



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 2022-005
 P. R. NO. _____ Dated: _____
 MODE OF PROCUREMENT: PUBLIC BIDDING
 CS No. _____ 2022-10-03 AC No. _____
 DATE OF P.O. _____

Nº 73819

2022-02-08

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
 Performance Security Posted: Surety Bond No. 6110768057
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P 895,500.00

| Item No. | QTY. | UNIT | ARTICLES | UNIT COST | TOTAL COST |
|----------|------|------|--|--|-------------------|
| 1 | 1 | unit | TRANSPORT INCUBATOR BRAND: DRAEGER, GERMANY MAKE / MODEL: Isolette TI500 A. Specifications 1. Would fit on a regular ambulance for air and land transport: (TI500 with 147 Stand: 32 to 44 x 22.3 x 40.3 in. (HxWxL) 2. Quiet Touch port doors and 1 iris port 3. Double walled 4. With transport suction machine (GE Resus Prime (Stand alone / External Unit) 5. With air and oxygen source 6. Foldable transport cart with IV pole, 2 hooks and infusion pump stand 7. With examination light 8. With 3 hours on 2 batteries 9. With reusable skin temperature probe 10. With infant restrain straps, made of cloth, disposable 11. Thermal Control: Digital air temperature thermometer Resolution: 0.1C Control Temperature range: 22 to 38 degrees Celsius Heater Power Indicator Range -4 LED indication of heater power (0, 25 to 100%) 12. Visual and Audible Alarm for: Temperature variability: ≤1 degree Celsius Sensor fail Power fail Air over ≥ 39 degrees Celsius With alarm reset 13. Performance: Temperature Variability: ≤ 1 degree Celsius Temperature overshoot: ≤ 2 degrees Celsius Warm up time: 30 minutes Noise level: < 60 dba With autocheck power consumption 14. Main Latch Door Dimension : at least 60 x 22 cm 15. Main compartment for Patient : At least 24 cm in height 16. 220/240 V, 50/60/400 Hz 17. Power Consumption: 200W Maximum | 995,000.00 ** nine hundred ninety five thousand pesos only ** | 995,000.00 |

Funding Code _____

TOTAL AMOUNT P

FUNDS AVAILABLE:
LOURDES B. DELOS REYES, CPA

Chief Accountant

APPROVED:

SONIA B. GONZALEZ, MD MSChSM, MPM

Executive Director

NICU 2022-005

Attachments:

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

NOA-2022-150
 BAC Reso No. R2022-09-413
 NTP-PROC-2022-378

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 73819
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. NICU 2022-004 Dated: 2022-02-08
 MODE OF PROCUREMENT
 Public Bidding ✓
 CS No. _____ AC No. _____
 DATE OF P.O. 2022-10-03 ✓

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

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: _____
 Bidder's Bond Posted: Cash GSIS Policy LIBERTY INSURANCE
 Cashier's / Manager's / Cert Check No. GC13) 68 057
 PCMC O.R. No. _____ Amount P 895,500.00

| Item No. | QTY. | UNIT | ARTICLES | UNIT COST | TOTAL COST |
|----------|------|------|--|-----------|------------|
| | | | 18. Mechanical parts are of heavy-duty type 19. Equipment should maintainable and serviceable B. Accessories (to be provided per unit) 1. Main Cables to be at least 3m length 2. Two extra mattresses 3. Two extra sets of sensor 4. Two extra set of filters 5. Two extra sets of fuses 6. An oxygen cylinder 7. 10 pieces T-piece resuscitator tubing / breathing circuit 8. 1 piece Endotracheal tube and ventilator tubing holder per unit 9. UPS with frequency converter or equivalent Brand: POWERCOM RAPTOR Model: RPT2000AP Note: Safety electrical devices should be compatible to the equipment power requirement and proper grounding when needed C. CONSUMABLES to be Provided Per Unit 1. A reusable or disposable skin temperature sensor probe 2. Sticky reflective patches, 50 pieces / pack 3. Sleeves, 1 pc 4. Air filters 5. 10 pieces suction tubings (for the suction machine) D. WARRANTY 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 - 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 | | |

Funding Code _____ Page 2/4 **TOTAL AMOUNT P 995,000.00**

FUNDS AVAILABLE:
LOURDES B. DELOS REYES, CPA
 Chief Accountant

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

Attachments: NICU 2022-004
 P.R. No. _____
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others _____

NOA-2022-150
 BAC Reso No. R2022-09-413
 NTP-PROC-2022-378

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 73819
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. NICU 2022-002 Dated: 2022-02-08
 MODE OF PROCUREMENT Public Bidding
 CS No. _____ AC No. _____
 DATE OF P.O. 2022-10-03

TO: Supplier/Dealer Contractor **HEALTHSOLUTIONS ENTERPRISES INC.**
 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: _____
 Location: Materials Management Division
 Special Instructions: Ground Floor, PCMC Bldg.

Delivery period: 7 working days Other Terms: _____
 Bidder's Bond Posted: Cash GSIS Policy LIBERTY INSURANCE
 Cashier's / Manager's / Cert Check No. GC/26809
 PCMC O.R. No. _____ Amount P 895,500.00

| Item No. | QTY. | UNIT | ARTICLES | UNIT COST | TOTAL COST |
|----------|------|------|---|-----------|------------|
| | | | <p>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 seven (7) 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 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. DELIVERY PERIOD: Sixty (60) Calendar Days upon receipt of approved Purchase Order</p> <p style="text-align: center;">***Nothing Follows*** For the use of: Neonatal ICU</p> | | |

Funding Code _____ Page 3/4 **TOTAL AMOUNT P 995,000.00**

FUNDS AVAILABLE:
LOURDES B. DELOS REYES, CPA
 Chief Accountant

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

Attachment: NICU 2022-002
 P.R. No. _____
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others _____
 NOA-2022-150
 BAC Reso No. R2022-09-413
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Republic of the Philippines
PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Ave. Quezon City
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PURCHASE ORDER 73819
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. NICU 2022-002 Dated: 2022-02-08
 MODE OF PROCUREMENT Public Bidding
 CS No. _____ AC No. _____
 DATE OF P.O. 2022-10-03

TO: Supplier/Dealer Contractor **HEALTHSOLUTIONS ENTERPRISES INC.**
 Address: Purok 8, Cayetano Avenue Extension (Former Mariano Street) Brgy. Licod Palingon, Tipas, Taguig City, Philippines 1630
Tel. No.: (632) 836-5858 to 62
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 Is to be made: _____
 Location: Materials Management Division
 Special Instructions: Ground Floor, PCMC Bldg.
 Delivery period: 7 working days Other Terms: _____
 Bidder's Bond Posted: Cash GSIS Policy LIBERTY INSURANCE
 Cashier's / Manager's / Cert Check No. GCIB) 68057
 PCMC O.R. No. _____ Amount P 895,570.00

| Item No. | QTY. | UNIT | ARTICLES | UNIT COST | TOTAL COST |
|--|------|------|----------|-----------|------------|
| <p>Penalty Clause for Delayed or Unsatisfactory Deliveries:</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 202 01 050 041 10/7/22 Page 4/4 TOTAL AMOUNT P **995,000.00**

FUNDS AVAILABLE: 995,000.00
LOURDES B. DELOS REYES, CPA
 Chief Accountant
 APPROVED:
SONIA B. GONZALEZ, MD MSChSM, MPM
 Executive Director

- Attachments: NICU 2022-002
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 - Canvass Sheet/Tender of Bids
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 - Justification
 - Others _____
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 BAC Reso No. R2022-09-413
 NTP-PROC-2022-378

CERTIFICATION
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(Signature over printed name)
 Date: _____

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 Yellow (Duplicate) - Procurement



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
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE TO PROCEED
NTP-PROC-2022-378

October 3, 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. 73819 as a result of Public Bidding for the purchase of One (1) Unit Transport Incubator (**Brand: Draeger, Isolette TI500**) 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 receipt of approved Purchase Order.**


SONIA B. GONZALEZ, MD MScHSM, MPM
Executive Director 

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____

