



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 76215 N^o 76215
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. PATHOBB-RTU-2024-04 Dated: 10/13/2023
 MODE OF PROCUREMENT
PUBLIC BIDDING (Multi Year Project)
 CS No. _____ AC No. _____
 DATE OF P.O. January 22, 2024

TO: Supplier/Dealer Contractor **DISTRIBUTION SOLUTION PHILS, INC.**
 Address: 4TH Floor Centermall Building, #51 President's Avenue, BF Homes, Phase 1, Parañaque City/Tel No.: 8801-2339

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: _____
 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 supplies/consumables under Reagent Tie-Up Agreement for three (3) years for Automated Immunohaematology Analyzer and free use of Two (2) units Ortho Vision Analyzer					
1	14	bx	6901906 Newborn Cassette (A,B,A+B,D,ctrl,IgG) 100 test/box, 100 tests/ Pack, Ortho BioVue	10,000.00	140,000.00
2	56	bx	707100 ABO Reverse Grouping Cassette 400 cassettes/box, 400 tests/ Pack, Ortho BioVue	25,500.00	1,428,000.00
3	50	bx	707135 ABD Confirmation Cassette (A,B,D) 100 cassettes/box, 200 tests/Pack, Ortho BioVue	10,000.00	500,000.00
4	35	bx	707300 AHG Polyspecific Cassette (IgG, C3d) 400 cassettes/box, 800 tests/ Pack, Ortho BioVue	35,000.00	1,225,000.00
5	50	bx	6902040 Ortho BLISS (3x10ml) 150 test/10ml, 450 test/Box, Ortho	5,100.00	255,000.00
6	130	set	707930 Affirmagen (A1, B) (2x3mL) 150 test/box, 400 tests/ Pack, Ortho BioVue	2,300.00	299,000.00
7	79	set	719102 0.8 % Surgiscreen 3 cells panel (3x10 ml) 150 test/box, 150 tests/ Pack, Ortho	7,000.00	553,000.00
8	12	vl	719000 Pooled Screening Cells (1x20 ml) 1000 test/box, 1000 tests/ 1 set good for 30 days, Ortho	16,000.00	192,000.00
9	12	set	719522 0.8% Resolve Panel B (11x3ml) 50 test/box, 150 tests/ Pack, Ortho	12,000.00	144,000.00
10	12	set	719402 0.8% Resolve Panel C (22x3ml) 50 test/box, 150 tests/ Pack, Ortho	9,000.00	108,000.00
11	35	set	6842785 Ortho Confidence (Internal Control) (30 days), 1 set good for 15 days, Ortho	7,000.00	245,000.00
					5,089,000.00
					vvvvvvvvvvvv
*** Nothing follows ***					
* With the same Terms and Conditions per attached Memorandum of Agreement Conforms to the attached Terms of Reference					(Five million eighty nine thousand pesos only)

Funding Code _____ **TOTAL AMOUNT P 5,089,000.00**

FUNDS AVAILABLE:
LEA M. VILLALOBOS, CPA, MBA
 Chief Accountant

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

- Attachments:
 P.R. No. PATHOBB-RTU-2024-04
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others _____
BAC Reso No.2024-01-052
NOA-2022-017
NTP-PROC-2024-105

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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PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Ave. Quezon City
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PURCHASE ORDER **76215**
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. PATHOBB-RTU-2024-04 Dated: 10/13/2023
 MODE OF PROCUREMENT
PUBLIC BIDDING (Multi Year Project)
 CS No. _____ AC No. _____
 DATE OF P.O. January 22, 2024

TO: Supplier/Dealer Contractor **DISTRIBUTION SOLUTION PHILS, INC.**
 Address: 4TH Floor Centermall Building, #51 President's Avenue, BF Homes, Phase 1, Parañaque City/Tel No.: 8801-2339

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: _____
 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
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One (1) Lot Supply and Delivery of supplies/consumables under Reagent Tie-Up Agreement for three (3) years for Automated Immunohaematology Analyzer and free use of Two (2) units Ortho Vision Analyzer ✓

Note: For the use of Pathology Division-Bloodbank (CY-2024)
 (Multi Year Project: 3rd Year)
 All deliveries shall have at least One (1) year expiration period.

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.

page 2 of 2
/mrpe

Funding Code 5-02-03-080 *myg 2/15/24*

TOTAL AMOUNT P 5,089,000.00

FUNDS AVAILABLE: 5,089,000.00

Attachments:

- P.R. No. PATHOBB-RTU-2024-04 ✓
 - Abstract of Canvass/Bids
 - Canvass Sheet/Tender of Bids
 - Notarized Certification of Exclusive Distributor
 - Justification
 - Others _____
- x BAC Reso No.2024-01-052 ✓
 x NOA-2022-017 ✓
 x NTP-PROC-2024-105 ✓

LEA M. VILLALOBOS, CPA, MBA
 Chief Accountant

APPROVED:

SONIA B. GONZALEZ, MD, MSCHSM, MPM
 Executive Director

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
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-2024-105

January 22, 2024

DISTRIBUTION SOLUTION PHILS, INC.

4TH Floor Centermall Building,
#51 President's Avenue, BF Homes, Phase 1,
Parañaque City
Tel No.: 8801-2339

Sir/Madam:

This is to inform you that Purchase Order No. 76215 for the 3rd 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 Immunohaematology Analyzer and free use of Two (2) units Ortho Vision Analyzer** has been approved.

You may now proceed with the delivery of 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.

Thank you.

Very truly yours,

SONIA B. GONZALEZ, MD, MScHSM, MPM
Executive Director

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____