROCUREMENT
Public Bidding
 CS No. _____ AC No. _____
 DATE OF P.O. 2022-07-21

TO: Supplier/Dealer Contractor **HEALTHSOLUTIONS ENTERPRISES INC.**
 Address: Purok B, Cayetano Avenue Extension (Former Mariano Street) Brgy. Licod Palingon, Tipas, Taguig City, Philippines 1630

Department/Office/Division/Section/Unit where delivery: _____
 Is to be made: _____
 Location: Materials Management Division
 Special Instruction: Ground Floor, PCMC Bldg.
 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 G(13) 49383
356,400.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			1. One (1) complete set of warmer element(s) - 2. Replacement examination light bulb - D. Warranty ♦ Warranty of three (3) years on parts and three (3) years on services and labor - ♦ Quarterly preventive maintenance and calibration with certificate and sticker. - E. With duly notarized certificate from Distributor - HEALTHSOLUTIONS ENTERPRISES, 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; ii. Has available competence in-house technical specialist in handling and providing technical support as well as maintenance of the equipment being offered; and iii. That it will conduct training for proper operation and maintenance to end-users of the equipment upon delivery; and iv. shall provide replacement/back-up unit while the delivered unit is being repaired. - F. With duly notarized certificate from Principal Manufacturer - DRAEGER PHILIPPINES CORPORATION - 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 occur during the duration of the contract up to the warranty and preventive maintenance period. ii. The expected useful life under normal use is eight (8) years. iii. Availability of all spare parts, accessories and consumables at least for the next five (5) years from testing, commissioning, acceptance and delivery; - iv. That has competence in handling and providing technical support as well as maintenance of the equipment being offered. v. Disposal of the Device: At the end of its service life ♦ Have the medical device appropriately disposed of in -		

Funding Code _____ Page 2/3 **TOTAL AMOUNT P 1,188,000.00**

FUNDS AVAILABLE:
LOURDES B. DELOS REYES, CPA
 Chief Accountant
 APPROVED:
SONIA B. GONZALEZ, MD MSChSM, MPM
 Executive Director

Attachments: NICU-2022-003,
 P.R. No. _____
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 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others _____
NOA-2022-113 -
BAC Reso No. R2022-06-286 -
NTP-PROC-2022-330 -

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



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

PURCHASE ORDER 73524
 FOR SUPPLIES OR EQUIPMENT
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 MODE OF PROCUREMENT
Public Bidding
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TO: Supplier/Dealer Contractor **HEALTHSOLUTIONS ENTERPRISES INC.**
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356,400.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			<p>accordance with applicable laws and regulations. For countries subject to EU Directive 2002/96/EC This device is subject to EU Directive 2002/96/EC (WEE). In order to comply with the specification according to this directive, this device may not be disposed of at municipal collection points for waste electrical and electronic equipment. Draeger has authorized a company to collect and dispose of this device. To initiate collection or for further information, visit Draeger on the Internet at www.draeger.com. Use the search function with the keyword "WEEE" to find the relevant information. If access to Draeger's website is not possible, contact local Draeger Organization.</p> <p>DELIVERY PERIOD: Sixty (60) Calendar Days upon site readiness (NICU Area Expansion) from the time that the specific site is ready for the delivery of the units</p> <p style="text-align: center;">***Nothing Follows*** For the use of: Neonatal ICU</p> <p>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.</p>		

Funding Code 2-02-01-050-041 Page 3/3 **1,188,000.00**
 Attachment NICU 2022-003
DOAFP - P30.37 M

FUNDS AVAILABLE: 1,188,000.00
 LOURDES B. DELOS REYES, CPA 7/27
 Chief Accountant

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

- P.R. No. _____
 - Abstract of Canvass/Bids
 - Canvass Sheet/Tender of Bids
 - Notarized Certification of Exclusive Distributor
 - Justification
 - Others _____
- NOA-2022-113 ✓
 BAC Reso No. R2022-06-286 ✓
 NTP-PROC-2022-330 ✓

CERTIFICATION

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(Signature over printed name)

Date: _____

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 Yellow (Duplicate) - Procurement

dhw 7/29



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-2022-330

July 21, 2022

HEALTHSOLUTIONS ENTERPRISES INC.

Purok 8, Cayetano Avenue Extension (Former Mariano Street)

Brgy. Licod Palingon, Tipas, Taguig City, Philippines 1630

Tel. No.: (632) 836-5858 to 62

Fax No.: (632) 836-5863

Sir/Madam:

This is to inform you that Purchase Order No. 73524 as a result of Public Bidding for the purchase of One (1) Unit Radiant Warmer (**Brand: Draeger, Babytherm 8010**) has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within **Sixty (60) Calendar Days (upon site readiness - NICU Area Expansion) / from the time that the specific site is ready for the delivery of the units.**

SONIA B. GONZALEZ, MD MScHSM, MPM
Executive Director

CONFORME:

Received Original

Signature Over Printed Name

Authorized Representative

Date: _____

