



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 76220 N^o 76220
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. PATHOBB-RTU-2024-003 Dated: 10/13/2023
 MODE OF PROCUREMENT
PUBLIC BIDDING (Multi Year Project)
 CS No. _____ AC No. _____
 DATE OF P.O. January 25, 2024

TO: Supplier/Dealer Contractor **LIFELINE DIAGNOSTICS SUPPLIES, INC.**
 Address: 1225 Quezon Avenue., Brgy. Sta, Crus, Quezon City / Tel No.: 8376-5917 / Fax No.: 8372-1675/98
 Email: info@lifelinediag.com

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
1	3	kit	<p>One (1) Lot Supply and Delivery of supplies/consumables under Machine Placement Agreement for three (3) years for Hemoglobin Screening for Blood Donors and free use of Three (3) units Hemoglobin Screening, Non-invasive, portable machines for blood donors (Orsense NBM 200)</p> <p>Non Invasive Hemoglobin Testing, 5000T/Sensor Probe 5000 test / kit, Orsense/ 5000T/sensor probe /15000</p> <p>*** Nothing follows ***</p> <p>* With the same Terms and Conditions per attached Memorandum of Agreement Conforms to the attached Terms of Reference</p> <p>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.</p>	289,000.00	867,000.00 (Eight hundred sixty seven thousand pesos only)

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.

Funding Code 5-02-03-080 *mgf 2/15/24*
TOTAL AMOUNT P 867,000.00

FUNDS AVAILABLE: ₱ 867,000.00
LEA M. VILLALOBOS, CPA, MBA
 Chief Accountant
 APPROVED:
Sonia B. Gonzalez
 SONIA B. GONZALEZ, MD, MScHSM, MPM
 Executive Director

Attachments:
 P.R. No. PATHOBB-RTU-2024-03
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others

BAC Reso No. 2024-01-048
 NOA-2022-006
 NTP-PROC-2024-113

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-2024-113**

January 25, 2024

LIFELINE DIAGNOSTICS SUPPLIES, INC.

1225 Quezon Avenue.,

Brgy. Sta. Crus, Quezon City

Tel No.: 8376-5917 / Fax No.: 8372-1675/98

E-mail Add: info@lifelinediag.com

Sir/Madam:

This is to inform you that Purchase Order No. 76220 for the 3rd Year of Multi-Year Project for the Procurement of **One (1) Lot Supply and Delivery of supplies/consumables under Machine Placement Agreement for three (3) years for Hemoglobin Screening for Blood Donors and free use of Three (3) units Hemoglobin Screening, Non-invasive, portable machines for blood donors (Orsense NBM 200)** 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: _____