



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  
 FOR SUPPLIES OR EQUIPMENT**

**Nº 70232**

P. R. NO. PHAR-2024-002-GF Dated: October 09, 2023  
 MODE OF PROCUREMENT NP-Emergency (53.2) A.C NO. 2024-026  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P. January 25, 2024

TO: Supplier/Dealer Contractor MARCBURG PHILIPPINES, INC.  
 Address: Unit 2AB Symphony Tower 1, 06 Sgt. Esguerra St., Cor. Timog Ave., South Triangle, Quezon 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 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	3,000	amp	Midazolam amp 15mg/3mL (IM,IV) Midamarc box of 10's HBM Pharma S.R.O  *****Nothing Follows*****  Conformed to the attached Terms of Reference For the use of Pharmacy Division (CY-2024) To be sourced from COB All deliveries shall have at least One (1) Year expiration period.  <b>VAT EXEMPT</b>	104.89	314,670.00 Three Hundred Fourteen Thousand Six Hundred Seventy 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 & condition:**

- Delivery is within seven (7) working days upon receipt of this PO.

TAMS

Funding Code 5-02-03-070

**TOTAL AMOUNT P** 314,670.00

FUNDS AVAILABLE: ₱ 314,670.00

**Attachments:**

- P.R. No. PHAR-2024-002-GF
- Abstract of Canvass/Bids
- Canvass Sheet/Tender of Bids
- Notarized Certification of Exclusive Distributor
- Justification
- Others \_\_\_\_\_
- BAC RESO NO. 2024-01-067
- ALT-R2024-020

**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: \_\_\_\_\_

LEA M. VILLALOBOS, CPA  
 Chief Accountant

APPROVED:

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

Distribution : White (Original) - Attachment to payment  
 Yellow (Duplicate) - Procurement

Pink - Supply and Property



**PHILIPPINE CHILDREN'S MEDICAL CENTER**  
Quezon Avenue, Quezon City

**TERMS OF REFERENCE**  
**CY 2024**

**Pharmaceutical Products, Containers, and Devices**

The following are the requirements to winning suppliers in compliance with Administrative Order No. 2019-0041, dated October 4, 2019, re: *Implementing Guidelines in Assuring the Efficacy, Quality, and Safety of Pharmaceutical Products in the Public Health Facilities.*

1. All pharmaceutical products and devices shall be of fresh commercial stock as reflected in the Certificate of Product Registration (CPR) issued by the FDA upon delivery. The acceptable shelf life upon delivery is as follows:

<b>Claimed Shelf Life in CPR</b>	<b>Minimum Remaining Shelf Life Upon Delivery</b>
60 months	42 – 60 months
48 months	34 – 48 months
36 months	30 – 36 months
24 months	18 – 24 months
18 months	12 – 18 months
12 months	12 months

2. CPR must be valid for the entire period of the award. If the CPR is about to expire, the supplier must have submitted a copy of an application of renewal to the FDA at least 3 months before the expiry date (a copy of the expiring CPR which is stamped with an “extension of validity” shall be submitted as proof).
3. The Pharmacist-in-charge of inspection and acceptance of pharmaceutical products and devices shall conduct random sampling of the products delivered for batch testing.
  - 3.1 The samples collected shall be submitted to the FDA for test analysis. The Pharmacist shall determine the kind of test(s) to be done based on the physical inspection done. (Annex A)
  - 3.2 The supplier shall replace (same batch) or pay the cost of the samples collected for testing.
  - 3.3 The supplier shall pay the cost of testing the products collected.
4. The supplier shall be provided with a copy of the result of tests analysis done on their products.
5. The supplier shall submit the Batch Notification for antibiotic products and Lot or Batch Release Certificate for vaccines, toxoids and immunoglobulins issued by the FDA upon delivery as per COA Circular No. 2023-004 dated June 14, 2023

6. The performance of the suppliers shall be monitored based on the following Key Performance Indicators:

6.1 Suppliers meet quality and service standards specified in the Terms of Reference (TOR)/Purchase Order (PO)/Contract

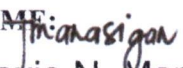
6.2 Timeliness of delivery

6.3 Completeness of quantity delivered.

6.4 Zero defects of products

6.5 Relevant additional services provided (e.g., disposal, recall)

CONFORME:

  
Trexie N. Marasigan

Authorized Signatory  
Signature over printed name

0997-977-1485

Contact No:

**Marcburg Philippines Inc.**

Name of Company/Firm

trexiebidding8.marcburg@gmail.com  
mmillo.marcburg@gmail.com

Company's Official Email Address  
(where notices will be sent)

09171271017/8743-6958/Fax: 8245-6477

Company's Official Contact No.

## ANNEX A

Minimum Number of Sample Units Required for Each Test Analysis (FDA Circular No. 2014-014 dated 16 March 2014)

### PHARMACEUTICAL PRODUCTS

#### a. Microbiological Tests

Sample Type	Test Parameter	Number of Sample Units
Nonaqueous/aqueous preparation for oral use	<ul style="list-style-type: none"> <li>• Total Aerobic Microbial Count</li> <li>• Total Combined Yeast &amp; Mold Count</li> <li>• Absence of Escherichia coli in 1g or mL</li> </ul>	Minimum of 2 commercial presentations with a total net weight or volume of not less than 50g or mL
Rectal Use	<ul style="list-style-type: none"> <li>• Total Aerobic Microbial count</li> <li>• Total Combined Yeast &amp; Mold Count</li> </ul>	
Oromucosal/Gingival/Cutaneous/Nasal/Auricular use	<ul style="list-style-type: none"> <li>• Total Aerobic Microbial Count</li> <li>• Total Combined Yeast &amp; Mold Count</li> <li>• Absence of Staphylococcus aureus in 1g or mL</li> <li>• Absence of Pseudomonas Aeroginosa in 1 g or mL</li> </ul>	
Inhalation use (special requirements apply to liquid preparations for nebulization)	<ul style="list-style-type: none"> <li>• Total Aerobic Microbial Count</li> <li>• Total Combined Yeast &amp; Mold Count</li> <li>• Absence of Staphylococcus aureus in 1g or mL</li> <li>• Absence of bile-tolerant Gram-negative bacteria in 1 g or mL</li> </ul>	

#### b. Biological Tests

Sample Type	Test Parameter	Number of Sample Units
Liquid Preparations 1mL to 100mL More than 100mL	<ul style="list-style-type: none"> <li>• Bacterial endotoxin test</li> </ul>	20 bottles 6 bottles
1mL to 100mL 500 to 1000mL	<ul style="list-style-type: none"> <li>• Sterility Test</li> </ul>	20 bottles 6 bottles
Solid Preparations	<ul style="list-style-type: none"> <li>• Sterility Test</li> </ul>	20 units

#### c. Physico-chemical Tests

Sample Type	Test Parameter	Number of Sample Units
Tablet/Capsule	<ul style="list-style-type: none"> <li>• Assay/Potency</li> <li>• Dissolution</li> <li>• Uniformity of Dosage Units</li> <li>• Identification Test</li> <li>• Disintegration</li> <li>• Tablet hardness</li> </ul>	60 tablets/capsules 50 tablets/capsules 40 tablets/capsules 20 tablets/capsules 20 tablets/capsules 10 tablets/capsules
Granules/Powder for Suspension/Syrup	<ul style="list-style-type: none"> <li>• Assay and Minimum Fill</li> <li>• pH</li> <li>• Identification Test</li> </ul>	10 bottles 2 bottles 3 bottles
Injectables (1mL to 2mL)	<ul style="list-style-type: none"> <li>• Assay/Potency</li> <li>• pH</li> </ul>	20 vials/ampules 10 vials/ampules
Injectables (5mL to 10mL)		20 vials/ampules 5 vials/ampules
Injectables (20mL to 100mL)		10 vials/ampules 2 vials/ampules
Ointment/Cream/Gel		10 tubes
Aerosol	<ul style="list-style-type: none"> <li>• Assay/Potency</li> </ul>	10 pressurized cans
Suppositories		30 pieces



## PHARMACEUTICAL CONTAINERS

Sample Type	Test Parameter	Number of Sample Units
Plastic container for suspension/syrup, oral preparations a. 10 mL b. 30 to 60 mL c. 60 to 100mL d. 250 mL e. 500 to 1000mL	<ul style="list-style-type: none"> <li>• Nonvolatile residue</li> <li>• Residue on Ignition</li> <li>• Lead</li> <li>• Buffering Capacity</li> </ul>	120 pcs 60 pcs 40 pcs 20 pcs 10 pcs
Plastic bottles/IV infusion a. 100mL b. 250mL c. 500 to 1000mL	<ul style="list-style-type: none"> <li>• Sterility Test</li> </ul>	15 pcs 10 pcs 6 pcs
Polyampules a. 1 to 2 mL b. 3 to 5 mL c. 6 to 10 mL		300 pcs 250 pcs 200 pcs
Vials a. 10 mL b. 20 to 25 mL c. 30 to 50 mL		120 pcs 60 pcs 30 pcs
Caps (Diameter) a. $\leq 0.5$ cm b. Between 1 & 2.5 cm c. $> 2.5$ cm		800 pcs 48 pcs 30 pcs

## DEVICES

Sample Type	Test Parameter	Number of Sample Units
Medical Devices	<ul style="list-style-type: none"> <li>• Bacterial endotoxin test</li> <li>• Sterility Test</li> </ul>	20 units 20 units

CONEORME:

*Trexi N. Marasigan*  
 Trexie N. Marasigan

Authorized Signatory

Signature over printed name

0997-977-1485

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**CY 2024**

**HAZARDOUS PHARMACEUTICALS**

1. The winning bidders for hazardous pharmaceuticals (see attached list) shall provide PCMC two copies (one for Property and Supply and one for the Pharmacy Division) of the corresponding Materials Safety Data Sheet (MSDS) of said medicine upon delivery.
2. The supplier shall make sure that these pharmaceuticals are properly packed for safety from breakage and spills upon delivery to PCMC. Likewise, these pharmaceuticals shall be properly labeled as a hazardous product (e.g., flammable, cytotoxic, radioactive, poison.etc.).
3. Suppliers shall provide the PCMC with the appropriate Spill Kit upon the request of the Pharmacy Division for use in the wards/clinical areas using these products.
4. The supplier shall be responsible for disposing of the expired and defective hazardous pharmaceuticals. The Pharmacy Division shall inform the corresponding supplier three months before the expiry date of their product. The supplier shall be informed about the defective products as soon as they have been detected.
5. Upon request of the corresponding end-user, the supplier shall provide training on safe handling of their product(s), including management of spills.

**CONFORME:**

*T. Marasigan*  
Trexie N. Marasigan

Authorized Signatory  
Signature over printed name

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## LIST OF HAZARDOUS PHARMACEUTICALS

### ANTINEOPLASTICS

1. Bleomycin Sulfate 15 mg inj.
2. Calcium Folate 50 mg inj.
3. Carboplatin 150 mg vl.
4. Cisplatin 50 mg vl
5. Cyclophosphamide 200 mg and 500 mg vl
6. Cytarabine 100 mg, 500 mg, and 1 g vl.
7. Dactinomycin 500 mcg inj
8. Doxorubicin 10 mg, and 50 mg vl
9. Etoposide 20 mg/ml, 5 mL inj
10. Fluorouracil vl 500mg IV
11. Hydroxyurea 500mg cap
12. Idarubicin HCl 5 mg inj.
13. Ifosfamide 1 g and 2 g vl
14. Imatinib 100mg tab
15. Irinotecan 100 mg/5mL and 40 mg/2mL (HCl) concentrate, vl (IV infusion)
16. L-asparaginase 10,000 IU vl
17. Melphalan 50mg vl
18. Mercaptopurine 50 mg tab
19. Methotrexate 500 mg, 1 g, and 50 mg vl; 2.5 mg tablet
20. Mitoxanthrone 20 mg Inj.
21. Paclitaxel 6mg/mL 17mL (IV) vl
22. Rituximab 500mg inj. 50mL vial and 100mg inj. 10mL vial
23. Vinblastine 10 mg Inj
24. Vincristine 1 mg and 2 mg inj.

### NON-ANTINEOPLASTICS DRUGS

1. Azathioprine
2. Carbamazepine
3. Chloramphenicol
4. Ciclosporin
5. Deferiprone
6. Mycophenolate mofetil
7. Mycophenolic acid
8. Oxcarbazepine
9. Phenytoin
10. Risperidone
11. Sirolimus
12. Spironolactone
13. Clonazepam
14. Topiramate
15. Sodium valproate + valproic acid tab
16. Gadoteric acid (all dosage preparations)
17. Gadobutrol (all dosage preparations)
18. Iodixanol 652mg/mL (320mg iodine), 50mL

19. Iohexol (all dosage preparations)
20. Ioversol (all dosage preparations)
21. Iopamidol (all dosage preparations)
22. Iopromide (all dosage preparations)
23. Sevoflurane Inhalation 250 mL

CONFORME

*T. Marasigan*

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