



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: pcmeproc@gmail.com

PURCHASE ORDER **74243** **Nº 74243**
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. PATHO 2022-0047 Dated: 11/15/2022
 MODE OF PROCUREMENT DC
 CS No. NOA-2022-213 AC No. R2022-12-700
 DATE OF P.O. DECEMBER 29, 2022

TO: Supplier/Dealer Contractor ABBOTT LABORATORIES
 Address: 8F Venice Corporate Center, No. 8 Turin Strret, McKinley Town Center, Taguig City Tel No (632) 8 7028649

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 Other Terms:
 Performance Security Posted: Surety Bond No.
 Cash / Cashier's / Manager's Check No.
 PCMC O.R. No. Amount P

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	4	kit	<p>Additional reagents/consumables under Reagent Tie-up Agreement for three (3) years for Automated Analyzer Methotrexate Determination</p> <p>Methotrexate Reagent, 100 test per kit (Brand: Abbott)</p> <p>***** nothing follows *****</p> <p>NOTE: For the use of Pathology Division (CY 2022) All deliveries shall have at least One (1) year expiration period</p>	200,000.00	800,000.00

Penalty Clause for Delayed or Unsatisfactory Deliveries:

- 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.
- Excess in price, if procured from third parties, through alternative mode of procurement; and
- In case of bidding, for forfeiture of performance security equal to 5% of the undelivered item/s.

Additional instructions & conditions:

- Staggered Delivery/Payment
- Delivery will take effect upon receipt of Delivery Confirmation of Quantity/Date
- Delivery is within 7 working days upon receipt of Delivery Confirmation
- PCMC has the right to reject or cancel any items in this PO for justifiable and reasonable ground where the award will not benefit the Government
- Terms and conditions specified on Notice of Award.

Funding Code 5-02-03-080 **TOTAL AMOUNT P 800,000.00**

FUNDS AVAILABLE: ₱ 800,000.00

Loures B. Delos Reyes, CPA
 OIC, Accounting Division

APPROVED:
Sonia B. Gonzalez, MD, MSChSM, MPM
 Executive Director

Attachments:

- P.R. No. PATHO 2022-0047
- Abstract of Canvass/Bids
- Canvass Sheet/Tender of Bids
- Notarized Certification of Exclusive Distributor
- Justification
- Others BAC RESO # R2022-12-700
NOA-2022-213
NTP-PROC-2022-431

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
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-2022-431

December 29, 2022



ABBOTT LABORATORIES

8F Venice Corporate Center
No. 8 Turin Street, McKinley Town Center
Taguig City
Tel No.: 8702-8649

Sir/Madam:

This is to inform you that Purchase Order No. 74243 as a result of Direct Contracting for the Procurement of Additional items/s under Reagent Tie-up Agreement for Three (3) years for Automated Analyzer Methotrexate Determination has been approved.

You may now proceed with the delivery of 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. GONZALEZ, MD, MScHSM, MPM
Executive Director 

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____