



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** **Nº 74848**  
**FOR SUPPLIES OR EQUIPMENT**  
 P. R. NO. PICU-2022-4 / Dated: September 15, 2022  
 MODE OF PROCUREMENT  
Competitive Bidding  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. April 12, 2023

TO: Supplier/Dealer Contractor SAVIOUR MEDEVICES, INC.  
 Address: 5th Floor BTTC Centre Ortigas Ave., Greenhills, San Juan City

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 49,400.00  
 Other Terms: BANK GUARANTEE AUB

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	1	LOT	Supply and Delivery of Portable Handheld Ultrasound Brand/Model: PHILIPS / LUMIFY S4-1 & L-12-4 TRANSDUCER  <b>A. MAIN SPECIFICATIONS</b> <b>1. TRANSDUCER</b> a. One (1) Unit Broadband Linear Array i. High-resolution imaging for superficial applications ii. 12-4 Mhz Extended Frequency Range iii. Weight: 103grams - 108grams (without cable) b. One (1) Unit Broadband Sector Array i. High-resolution imaging for abdominal, cardiac adult, TCD and OB/Gynecological Application ii. 4-2 MHz Extended frequency range iii. Weight: 91 grams to 96 grams (without cable) <b>2. SYSTEM TECHNOLOGY</b> a. Integrated tele-ultrasound that facilitates real time collaborations b. Provides an intuitive interface to help guide decision-making for a confident treatment plan c. Next-generation micro-digital broadband beam former d. Micro fine 2d focusing with dynamic focal tuning e. Dynamic range up to 170 dB f. SonoCT real-time compound imaging g. Tissue Harmonic Imaging h. Adaptive imaging processing i. intelligent optimization j. Multi-touch user interface k. Micro fine 2D focusing, Cineloop image review (up to 10 second loop length) l. Digital reconstructed zoom up to three with pan capability with intuitive multi-touch control m. Imaging mode keys: 2D and color Doppler <b>3. APPLICATION</b> - Application Abdominal, Obstetrical/Gynecological, Gall bladder, Lung, Soft Tissue, Vascular, Cardiac, FAST, Musculoskeletal (MSK) Superficial	**Nine Hundred Eighty Eight Thousand Pesos Only**	<u>988,000.00</u>

Funding Code \_\_\_\_\_ **TOTAL AMOUNT P** 988,000.00

FUNDS AVAILABLE: \_\_\_\_\_  
 Chief Accountant \_\_\_\_\_  
 APPROVED: \_\_\_\_\_  
 Executive Director \_\_\_\_\_

Attachments:  
 P.R. No. \_\_\_\_\_  
 Abstract of Canvass/Bids  
 Canvass Sheet/Tender of Bids  
 Notarized Certification of Exclusive Distributor  
 Justification  
 Others \_\_\_\_\_

**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



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**FOR SUPPLIES OR EQUIPMENT**  
 P. R. NO. **PICU-2022-4** Dated: **September 15, 2022**  
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**Competitive Bidding**  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. **April 12, 2023**

TO: Supplier/Dealer Contractor **SAVIOUR MEDEVICES, INC.**  
 Address: **5th Floor BTTC Centre Ortigas Ave., Greenhills, San Juan City**

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  
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 Cash / Cashier's / Manager's Check No. \_\_\_\_\_  
 PCMC O.R. No. \_\_\_\_\_ Amount P **49,400.00**

Other Terms: **BANK GUARANTEE** - AMB

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
<b>1</b>	<b>1</b>	<b>LOT</b>	<b>Supply and Delivery of Portable Handheld Ultrasound</b> <b>Brand/Model: PHILIPS / LUMIFY S4-1 &amp; L-12-4 TRANSDUCER</b>  <b>4. CONNECTIVITY</b> a. Patient data storage on device (128GB) ✓ b. Configurable barcode reader software utilizing device camera ✓ <b>6. The unit will operate at 230 volts 3-Pin Power Plug/Cable, strictly at 60 hertz ✓</b> <b>7. With built-in battery back-up system for detection and life saving equipment and no separate volt conversion ✓</b> <b>8. Power Consumption: 7,040mAH ✓</b> <b>9. Mechanical parts are heavy duty durable type ✓</b> <b>10. Equipment is maintainable and serviceable ✓</b> <b>B. ACCESSORIES TO BE PROVIDED</b> <b>1. Two (2) units Tablet, Android with 10.5 inch LED Display, Wifi, Bluetooth, 128GB storage capacity with latest OS, two (2) pieces tablet stand, two (2) pieces tablet case, two (2) pieces screen protector</b> <b>Brand/Model: Samsung A8 LTE</b> <b>2. With carrying bag per transducer ✓</b> <b>C. CONSUMABLES TO BE PROVIDED</b> <b>1. Two (2) gallons of ultrasound gel ✓</b> <b>D. WARRANTY</b> <b>1. With three (3) years warranty on parts and services ✓</b> <b>2. With one (1) year on accessories/consumables ✓</b> <b>3. Semi Preventive Maintenance and Cross Verification/Calibration during the warranty period ✓</b> <b>E. With duly notarized certificate from Bidder - SAVIOUR MEDEVICES, INC.</b> <b>Certifies that:</b> i. Parts, accessories, and consumables are readily available at the authorized Philippine service center/s for a period of five (5) years after the warranty; ✓ ii. It has available competent in-house technical specialists in handling and providing technical support as well as maintenance of the equipment being offered; ✓ iii. It will conduct training for proper operation and maintenance to end-users of the equipment upon delivery; and ✓ iv. It will provide replacement/back-up unit while the delivered unit is being repaired. ✓		<b>988,000.00</b> <i>**Nine Hundred Eighty Eight Thousand Pesos Only**</i>

Funding Code \_\_\_\_\_ **page 2 of 4**

**TOTAL AMOUNT P 988,000.00**

FUNDS AVAILABLE: \_\_\_\_\_

Chief Accountant \_\_\_\_\_

APPROVED: \_\_\_\_\_

Executive Director \_\_\_\_\_

Attachments:  
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**PURCHASE ORDER** **74848**  
**FOR SUPPLIES OR EQUIPMENT**  
 P. R. NO. PCU-2022-4 / Dated: September 15, 2022  
 MODE OF PROCUREMENT  
Competitive Bidding ✓  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. April 12, 2023 ✓

TO: Supplier/Dealer Contractor SAVIOUR MEDEVICES, INC.  
 Address: 5th Floor BITC Centre Ortigas Ave., Greenhills, San Juan City

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 40,400.00

Other Terms: PANK GUARANTEE - #16

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	1	LOT	<b>Supply and Delivery of Portable Handheld Ultrasound</b> <b>Brand/Model: PHILIPS / LUMIFY S4-1 &amp; L-12-4 TRANSDUCER</b>  <b>F. With duly notarized certificate from Principal Manufacturer - PHILIPS PHILIPPINES, INC.</b> <b>Certifies that:</b> i. All terms and conditions stated in the bidding documents per IRR of RA 9184 and corresponding contract for the project shall be honored by Principal Manufacturer, including in the event that a change of dealership will occur during the duration of the contract up to the warranty and preventive maintenance period; ✓ ii. The expected useful life of the equipment (Philips Lumify S4-1 Transducer & Philips Lumify L12-4 Transducer) under normal use - 5 to 8 hours a day, 5 to 10 patients. ✓ iii. Guarantee the availability of all spare parts, accessories and consumable at least for the next five (5) years from testing, commissioning, acceptance and delivery; ✓ iv. It has competence in handling and providing technical support as well as maintenance of the equipment being offered; and ✓ v. Consumer guidelines regarding disposal of equipment: ✓ Final disposal of your device is when you dispose of the device in such a way that it can no longer be used for its intended purpose. For information on proper disposal of your device, see the documentation that accompanies your device. ✓ Do not dispose of the device (or any parts of it) with industrial or domestic waste. The system may contain materials such as lead, tungsten, or oil, or other hazardous substances that can cause serious environmental pollution. The device also contains privacy-sensitive information, which should be properly removed (scrubbed). Philips advises you to contact your Philips service organization before disposing of this system. ✓  <b>G. DELIVERY PERIOD: Within forty-five to sixty (45-60) Calendar days upon receipt of Purchase Order/Notice to Proceed</b> ✓	**Nine Hundred Eighty Eight Thousand Pesos Only** ✓	<b>988,000.00</b> ✓

Funding Code \_\_\_\_\_ **TOTAL AMOUNT P** **988,000.00**

FUNDS AVAILABLE: \_\_\_\_\_

Chief Accountant \_\_\_\_\_

APPROVED: \_\_\_\_\_

Executive Director \_\_\_\_\_

Attachments:  
 P.R. No. \_\_\_\_\_  
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**PURCHASE ORDER** **74848**  
**FOR SUPPLIES OR EQUIPMENT**  
 P. R. NO. PICU-2022-4 Dated: September 15, 2022  
 MODE OF PROCUREMENT  
Competitive Bidding  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. April 12, 2023

TO: Supplier/Dealer Contractor SAVIOUR MEDEVICES, INC.  
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 PCMC O.R. No. \_\_\_\_\_ Amount P 49,400.00  
 Other Terms: BANK GUARANTEE AUB

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	1	LOT	Supply and Delivery of Portable Handheld Ultrasound Brand/Model: PHILIPS / LUMIFY S4-1 & L-12-4 TRANSDUCER	**Nine Hundred Eighty Eight Thousand	<b>988,000.00</b> Pesos Only**
<b>NOTE: FOR THE USE OF PICU</b> ***Nothing Follows***					
<p>Penalty Clause for Delayed or Unsatisfactory Deliveries:</p> <p>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;</p> <p>2. Excess in price, if procured from third parties, through alternative mode of procurement; and</p> <p>3. In case of bidding, forfeiture of performance security equal to 5% of the undelivered item/s.</p>					

Funding Code 1-04-05-110 / (E02021 P63914) meff 4/18/23 **TOTAL AMOUNT P 988,000.00**

FUNDS AVAILABLE: ₱ 988,000.00  
Amala Labon 4/18  
**LEA M. VILLALOBOS, CPA, MBA**  
 Chief Accountant

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

Attachments:  
 P.R. No. PICU-2022-4  
 Abstract of Canvass/Bids  
 Canvass Sheet/Tender of Bids  
 Notarized Certification of Exclusive Distributor  
 Justification  
 Others \_\_\_\_\_  
 x BAC RESO NO. R2023-03-197 /  
 x NOA-2023-087 /  
 x NTP-PROC-2023-214 /

**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.  
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 (Signature over printed name)  
 Date: \_\_\_\_\_

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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

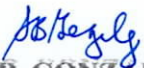

**NOTICE TO PROCEED**  
**NTP-PROC-2023-214**

**SAVIOUR MEDEVICES, INC.**  
5<sup>th</sup> Floor BTTC Centre Ortigas Ave.,  
Greenhills, San Juan City  
Tel No.: 8706-7990 to 93  
Email Add.: [equipmentsec@saviourmedevices.ph](mailto:equipmentsec@saviourmedevices.ph)

Sir / Madam:

This is to inform you that Purchase Order No. 74848, as a result of Competitive Bidding for the purchase of **Supply and Delivery of One (1) Lot Portable Handheld Ultrasound**, has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within **forty-five to sixty (45-60) calendar days** from the receipt of this Notice.

  
**SONIA B. GONZALEZ, MD, MSchSM, MPM**  
Executive Director 

**CONFORME:**  
Received Original

\_\_\_\_\_  
Signature over Printed Name  
Authorized Representative

Date: \_\_\_\_\_