

74403

**Nº 74403**



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 SUPPLY AND DELIVERY OF REAGENT TIE-UP AGREEMENT  
 P. R. NO. PATHOB-2023-05 Dated: 11/10/22  
 PUBLIC BIDDING (Multi-Year Project)  
 PUBLIC BIDDING (Multi-Year Project)  
 CS No. January 16, 2023 No. \_\_\_\_\_  
 DATE OF P.O. \_\_\_\_\_

**DISTRIBUTION SOLUTION PHILS, INC.** ✓

TO: Supplier/Dealer Contractor 4TH Floor Centermall Building, #51 President's Avenue, BF Homes, Phase 1, Parañaque City/Tel No.: 8801-2339  
 Address: \_\_\_\_\_

Department/Office/Division/Section/Unit where delivery is to be made: Materials Management Division Ground Floor, PCMC Bldg. Delivery period: 7 working days Other Terms: \_\_\_\_\_  
 Location: \_\_\_\_\_ Performance Security Posted:  Surety Bond No. \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_  Cash / Cashier's / Manager's Check No. \_\_\_\_\_  
 PCMC O.R. No. 462694 - Amount P 263,221.67 - 1/27/22

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
<b>One (1) Lot Supply and Delivery of supplies/consumables under Reagent Tie-Up Agreement for three (3) years for Automated ImmunoHaematology Analyzer and free use of Two (2) units Ortho Vision Analyzer ✓</b>					
1	12 ✓	bx ✓	6901906 Newborn Cassette (A,B,A+B,D,ctrl,IgG) 100 test/box, 100 tests/ Pack, Ortho BioVue	10,000.00 ✓	120,000.00 ✓
2	80 ✓	bx ✓	707100 ABO Reverse Grouping Cassette 400 cassettes/box, 400 tests/ Pack, Ortho BioVue	25,500.00 ✓	2,040,000.00 ✓
3	72 ✓	bx ✓	707135 ABD Confirmation Cassette (A,B,D) 100 cassettes/box, 200 tests/Pack, Ortho BioVue	10,000.00 ✓	720,000.00 ✓
4	40 ✓	bx ✓	707300 AHG Polyspecific Cassette (IgG, C3d) 400 cassettes/bo 800 tests/ Pack, Ortho BioVue	35,000.00 ✓	1,400,000.00 ✓
5	40 ✓	bx ✓	6902040 Ortho BLISS (3x10ml) 150 test/10ml, 450 test/Box, Ortho	5,100.00 ✓	204,000.00 ✓
6	164 ✓	set ✓	707930 Affirmagen (A1, B) (2x3mL) 150 test/box, 400 tests/ Pack, Ortho BioVue	2,300.00 ✓	377,200.00 ✓
7	85 ✓	set ✓	719102 0.8 % Surgiscreen 3 cells panel (3x10 ml) 150 test/bo 150 tests/ Pack, Ortho	7,000.00 ✓	595,000.00 ✓
8	12 ✓	vl ✓	719000 Pooled Screening Cells (1x20 ml) 1000 test/box, 1000 tests/ 1 set good for 30 days, Ortho	16,000.00 ✓	192,000.00 ✓
9	12 ✓	set ✓	719522 0.8% Resolve Panel B (11x3ml) 50 test/box, 150 tests/ Pack, Ortho	12,000.00 ✓	144,000.00 ✓
10	12 ✓	set ✓	719402 0.8% Resolve Panel C (22x3ml) 50 test/box, 150 tests/ Pack, Ortho	9,000.00 ✓	108,000.00 ✓
11	58 ✓	set ✓	6842785 Ortho Confidence (Internal Control) (30 days), 1 set good for 15 days, Ortho	7,000.00 ✓	406,000.00 ✓
* With the same Terms and Conditions per attached Memorandum of Agreement Conforms to the attached Terms of Reference					
/yvt	page 1 of 2				6,306,200.00 ✓

Funding Code \_\_\_\_\_

**TOTAL AMOUNT P**

FUNDS AVAILABLE:  
**LOURDES B. DELOS REYES, CPA**  
 OIC, Accounting Division  
 Chief Accountant

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

- ✓ Attachments: **PATHOB-2023-05**
- ✓  P.R. No. \_\_\_\_\_
- Abstract of Canvass/Bids
- Canvass Sheet/Tender of Bids
- Notarized Certification of Exclusive Distributor
- Justification
- ✓  Others **BAC Reso No.2023-01-042**
- x **NOA-2022-017**
- x **NTP-PROC-2023-053**

**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** **74403**  
 FOR SUPPLIES OR EQUIPMENT  
 P. R. NO. **PATHOBB-2023-05** Dated: **11/10/22**  
 MODE OF PROCUREMENT  
**PUBLIC BIDDING (Multi Year Project)**  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. **January 16, 2023**

TO: Supplier/Dealer Contractor **DISTRIBUTION SOLUTION PHILS, INC.**  
 Address: **4TH Floor Centermall Building, #51 President's Avenue, BF Homes, Phase 1, Parañaque City/Tel No.: 8801-2339**

Department/Office/Division/Section/Unit where delivery is to be made: <b>Materials Management Division</b>	Delivery period: 7 working days Other Terms: _____
Location: <b>Ground Floor, PCMC Bldg.</b>	Bidder's Bond Posted: <input type="checkbox"/> Cash <input type="checkbox"/> GSIS Policy
Special Instructions	Cashier's / Manager's / Cert Check No. _____
	PCMC O.R. No. _____ Amount P _____

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			<b>One (1) Lot Supply and Delivery of supplies/consumables under Reagent Tie-Up Agreement for three (3) years for Automated Immunohaematology Analyzer and free use of Two (2) units Ortho Vision Analyzer</b>		
				<i>Balance forwarded</i>	<b>6,306,200.00</b>
			Note: For the use of Pathology Division-Bloodbank (CY-2023) (Multi Year Project: 2nd Year) <b>All deliveries shall have at least One (1) year expiration period.</b>	<i>(Six Million Three Hundred            Six Thousand Two Hundred            Pesos only)</i>	

<b>Penalty Clause for Delayed or Unsatisfactory Deliveries:</b> 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, for forfeiture of performance security equal to 5% of the undelivered item/s.	<b>Additional instructions &amp; conditions:</b> 1. Staggered Delivery/Payment 2. Delivery will take effect upon receipt of Delivery Confirmation of Quantity/Date 3. Delivery is within 7 working days upon receipt of Delivery Confirmation 4. 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 5. Terms and conditions specified on Notice of Award.
---	---

/yvt page 4 of 4  
 Funding Code **5-02-03-080** *nd 1/25/23* **TOTAL AMOUNT P 6,306,200.00**

FUNDS AVAILABLE: **₱ 6,306,200.00**

Attachments:  
 P.R. No. **PATHOBB-2023-05**  
 Abstract of Canvass/Bids  
 Canvass Sheet/Tender of Bids  
 Notarized Certification of Exclusive Distributor  
 Justification  
 Others

APPROVED:  
**LOURDES B. DELOS REYES, CPA**  
 Chief Accountant  
 OIC, Accounting Division  
*1/26/23*

**SONIA B. GONZALEZ, MD, MSChSM, MPM**  
 Executive Director  
*1/25/23*

**BAC Reso No. 2023-01-042**  
 **NOA-2022-017**  
 **NTP-PROC-2023-053**

**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  
DEPARTMENT OF HEALTH  
PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100

website: [www.pcmc.gov.ph](http://www.pcmc.gov.ph) email: [officeofthedirector@pcmc.gov.ph](mailto:officeofthedirector@pcmc.gov.ph)

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

NOTICE TO PROCEED

NTP-PROC-2023-053

January 16, 2023


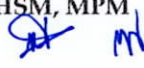
**DISTRIBUTION SOLUTION PHILS, INC.**

4th Floor Centermall Building,  
#51 President's Avenue, BF Homes, Phase 1,  
Parañaque City  
Tel No.: 8801-2339

Sir/Madam:

This is to inform you that Purchase Order No. 74403 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 Automated Immunohaematology Analyzer 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: \_\_\_\_\_

