



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 **74414** **Nº 74414**
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. **PATHO-2023-08** / 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 **METRO DRUG, INC. JVA with Interpharma Holdings and Management Corp.** /
 Address: **Sta. Rosa Estate, Brgy. Macabling, Sta. Rosa, Laguna, Tel. No.: 8424-1228; Email Add: Adizon@metrodrug.com.ph**

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: 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
One (1) Lot Supply and Delivery of reagents/ consumables under Reagent Tie-Up Agreement for Three (3) years for Hepatitis B profile, Thyroid profile, Anti-HAV IgM, CMV IgM, Toxoplasma IgM, Rubella IgM, AFP, B-HCG, Serum Ferritin, Cortisol, Intact PTH and Total Vitamin D Assays and free use of One (1) unit Roche Immunology analyzer (cobas e 411 analyzer) /					
1	9 /	kit /	Elecsys AFP, 100 tests per kit, Roche	20,900.00 /	188,100.00 /
2	6 /	kit /	Elecsys A-HBc II, 100 tests per kit, Roche	22,000.00 /	132,000.00 /
3	6 /	kit /	Elecsys Anti-HBs II, 100 tests per kit, Roche	25,000.00 /	150,000.00 /
4	4 /	kit /	Elecsys CMV IgM, 100 tests per kit, Roche	44,650.00 /	178,600.00 /
5	25 /	kit /	Elecsys Ferritin, 100 tests per kit, Roche	22,705.00 /	567,625.00 /
6	4 /	kit /	Elecsys A-HaV IgM, 100 tests per kit, Roche	27,550.00 /	110,200.00 /
7	2 /	kit /	Elecsys HBeAg, 100 tests per kit, Roche	35,000.00 /	70,000.00 /
8	8 /	kit /	Elecsys HBsAg II, 100 tests per kit, Roche	25,000.00 /	200,000.00 /
9	3 /	kit /	Elecsys A-Hbe, 100 tests per kit, Roche	40,000.00 /	120,000.00 /
10	7 /	kit /	Elecsys TSH, 200 tests per kit, Roche	32,300.00 /	226,100.00 /
11	4 /	kit /	Elecsys Rubella IgM, 100 tests per kit, Roche	49,400.00 /	197,600.00 /
12	5 /	kit /	Elecsys FT3 III, 200 tests per kit, Roche	31,350.00 /	156,750.00 /
13	7 /	kit /	Elecsys FT4 III, 200 tests per kit, Roche	38,000.00 /	266,000.00 /
14	4 /	kit /	Elecsys Toxo IgM, 100 tests per kit, Roche	43,700.00 /	174,800.00 /
15	6 /	kit /	Elecsys HCG+β, 100 tests per kit, Roche	23,750.00 /	142,500.00 /
16	3 /	kit /	Elecsys Cortisol II, 100 tests per kit, Roche	31,000.00 /	93,000.00 /
17	4 /	kit /	Elecsys PTH (Intact), 100 tests per kit, Roche	37,000.00 /	148,000.00 /
18	4 /	kit /	Elecsys Vitamin D Total, 100 tests per kit, Roche	60,000.00 /	240,000.00 /
					3,361,275.00 /
* With the same Terms and Conditions per attached Memorandum of Agreement Conforme to the attached Terms of Reference Note: For the use of Pathology Division (CY-2023) (Multi Year Project: 2nd Year) All deliveries shall have at least One (1) year expiration period.				(Three Million Three Hundred Sixty One Thousand Two Hundred Seventy Five Pesos only) /	

/yvt page 1 of 2

Funding Code _____ **TOTAL AMOUNT P 3,361,275.00 /**

FUNDS AVAILABLE:
LOURDES B. DELOS REYES, CPA
 OIC, Accounting Division
 APPROVED:
SONIA B. GONZALEZ, MD, MSChSM, MPM
 Executive Director

Attachments:
 P.R. No. **PATHO-2023-08**
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others
 BAC Reso No.2023-01-053
 NOA-2022-013
 NTP-PROC-2023-064

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 **74414**

FOR SUPPLIES OR EQUIPMENT

P.R. NO. PATHO-2023-08 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 METRO DRUG, INC. JVA with Interpharma Holdings and Management Corp.

Address: Sta. Rosa Estate, Brgy. Macabling, Sta. Rosa, Laguna, Tel. No.: 8424-1228; Email Add: Adizon@metrodrug.com.ph

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 Other Terms: _____

Bidder's Bond Posted: Cash GSIS Policy

Cashier's / Manager's / Cert Check No. _____

PCMC O.R. No. _____ Amount P _____

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			One (1) Lot Supply and Delivery of reagents/ consumables under Reagent Tie-Up Agreement for Three (3) years for Hepatitis B profile, Thyroid profile, Anti-HAV IgM, CMV IgM, Toxoplasma IgM, Rubella IgM, AFP, B-HCG, Serum Ferritin, Cortisol, Intact PTH and Total Vitamin D Assays and free use of One (1) unit Roche Immunology analyzer (cobas e 411 analyzer) ✓		
				<i>Balance forwarded</i>	3,361,275.00 ✓
					<i>(Three Million Three Hundred Sixty One Thousand Two Hundred Seventy Five Pesos only)</i> ✓

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, 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.

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Funding Code 5-02-03-080 - md/1/23

TOTAL AMOUNT P 3,361,275.00 ✓

FUNDS AVAILABLE: ₱ 3,361,275.00

LOURDES B. DELOS REYES, CPA

Chief Accountant
 OIC, Accounting Division

APPROVED:

SONIA B. GONZALEZ, MD, MSChSM, MPM

Executive Director

Attachments:

- x P.R. No. PATHO-2023-08 ✓
- x Abstract of Canvass/Bids
- Canvass Sheet/Tender of Bids
- Notarized Certification of Exclusive Distributor
- Justification
- Others

BAC Reso No. 2023-01-053

NOA-2022-013 ✓

NTP-PROC-2023-064 ✓

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)
 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-2023-064

January 16, 2023

METRO DRUG, INC.
JVA with Interpharma Holdings and Management Corp.
Sta. Rosa Estate, Brgy. Macabling,
Sta. Rosa, Laguna
Tel. No.: 8424-1228
Email Add: Adizon@metrodrug.com.ph

Sir/Madam:

This is to inform you that Purchase Order No. 74414 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 Immunology Analyzer for Hepatitis B profile, Thyroid profile, Anti-HAV IgM, CMV IgM, Toxoplasma IgM, Rubella IgM, AFP, B-HCG, Serum Ferritin, Cortisol, Intact PTH and Total Vitamin D Assays** 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: _____

