

Republic of the Philippines PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Ave., Quezon City Tel. No.: 588-9900 loc. 224, 226, 390

PURCHASE ORDER	74417			
FOR SUPPLIES OR EQUIPME	NT			
P.R. NO. PATHO-2023-04 / MODE OF PROCUREMENT	_ Dated:	11/10/22 /		
PUBLIC BIDDING (Multi Year Pro	oject)			
CS No	_ AĆ No			
DAMD OTTO				

TO: Supplier/Dealer Contractor Address: 49 Seamles-St., West Triangle, Quesno City/ Tel. No. 8928-4293 / Fax No. 8925-0500 Department/Office/Division/Section/Unit where delivery is to be made: Materials Management Division Location: Ground Floor, PCMC Bidg. TOTAL COST Balance forwarded 5,731,893,67 26 15 / vial CD14-APC-Alexs Fluor 700, 0.5ML ASR, 50 test/pack, Beckman Coulter 77 12 / vial HIA-DR AFCA/750, 90, 488, 100 test/pack, Beckman Coulter 78 1 / bottle CDNRAD70, 11 / th, Beckman Coulter 79 1 / bottle SDN SK Wholeblood Lysing Reagents 100 test/pack, Beckman Coulter 5,731,893,67 27 12 / bottle SDN SK Wholeblood Lysing Reagents 100 test/pack, Beckman Coulter 16,304,35 15,050,25 13 0 / box PS Kt, 100 test/pack, Beckman Coulter 5,734,00 - 33,67,00 134,680,00 134,680,00 135 4 / box PFF/Floor Clean N/D, 500ml/ Lyb Eachman Coulter 10,304,35 13,670,00 134,680,00 135 4 / box PFF/Floor Clean N/D, 500ml/ Lyb Eachman Coulter 10,304,35 13,670,00 134,680,00 135 1 / box PFF/Floor Clean N/D, 500ml/ Lyb Eachman Coulter 10,304,35 13,670,00 134,680,00 135 1 / box PFF/Floor Clean N/D, 500ml/ Lyb Eachman Coulter 10,304,36 1 / box PFF/Floor Clean N/D, 500ml/ Lyb Eachman Coulter 10,304,36 1 / box PFF/Floor Clean N/D, 500ml/ Lyb Eachman Coulter 10,304,36 1 / box PFF/Floor Clean N/D, 500ml/ Lyb Eachman Coulter 10,304,36 1 / box PFF/Floor Clean N/D, 500ml/ Lyb Eachman Coulter 10,304,504,00 13,367,00 13,36			·	· · · · · · · · · · · · · · · · · · ·	DATE OF P.C)Januar	y 16, 2023 _ <	·		
Address:	TO: Su	nnlier/Dealer	Contractor	ZAFIRE DISTRIBUTORS		-				
Department/Office/Division/Section/Unit where delivery Is to be made: Materials Management Division Edivery period: 7 working days Other Terms: Special Instructions Materials Management Division Ground Floor, PCMC Bilg. Cashier's / Manager's / Cert Check No. Special Instructions Power Cashier's / Manager's / Cert Check No. Cashier's / Manager's / Cert Check No. Amount P					· · · · · · · · · · · · · · · · · · ·	No : 8925-0	1500			
Department/Office/Division/Section/Unit where delivery Is to be made: Materials Management Division Materials Management Division Ground Floor, PCMC Bildg. PCMC Bildg. PCMC Bildg. PCMC O.R. No. PCMC O.R.				Fmail Add: tarayan jemimah256	@gmail.com					
Cathier's / Manager's / Cert Check No.				tion/Unit where delivery	Delivery period: 7 worki					
PCMC O.R. No.	Bidder 3 Bender 6 Steder El Cash El Control									
Contact Cont										
Salance forwarded 5,731,883.67 12	Special Instructions PCMC O.R. No. Amount P									
CD14-APC-Aleva Fluor 700, 0.5ML ASR, 50 test/pack, Beckman Coulter	Item No.	QTY.	UNIT	Al	TOTAL COST					
12					•	Balaı	ce forwarded	5,731,883.67		
12	26	15	vial	CD14-APC-Alexa Fluor 700, 0.5	VIL ASR, 50 test/pack, Beckn	nan Coulter	23.550.72	353,260,80		
28				r	-		1			
30	28						5,050.51	5,050.51		
Solitable Soli	29	1 /	box	FP Lyse Kit Wholeblood Lysing R	Reagents 100 tests, 100 test,	/pack, Beckw	n 58,922.56	58,922.56		
3.367.00 3.3	30	30 /	box	I .		Cent fe		202,020.30		
33	31	40 🖊	box	DXFLEX SHEATH FLUID, 10L tes	st/pack, Beckman Coulter		3,367.00	134,680.00		
DXFLEX DAILY OF FLUOROSPHERES, 60 test/kit, Beckman Coulter G3,405.80 126,811.60 151,515.00 35 45 vial 10Test 3 Lysing Solution 100t, IVD & CE, 100 test/kit, Beckman Coulter 3,367.00 43,771.00 43,771.00 37 1 bottle bottle box FP Lyse Kit Wholeblood Lysing Reagents 100 tests/kit, Beckman Coulter Free-of-Charge	32	1 /	bottle	FP, Flow Clean IVD, 500mL/ bt	, Beckman Coulter		3,367.00	3,367.00		
151,515.00 151	33	8 1	box	PerFix-nc (no centrifuge assay K	(it), IVD-CE, 150 test/kit, Bed	kman Coulty	18,518.52	148,148.16		
OTEST 3 Fixative Solution 100-200t, ND & CE, 200 test/kit, Beckman Coulter 3,367.00 43,771.00	34	2 /	box	DXFLEX DAILY QC FLUOROSPHE	RES, 60 test/kit, Beckman Co	oulter	63,405.80	126,811.60		
Sonia B. Gonzalez MD, MSCHSM, MPM Executive Director Sonia B. Gonzalez MD, MSCHSM, MPM Sonia Director Sonia B. Gonzalez MD, MSCHSM, MSCHSM, M	35	45 🗸	vial	IOTest 3 Lysing Solution 100t, IV	VD & CE, 100 test/kit, Beckm	ıan Coulte ^v	3,367.00	151,515.00		
Total Amount Piece of Charge Free-of-Charge Free-of	36	13 🗸	vial	IOTest 3 Fixative Solution 100-200	rt, IVD & CE, 200 test/kit, Beckr	nan Coulter	3,367.00	43,771.00		
Source S	37	1 /	bottle	CONRAD70, 1L test/kit, Beckm	nan Coulter			Free-of-Charge		
Source S	38		box	FP Lyse Kit Wholeblood Lysing	Reagents 100 tests/kit, Be	eckman Coul	ter	Free-of-Charge		
# 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 Multi Year Project: 2nd Year OlCAMSPUTSION B. GONZALEZ ,MD, MSCHSM, MPM X OthersAC Reso No.2023-01-056 Executive Director	39	5 1	box	PBS Kit, 100 test/kit, Beckman	Couiter			Free-of-Charge		
### PerFix-nc (no centrifuge assay Kit), 150 Tests, IVD-CE, 150 test/kit, Beckman Coulter 1			box	DXFLEX SHEATH FLUID, 10L, Be	eckman Coulter			Free-of-Charge		
DXFLEX DAILY QC FLUOROSPHERES, 60 test/kit, Beckman Coulter vial IOTest 3 Lysing Solution 100t, IVD & CE, 100 test/kit, Beckman Coulter vial IOTest 3 Lysing Solution 100t, IVD & CE, 200 test/kit, Beckman Coulter Tree-of-Charge Free-of-Charge Free	41		bottle	FP, Flow Clean IVD, 500ml/bt,	Beckman Coulter			Free-of-Charge		
10 10 10 10 10 10 10 10	42	2 /	box	PerFix-nc (no centrifuge assay	Kit), 150 Tests, IVD-CE, 150 t	est/kit, Beck	man Coulter	Free-of-Charge		
Visit Director Visit Director Visit Part Director Visit Director Visi	43	1 1	box	DXFLEX DAILY QC FLUOROSPH	ERES, 60 test/kit, Beckman	Coulter	ļ	Free-of-Charge		
Test Tubes (12x75mm) 250 tubes/ pack (3 packs), Beckman Coulter Ink Pipette Tips * 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. Funding Code FUNDS AVAILABLE: Attachments: X P.R. No. PATHO-2023-04 Abstract of Canvass/Bids OICOMESPURGING Alterian Action APPROVED: APPROVED: Executive Director TOTAL AMOUNT P 7,155,082.80 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. SONIA B. GONZALEZ ,MD, MSCHSM, MPM X OtherBAC Reso No.2023-01-056 Executive Director X NOA-2022-019 X NTP-PROC-2023-067 (Signature over printed name)	44	2 🕶	vial					Free-of-Charge		
Ink Pipette Tips Free-of-Charge	45		vial	· ·			Coulter	Free-of-Charge		
*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. Funding Code FUNDS AVAILABLE: LOURDES B. DELOS REYES, CPA OICCAMSPUNCING APPROVED: APPROVED: APPROVED: Executive Director ANDA-2022-019 Executive Director A With the same Terms and Conditions per attached Memorandum of Agreement Conforme to the attached Terms of Reference Note: 2nd Year) All deliveries shall have at least One (1) year expiration period. TOTAL AMOUNT P 7,155,082.80 TOTAL AMOUNT P 7,155,082.80 TOTAL AMOUNT P 7,155,082.80 TOTAL AMOUNT P 7,155,082.80 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. SONIA B. GONZALEZ, MD, MSCHSM, MPM X NOA-2022-019 X NOA-2023-067 (Signature over printed name)		250	рс		bes/ pack (3 packs), Beckm	an Coulter				
*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. Funding Code				•						
*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. Funding Code FUNDS AVAILABLE: Attachments: ** ** ** ** ** ** ** ** **	48			Pipette Tips	·					
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. Funding Code FUNDS AVAILABLE: Attachments: X PATHO-2023-04 LOURDES B. DELOS REYES, CPA OCAMOPYTEIN ARIMANO ADSTRACT OF Canvass/Bids OCAMOPYTEIN ARIMANO APPROVED: Executive Director Conforme to the attached Terms of Reference Note: For the use of Pathology Division (CY-2023) All deliveries shall have at least One (1) year expiration period. TOTAL AMOUNT P 7,155,082.80 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. SONIA B. GONZALEZ, MD, MSCHSM, MPM Executive Director Company bound by the terms and stipulation of the contract and other laws applicable. (Signature over printed name)							, ·	7,155,082.80		
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. Funding Code FUNDS AVAILABLE: Attachments: P.R. No. PATHO-2023-04 LOURDES B. DELOS REYES, CPA Abstract of Canvass/Bids OICCARGE PATRICIA MICHAEL A Abstract of Canvass/Bids 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. TOTAL AMOUNT P 7,155,082.80 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. SONIA B. GONZALEZ, MD, MSCHSM, MPM x Other AC Reso No.2023-01-056 Executive Director NTP-PROC-2023-067 (Signature over printed name)			* With the	·		f Agreement				
Multi Year Project: 2nd Year										
All deliveries shall have at least One (1) year expiration period. Funding Code FUNDS AVAILABLE: Attachments: Deliveries Certification Convass C				•	- ,					
Funding Code			A#			riad				
FUNDS AVAILABLE: Attachments: P.R. No. P.R. No. Abstract of Canvass/Bids OICCAMPROVED: APPROVED: Executive Director Attachments: Attachments: Attachments: Attachments: Attachments: X	/wit	nage 2 of 3	Aut	neukeries suan uake at least O	ne (1) yeur expiration per	nou.				
Attachments: CERTIFICATION				<u> </u>						
Abstract of Canvass/Bids Canvass Sheet/Tender of Bids Notarized Certification of Exclusive Distributor Justification SONIA B. GONZALEZ, MD, MSCHSM, MPM Executive Director Abstract of Canvass/Bids Canvass Sheet/Tender of Bids Divide Certification of Exclusive Distributor Justification X NOA-2022-019 X NOA-2022-019 X NTP-PROC-2023-067 Abstract of Canvass/Bids Purchase Order, and held the Company bound by the terms and stipulation of the contract and other laws applicable. (Signature over printed name)	Funding	g Code				TOTAL A	AMOUNT P	7,155,082.80		
Abstract of Canvass/Bids Canvass Sheet/Tender of Bids Notarized Certification of Exclusive Distributor Justification SONIA B. GONZALEZ, MD, MSCHSM, MPM Executive Director Abstract of Canvass/Bids Canvass Sheet/Tender of Bids Divide Certification of Exclusive Distributor Justification X NOA-2022-019 X NOA-2022-019 X NTP-PROC-2023-067 Abstract of Canvass/Bids Purchase Order, and held the Company bound by the terms and stipulation of the contract and other laws applicable. (Signature over printed name)	FUND:	S AVAILAE	BLE:	Attachments:			CERTIFICAT	TION		
Abstract of Canvass/Bids Canvass Sheet/Tender of Bids Notarized Certification of Exclusive Distributor Justification SONIA B. GONZALEZ, MD, MSCHSM, MPM Executive Director Abstract of Canvass/Bids Canvass Sheet/Tender of Bids Divide Certification of Exclusive Distributor Justification X NOA-2022-019 X NOA-2022-019 X NTP-PROC-2023-067 Abstract of Canvass/Bids Purchase Order, and held the Company bound by the terms and stipulation of the contract and other laws applicable. (Signature over printed name)				×□ P.R. No. PA	THO-2023-04	This is				
Canvass Sheet/Tender of Bids Notarized Certification of Exclusive Distributor Justification SONIA B. GONZALEZ, MD, MSCHSM, MPM Executive Director Canvass Sheet/Tender of Bids Exclusive Distributor Justification X NOA-2023-01-056 X NOA-2022-019 X NTP-PROC-2023-067 Company bound by the terms and stipulation of the contract and other laws applicable. (Signature over printed name)	LOURE	DES B. DELOS	REYES, CPA			1	•			
APPROVED: Distributor Dis	OIC	C'Acediantina	Division				_	• •		
APPROVED: Exclusive Distributor Justification SONIA B. GONZALEZ, MD, MScHSM, MPM Executive Director Exclusive Distributor Justification A OtherBAC Reso No.2023-01-056 X NOA-2022-019 X NTP-PROC-2023-067 Stipulation of the contract and other laws applicable. (Signature over printed name)]	CHIEF FICUM	anturre"			I	•			
Justification SONIA B. GONZALEZ, MD, MScHSM, MPM x OtherBAC Reso No.2023-01-056 Executive Director x NOA-2022-019 X NTP-PROC-2023-067 Iaws applicable. (Signature over printed name)	A DDD	WED.								
SONIA B. GONZALEZ, MD, MScHSM, MPM x OtherBAC Reso No.2023-01-056 Executive Director x NOA-2022-019 x NTP-PROC-2023-067 (Signature over printed name)							act and other			
Executive Director x NOA-2022-019 (Signature over printed name)		• •								
Executive Director x NTP-PROC-2023-067	SONIA I	3. gonzalez	,MD, MScH	SM, MPM ⊤x □ OtherB <u>AC R</u> e	<u>eso No.2023-</u> 01-056					
Executive Director x NTP-PROC-2023-067		D	•	x NOA-	2022-019	(Sig	gnature over pr	inted name)		
	ا	Executive D	rector ·	x NTP-F	PROC-2023-067	' '	-			
Date.						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 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 ORD	ER 74417	No	7441	7
FOR SUPPLIES O P. R. NO. PATHO MODE OF PROCU PUBLIC BIDDING	-2023-04 /	_ Dated:	/11/10/22	,
CS No DATE OF P.O.	January 16, 20	AC No.		

TO: Sur	plier/Dealer	Contractor	ZAFIRE DI	STRIBUTORS	, INC.				
Address		49 Examine	St., West Trian	igle, Quezon City	/ Tel. No.: 8928-4293 / Fax	No.: 8925-05		1 0 00	
				rayao.jemimah2			upol	to follow	
Departr Is to be			ion/Unit wher agement Divis	e delivery ion	Delivery period: 7 worki Performance Security Po	sted:	Other Terms: Surety Bond		
Locatio	n: Gr	ound Floor,	PCMC Bldg.		Cash / Cashier's / Mar				
Special	Instructions_	The same			PCMC O.R. No		Amount P		
I N.	QTY.	UNIT	To be the second	Δ	RTICLES	17 10 2 -01	UNIT COST	TOTAL COST	
Item No.			date of to the			agent Tie-II			
4	0	ne (1) Lot Su	pply and Del	very of reagen	ts/ consumables under Re	agent ne-o	machine (Recki	nan Coulter	
			Cytometry N	achine and fre	e use of One (1) unit Fully	automateu	macimie (beck	nun cource.	
	Dx	(Flex)				The second			
						IA I I I I			
				00+ CF 200 +	/pack, Beckman Coulter		12,681.16 /	50,724.64	
1	4 /	vial 1	CD20-ECD, I	OUT CE, 200 test	pack, Beckman Coulter	BASKE COM	14,492.75	57,971.00	
2	4 /	vial '	CD56-PC5 10	DDE 100 test/	CE-IVD, 200 test/pack, Beckm	an Coulter	23,550.72 /	117,753.60	
3	5 /	vial /	Anti-Lambda	TIC 100 tests,	E-IVD, 200 test/pack, Beckma	n Coulter	63,405.80	-47 000 00	
4	5 /	vial /	Anti-Kappa-l	-11C, 100 tests, C	5ML ASR, 50 test/pack, Beckn	an Coulter	27,173.91	271,739.10	
5	10 /	vial '	CD5-APC-Ale	xa Fluor 700, 0.5	SIVIL ASK, 30 test/pack, becking	aultor.	12,681.16	50,724.64	
6	4 '	vial '	CD16-FITC,	100 tests, CE-IVI	D, 200 test/pack, Beckman C	ouitei	14,492.75	57,971.00	
7	4 /	vial '	CD7-RPE, 2N	AL, ASR, 200 tes	t/pack, Beckman Coulter		18,115.94	108,695.64	
8	6 /	vial ,	CD64-PC7, 0	.5ML ASR, 50 te	est/pack, Beckman Coulter	Coulton	23,550.72	141,304.32	
9	6 /	vial '	CD11b-Pacif	ic Blue, 50 tests,	CE-IVD, 100 test/pack, Beckn	nan Coulter	92,391.30	646,739.10	
10	7 /	vial 4	Anti-TdT (PC	OOL)-FITC, 50t C	E, 100 test/pack, Beckman C	ouiter		86,956.53	
11	3 /	vial /	^ MPO-PE, 10	0 tests, CE-IVD,	200 test/pack, Beckman Cou	liter	28,985.51	190,217.37	
12	7 /	vial /	CD79a-APC,	100 tests, CE-IV	D, 200 test/pack, Beckman	Coulter	27,173.91	114,130.45	
13	7 /	vial /	CD3-Pacific	Blue, 50 tests, CE	-IVD, 100 test/pack, Beckman	n Coulter	16,304.35	74,275.36	
14	1 /	tube -	DuraClone	RE PC Tube, RUC), 25 test/pack, Beckman Co	ulter	74,275.36		
15	1 /	tube /	DuraClone	RE CLB Tube, RU	IO, 25 test/pack, Beckman C	oulter	52,536.23	52,536.23	
16	1 /	tube /	DuraClone	RE ALB Tube, RL	JO, 25 test/pack, Beckman C	oulter	70,652.17	70,652.17	
17	6 /	vial /	CD8-FITC 10	0t CE, 200 test/	pack, Beckman Coulter	Yan yaf	12,681.16	76,086.96	
18	6 /	vial '	CD4-RPE 10	Ot CE, 200 test/	pack, Beckman Coulter		12,681.16	76,086.96	
19	20 /	vial 1	CD10-PC7, 3	100 tests CE, 200	test/pack, Beckman Coulte	r	23,550.72	471,014.40	
20	20 /	vial /	CD34-APC.	100t CE, 200 tes	t/pack, Beckman Coulter		18,115.94	362,318.80	
21	10 /	vial /	CD3-APC-Ale	xa Fluor 750, 0.	5ML ASR, 50 test/pack, Beckr	man Coulter	23,550.72	235,507.20	
22	20 /	vial /	CD19-SNv4	28, 50 test/pack	Beckman Coulter		52,536.23	1,050,724.60	
23	20	vial /	CD45-Krome	Orange, 100 te	sts, CE-IVD, 200 test/pack, Be	ckman Coulk	r 23,550.72	471,014.40	
	15 /	vial /	CD117-FCD	0 5ML ASR 50	test/pack, Beckman Coulter		25,362.32	380,434.80	
24		vial /	CD13-PC5 5	50 tests CF-IV	D, 100 test/pack, Beckman (Coulter	19,927.54	199,275.40	
25	10 /	Viai	CDISTOSIS	, 50 10010, 52					
/yvt	page 1 of 3	water	med or h		artico otro distributado de la contra	on separate			
Funding	Code	thou to	taftie about			TOTAL	MOUNT P	5,731,883.67	
						TOTALL			
FUNDS	SAVAILAB	BLE:		Attachments:	PATHO-2023-04	A COLUMN	CERTIFICAT	,	
				P.R. No.	PATHO-2023-04	This is	to certify the	hat I received	
LOUR	DES B. DELO	S REYES, CP	A	Abstract o	f Canvass/Bids	today t	he copy of	this Purchase	
	Chiefountin		Suite 1		heet/Tender of Bids	Order.	and held t	he Company	
0	CIMECOUNT	Billameion							
A DDDC	ALED.						und by the terms and stipulation the contract and other laws		
APPRO	VED:					applica		d other mins	
				☐ Justification	on	applica	ole.		
	D CONTAIL	7 840 840-	USBA BADBA	Others BA	C Reso No.2023-01-056	L digilar	Hardes & Hell	THE STREET	
	B. GONZALE	2000017172	HOIVI, IVIPIVI	al many special sections	DA-2022-019	(Sig	gnature over pr	rinted name)	
	Executive D	irector		I I was to the same		To see a	Foot have		
				x N1	P-PROC-2023-067	Date:			

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 OR	DER		7	4417	
FOR SUPPLIES	OR EQUIPM	MENT		TRES IN	119
P.R. NO. PATHO	-2023-04	/ Da	ited:	11/10/22	1
MODE OF PROPUBLIC BIDDING			-		
CS No.		AC	C No.	333 100	
DATE OF P.O.	January 16	, 2023	1		

TO: Sur	pplier/Dealer	r Contractor	ZAFIRE DI	STRIBUTORS,	INC.			
	s:				y / Tel. No.: 8928-4293 / Fa	x No.: 8925-0	500	
Location: Ground Floor, PCMC Bldg. Bidde				Bidder's Bond Posted: Cashier's / Manag	Delivery period: 7 working days Other Terms: Bidder's Bond Posted: Cash GSIS Policy Cashier's / Manager's / Cert Check No. CCMC O.R. No. Amount P			
Item No.	QTY.	UNIT	13,000	A	RTICLES	at other	UNIT COST	TOTAL COST
		for Flow Cytor	netry Machi Note: For	the use of Patho (Multi Year Proj	nts/ consumables under Report of One (1) unit Fully auto ology Division (CY-2023) ect: 2nd Year)	mated mach <i>Balar</i>	ine (Beckman (nce forwarded (Seven Million C Five The	or Three (3) years coulter DxFlex) 7,155,082.80 The Hundred Fifty cusanx Eighty Two esos and 80/100)
1. One-tenti Once the cu the Procurir action and 2. Excess in	th (1/10) of one umulative amou ng Entity may re remedies availa price, if procure	nt of liquidated dan escind or terminate able under the circu red from third part	e cost of unperfo nages reaches 1: the contract, wi mstances. ies, through alte	ormed portion for eve 0% of the amount of thout prejudice to oth ernative mode of proc to 5% of the undelive	the contract, ner courses of curement; and	1. Staggere 2. Delivery Delivery Co 3. Delivery is v Delivery Confir 4.PCMC has the in this PO for ji where the awa	onfimation of Qu within 7 working days	nent upon receipt of antity/Date upon receipt of ncel any items able ground Government
		-62-03-080	All Dores			TOTAL A	AMOUNT P	7,155,082.80
LOURE OIÉ APPRO SONIA É	DES B. DELO E, bie & AREA VED:	z ,MD, MScHS		□ Notarized © Exclusive □ □ Justificatio □ Others BAC x	f Canvass/Bids heet/Tender of Bids Certification of Distributor	today the Purchase Companistipulation laws app	ne Original e Order, an y bound by to on of the control licable. gnature over pr	at I received copy of this nd held the he terms and ract and other
Distribut		hite (Original	vou	cher with other	sched in the claim supporting documents)	Pink	- Supply ar	nd 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-2023-067

January 16, 2023

ZAFIRE DISTRIBUTORS, INC.

49 Examiner St., West Triangle,

Quezon City

Tel No.: 8928-4293 / Fax No.: 8925-0500 Email: tarayao.jemimah25@gmail.com

Sir/Madam:

This is to inform you that Purchase Order No. 74417, for the 2nd Year of Multi-Year Project for the procurement of One (1) Lot Supply and Delivery of supplies/consumables under Reagent Tie-Up Agreement for Three (3) years for Flow Cytometry Machine 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. GONZAPEZ, MD, MScHSM, MPM Executive Director

CONFORME: Received Original

Signature Over Printed Name Authorized Representative Date: