

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 C	ORDER	744	01	14.	74401	
FOR SUPPLIE	ES OR EC	QUIPM	EN	IT		
P. R. NO /PA MODE OF PR	ATHO-202	23-02	1	Dated:	11/10/22	1
MODE OF PR	OCUREN	MENT				
PUBLIC BIDD	ING (Mu	lti Yea	r Pi	roject)	,	
CS No.				AC No.		
DATE OF P.O	Janu	ary 16	, 2	023		

TO: Su	pplier/Dealer	Contractor _	BIOSITE MEDICAL IN	ISTRUMENTS /			
Addres			St., Juna Subdivision, Matina	, Davao City ; Tel. No.: (082) 29		and tool	
Is to be	e made:N	Materials Man Bround Floor,	on/Unit where delivery agement Division PCMC Bldg.	Delivery period: 7 workin Performance Security Pos Cash / Cashier's / Man PCMC O.R. No.	ng days Other Terms:_sted: Surety Bond	noderford ps to tolker	
Item No.	QTY.	UNIT	e od rano autrio anti ill	ARTICLES	UNIT COST	TOTAL COST	
nem 170.		One (1) Lot 5	Supply and Delivery of rea	gents/ consumables under Ro use of Two (2) units Gem Pre Analyzer	eagent Tie-Up Agreemen	for three (3)	
1 2 3 4	40 / 2 / 80 /	ctg · bx · bx · r! ·	GEM CVP 1 , 20 x 2.5mL, GEM CVP 2, 20 x 2.5mL,	600 test cartridge, Instrument Instrumentation Laboratory S Instrumentation Laboratory S lox, Instrumentation Laborator	SpA free of charge /	2,889,780.80 -	
		All	Conforme to the atta Note: For the use of Pa (Multi Year P	Conditions per attached Memo iched Terms of Reference thology Division (CY-2023) roject: 2nd Year) st One (1) year expiration pe	(Two Million Eighty Nine	f Agreement 2,889,780.80 vvvvvvvvvvv (Two Million Eight Hundred Eighty Nine Thousand Seven fundred Eighty Pesos and 80/100)	
1. One-to Once the the Proc action at 2. Excess 3. In case	enth (1/10) of one cumulative amouring Entity may re nd remedies avail in price, if procu	unt of liquidated d escind or termina able under the circ rred from third pa	ctory Deliveries: the cost of unperformed portion for amages reaches 10% of the amount te the contract, without prejudice to	t of the contract, o other courses of procurement; and	and the landers	nyment ct upon receipt Quantity/Date nys upon receipt of cancel any items onable ground the Government	
/yvt Fundin	g Code 🗸	- 02-03-08	10 / ml 1/8/23	trunket en in casalariua. Viluer Dinches Grane D	TOTAL AMOUNT P	2 880 780 80	
APPROVED: SONIA B. GONZALEZ, MD, MSCHSM, MPM Executive Director Abstract Canvass Exclusive Justificat Others X BA X NO			Attachments P.R. No. Abstract Canvass Notarize Exclusiv Justificat Others MA A A A A A A A A A A A A A A A A A	s: PATHO-2023-02 / of Canvass/Bids Sheet/Tender of Bids d Certification of e Distributor	This is to certify today the copy of Order, and held bound by the terms of the contract an applicable.	CERTIFICATION This is to certify that I received day the copy of this Purchase order, and held the Company ound by the terms and stipulation of the contract and other laws opplicable. (Signature over printed name)	
Distrib		Thite (Origina ellow (Duplic	al) - Attachment to pa cate) - Procurement	ayment	Pink - Supply	and Property	

HSPR-PCMC-POF1 170314 Rev 1



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-2023-051

January 16, 2023

BIOSITE MEDICAL INSTRUMENTS

512 Manga St., Juna Subdivision,

Matina, Davao City

Tel. No.: (082) 296-948 / 0977-017-2162

Email Add: biositemedicalinstruments@gmail.com

Sir/Madam:

This is to inform you that Purchase Order No. 74401, for the 2nd Year of Multi-Year Project for the procurement of One (1) Lot Supply and Delivery of Reagents/Consumables under Reagent Tie-Up Agreement for three (3) years for Blood Gas Analysis has been approved.

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. GONZALEZ, MD, MScHSM, MPM
Executive Director

CONFORME: Received Original

Signature Over Printed Name Authorized Representative Date: ____

