

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	74408	No	7440	8
FOR SUPPLIES OR E. P. R. NO. PATHOBB-2	QUIPMEN 2023-07 -	T Dated:	11/18/22	,
MODE OF PROCURE PUBLIC BIDDING (Mu	MENT Iti Year Pro	oject)		
CS No.	iary 16, 20	AC No.		
DATE OF P.O. Janu	iary 16, 20	23		

TO: Sup	plier/Dealer	Contractor	LIFELINE DIAGNOSTI			1675/98		
Address	:	1225 Quezon A	Email: info@lifelinediag.con	zon City /Tel No.: 8376-5917 / F n	ax 140 057.	2-1073/30	updat 14	
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: Cash / Cashier's / Manager's Check No. PCMC O.R. No. Amount P					
Item No.	QTY.	UNIT	- Mysin Ofne villi it.	ARTICLES	MI SHE THE	UNIT COST	TOTAL COST	
	У	One (1) Lot sears for Trans	Supply and Delivery of sup fusion-Transmissible Infec	oplies/consumables under Rections (TTIs) and free use of T System	eagent Tie- Two (2) uni	ts Bio-Rad EVO	IS™ Premium	
1 2 3 4	31 / 30 / 30 / 15 / 29 /	kit / kit / kit / kit / kit /	Monolisa™ HBs Ag ULTRA, 480 test/kit , Bio-Rad Genscreen™ ULTRA HIV Ag-Ab, 480 test/kit , Bio-Rad Monolisa™ HCV Ag-Ab ULTRA V2, 480 test/kit , Bio-Rad Trepsure, 960 test/kit , Bio-Rad Microlisa Pan Malaria Ag EIA, 480 test/kit , Bio-Rad			60,000.00 / 47,568.00 / (Seven Million	837,000.00 / 900,000.00 / 3,405,600.00 / 900,000.00 / 1,379,472.00 / 7,422,072.00 / Four Hundred Two Thousand	
		No	Conforme to the atta ete: For the use of Patholog (Multi Year P	per attached Memorandum of ached Terms of Reference gy Division-Bloodbank (CY-20 Project: 2nd Year) ast One (1) year expiration pe	023)	Sevia ty	Tw≎Pesos only) ✓	
1. One-te Once the the Procu action an 2. Excess 3. In case	nth (1/10) of on cumulative amo ring Entity may d remedies avai in price, if procu	unt of liquidated d rescind or terminal lable under the circ rred from third pa	he cost of unperformed portion for amages reaches 10% of the amoun e the contract, without prejudice to	t of the contract, o other courses of procurement; and	1. Stagger 2. Delivery Delivery C 3. Delivery is Delivery Conf 4.PCMC has in this PO for where the aw	onfimation of C within 7 working da	yment upon receipt of Quantity/Date ys upon receipt of cancel any items nable ground he Government	
/yvt		Fise mol fire	node of Enewedie State	usal de reas al ad Jacobska	rago m			
Funding	Code 5-	02-03-080	1 ml/x/23		TOTAL	AMOUNT P	7,422,072.00	
LOUR O APPRO SONIA	DES B. DELC ChiefAcch OVED:	ngnDavition Line EZ MID, MISCH	P.R. No. Abstract Canvass Notarize Exclusiv Justificat Others	of Canvass/Bids Sheet/Tender of Bids d Certification of e Distributor	order, bound of the applica	the copy of and held to by the terms a contract and ble.	hat I received this Purchase the Company and stipulation d other laws	

White (Original) - Attachment to payment Yellow (Duplicate) - Procurement Distribution:

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-2023-058

January 16, 2023

LIFELINE DIAGNOSTICS SUPPLIES, INC.

1225 Quezon Avenue., Brgy. Sta, Cruz,

Quezon City

Tel No.: 8376-5917 / Fax No.: 8372-1675/98

Email: info@lifelinediag.com

Sir/Madam:

This is to inform you that Purchase Order No. 74408 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 Transfusion-Transmissible Infections (TTIs) 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: ____