

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 OR	DER	74410	No	)	7441	0
FOR SUPPLIES	OR EQU	JIPMEN	TV		100-100	
P. R. NO. / PATH	0-2023	-06 /	Dated	i:	11/10/22	,
MODE OF PROC	CUREM	ENT		-		
PUBLIC BIDDIN	G (Mult	Year Pi	roject)	-		11/1-15
CS No.			ACN	lo	A Property of	
DATE OF P.O	Janua	ry 16, 2	023	-		

TO: Sur Address		ealer	Contractor _ G/F Molave B		LE MEDICAL PRODUCTS enue, Makati City / Tel. No. (63:		/ 817-8405	
				E-mail Add: jrq.mdmpi@ma	rsmandrysdale.com		MUDICE) V	ydal od
Locatio	111440.	G	Division/Sect aterials Man round Floor,	ion/Unit where delivery agement Division PCMC Bldg.	Delivery period: 7 worki Performance Security Po Cash / Cashier's / Ma PCMC O.R. No.	sted: nager's Che	Other Terms:  Surety Bond ck No.  Amount P	No
Item No.	QTY		UNIT	o de verrous a siste au	ARTICLES	or and and	UNIT COST	TOTAL COST
1 2 3 4 5 6 7 8 9 10	48	fo Au	r Automated utomated Her kit / kit / kit / kit	Hematology Analyzer and finatology Analyzers with at DxH Diluent, 10 L, 125 te DxH Cell Lyse, 1L, 520 tes DxH Diff Pack, 2.75L, 180 DxH Cleaner, 5L, 1245 tes 6C Plus Cell Controls, 3x3 (daily running of controls, 1x 3.3 n per cal, Beckman Coult DxH Retic Pack, 2.75 L, 14 Retic-X Cell Control, 3x3. (daily running of controls of Controls, 3x3. (daily running of controls of Controls, 3x3. (daily running of controls, 1x 3.3. (daily running of controls, 1x 3.5. (	st/kit, Beckman Coulter 10 test/kit, Beckman Coulter 15 t/kit, Beckman Coulter 15 th., 15 runs/level/set, 16 is once a day), Beckman Coulter 17 th., once a year/unit 11 runs 18 ter 19 test/kit, Beckman Coulter 19 test/kit, Beckman Coulter 10 th., 15 runs/level/set, 10 is once a day), Beckman Coulter 10 th., 15 runs/level/set, 10 is once a day), Beckman Coulter 10 th., 15 runs/level/set, 10 is once a day), Beckman Coulter	oulter Coulter Coulter	3,132.00 / 7,850.00 / 12,500.00 / 5,800.00 / 8,000.00 / free of charge free of ch	2,179,872.00 1,318,800.00 600,000.00 417,600.00
/yvt	page 1 o	f2	eal zo wal the	a not set bulges for the	NUKCIOC III CASCOT ITA	i isqa na		
Funding	g Code		Don so	othic slines I realize	older, nurchase in the u. Line memperature any	TOTAL	AMOUNT P	4,900,272.00 W
APPRO SONIA	DES B. D Chie64 OVED:	ELOS vididos	S REYES, CPA published	Attachments    P.R. No.     Abstract     Canvass     Notarize     Exclusiv     Justificat     Others     x BA     x No.	of Canvass/Bids Sheet/Tender of Bids d Certification of e Distributor	order, bound of the applica	the copy of and held t by the terms a contract an	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 PHILIPPINE CHILDREN'S MEDICAL CENTER Quezon Ave., Quezon City Tel. No.: 588-9900 loc. 224, 226, 390

PURCHASE ORDER	74410	
FOR SUPPLIES OR EQUIPME	ENT	
P.R. NO. PATHO-2023-06	Dated:	11/10/22
MODE OF PROCUREMENT		
PUBLIC BIDDING (Multi Year Pro	oject) /	
CS No.	_ AC No.	
DATE OF P.OJanuary 16, 2	2023	

Is to b	e made:N	E-mi Division/Section/ Materials Manage Ground Floor, PCN	ail Add: jrg.mdmpi@mars Unit where delivery ment Division	enue, Makati City / Tel. No. (finandrysdale.com Delivery period: 7 wor Bidder's Bond Posted: Cashier's / Mana PCMC O.R. No.	king days  Cash  ager's / Cert C	Other Terms:  GSIS Policy	
Item No.	QTY.	UNIT	and the series (see	ARTICLES		UNIT COST	TOTAL COST
	1	utomated Hemat	and Delivery of reagent tology Analyzer and free zers with at least six (6)	s/ consumables under Rea e use of Two (2) units Beckn parts differential /	nan Coulter Dx	ce forwarded  (Four Mill  Thousan	y Automated 4,900,272.00 ion Nine Hundred od [Two] Hundred by Two Pesos only)
1. One-ten Once the o the Procur action and 2. Excess i	th (1/10) of one p umulative amoun ing Entity may res I remedies availab n price, if procurre	of liquidated damages cind or terminate the c le under the circumsta ed from third parties, t	t of unperformed portion for ev s reaches 10% of the amount o contract, without prejudice to o	f the contract, other courses of ocurement; and	1. Staggered 2. Delivery to Delivery Coo 3. Delivery is w Delivery Confirm 4.PCMC has the in this PO for ju where the awar	nfimation of Qu thin 7 working days	nent upon receipt of antity/Date upon receipt of cel any items ble ground Government
FUND LOUR OI APPRO	S AVAILAI  DES B. DELOS  C, RICE MERRE  DVED:	, MD, MScHSM,	Attachments    P.R. No.     Abstract     Canvass     Notarized     Exclusive     Justificat     Others     A A A A A A A A A A A A A A A A A A	pATHO-2023-06 of Canvass/Bids Sheet/Tender of Bids d Certification of Distributor	This is today the Purchase Company stipulation laws app	e Original order, and by the order of the contract of the contract or the cont	at I received copy of this nd held the he terms and ract and other



## Republic of the Philippines DEPARTMENT OF HEALTH PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100
website: <a href="mailto:www.pcmc.gov.ph">www.pcmc.gov.ph</a> email: <a href="mailto:officeofthedirector@pcmc.gov.ph">officeofthedirector@pcmc.gov.ph</a>
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

## NOTICE TO PROCEED NTP-PROC-2023-060

January 16, 2023

## MARSMAN DRYSDALE MEDICAL PRODUCTS, INC.

G/F Molave Building, 2231 Chino Roces Avenue, Makati City Tel. No. (632) 751-9999 / 817-8405 E-mail Add: mmdmpi@marsmandrysdale.com

Sir/Madam:

This is to inform you that Purchase Order No. 74410 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 Hematology 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: \_\_\_\_

Management System ISO 9001:2015 ISO 14001:2016 ISO

