



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 **76521** **Nº 76521**
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. **PATHO-2024-16** Dated: **10/17/2023**
 MODE OF PROCUREMENT
PUBLIC BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. **APRIL 17, 2024**

TO: Supplier/Dealer Contractor **BIOSITE MEDICAL INSTRUMENTS**
 Address: **G/F 555 Manga St., cor. Luisa St., Juna Subd., Matina Crossing, Talomo, Davao City, Davao del Sur**

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. **G(13) 248263**
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P **46,761.60**

| Item No. | QTY. | UNIT | ARTICLES | UNIT COST | TOTAL COST |
|----------|-------|------|---|-----------|------------|
| 1 | 1,000 | pc | Bag, autoclavable 415mmx600mm ADSURE [ADSURE PACKAGING LIMITED] | 16.00 | 16,000.00 |
| 2 | 7,500 | pc | Evacuated tube, red top 10mL100s, Glass BRUNER [ZHEJIANG GONGDONG MEDICAL TECHNOLOGY CO., LTD.] | 4.48 | 33,600.00 |
| 3 | 100 | pc | Fecal Hemoscreen for Occult Blood ACON BIOTECH (HANGZHOU), CO., LTD. | 23.00 | 2,300.00 |
| 4 | 1 | set | Hemophilus Test (V Factor, X & V Factor, X Factor for Hemophilus) LIOFILCHEM [LIOFILCHEM S.R.I.] | 2,200.00 | 2,200.00 |
| 5 | 1 | pk | Oxidase Test LIOFILCHEM [LIOFILCHEM S.R.I.] | 2,200.00 | 2,200.00 |
| 6 | 1,500 | pc | Petri Dish, plastic disposable 90x15mm, whole plate BRUNER [ZHEJIANG GONGDONG MEDICAL TECHNOLOGY CO.,LTD.] | 3.63 | 5,445.00 |
| 7 | 2 | ctg | Sensitivity Disc, Amikacin 30 ug LIOFILCHEM [LIOFILCHEM S.R.I.] | 203.00 | 406.00 |
| 8 | 2 | ctg | Sensitivity Disc, Amoxicillin Clavulanic acid 20/10 ug LIOFILCHEM [LIOFILCHEM S.R.I.] | 203.00 | 406.00 |
| 9 | 2 | ctg | Sensitivity Disc, Ampicillin 10ug 50s LIOFILCHEM [LIOFILCHEM S.R.I.] | 203.00 | 406.00 |
| 10 | 2 | ctg | Sensitivity Disc, Ampicillin-Sulbactam 10/10ug 50s LIOFILCHEM [LIOFILCHEM S.R.I.] | 203.00 | 406.00 |
| 11 | 1 | ctg | Sensitivity Disc, azithromycin 15 ug 50s LIOFILCHEM [LIOFILCHEM S.R.I.] | 203.00 | 203.00 |
| 12 | 2 | ctg | Sensitivity Disc, Cefazolin LIOFILCHEM [LIOFILCHEM S.R.I.] | 203.00 | 406.00 |
| 13 | 2 | ctg | Sensitivity Disc, Cefepime 30 ug LIOFILCHEM [LIOFILCHEM S.R.I.] | 203.00 | 406.00 |
| 14 | 1 | ctg | Sensitivity Disc, cefixime 5ug 50s LIOFILCHEM [LIOFILCHEM S.R.I.] | 203.00 | 203.00 |
| 15 | 2 | ctg | Sensitivity Disc, ceftazidime 30ug 50s LIOFILCHEM [LIOFILCHEM S.R.I.] | 203.00 | 406.00 |
| 16 | 2 | ctg | Sensitivity Disc, Ceftriaxone 30 ug LIOFILCHEM [LIOFILCHEM S.R.I.] | 203.00 | 406.00 |
| 17 | 1 | ctg | Sensitivity Disc, chloramphenicol 30ug 50s LIOFILCHEM [LIOFILCHEM S.R.I.] | 203.00 | 203.00 |

- page 1 of 3 pages /mrpe

Funding Code _____

TOTAL AMOUNT P 65,602.00

FUNDS AVAILABLE:

LEA M. VILLALOBOS, CPA, MBA
 Chief Accountant

APPROVED:

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

Attachments:

- P.R. No. **PATHO-2024-16**
- Abstract of Canvass/Bids
- Canvass Sheet/Tender of Bids
- Notarized Certification of Exclusive Distributor
- Justification
- Others **BAC RES # R2024-04-191**
NTP-PROC-2024-154
NOA-2024-052

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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PURCHASE ORDER **76521**
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. **PATHO-2024-16** / Dated: **10/17/2023** /
 MODE OF PROCUREMENT
PUBLIC BIDDING /
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TO: Supplier/Dealer Contractor **BIOSITE MEDICAL INSTRUMENTS** /
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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 |
|----------|------|-------|--|--------------------------|--------------------|
| | | | | BALANCE FORWARDED | 65,602.00 ✓ |
| 18 | 2 ✓ | ctg ✓ | Sensitivity Disc, ciprofloxacin 5ug 50s LIOFILCHEM ✓ [LIOFILCHEM S.R.I.] | 203.00 ✓ | 406.00 ✓ |
| 19 | 1 ✓ | ctg ✓ | Sensitivity Disc, clindamycin 10ug 50s LIOFILCHEM ✓ [LIOFILCHEM S.R.I.] | 203.00 ✓ | 203.00 ✓ |
| 20 | 2 ✓ | ctg ✓ | Sensitivity Disc, cotrimoxazole 25ug 50s LIOFILCHEM ✓ [LIOFILCHEM S.R.I.] | 203.00 ✓ | 406.00 ✓ |
| 21 | 1 ✓ | ctg ✓ | Sensitivity Disc, ertapenem 10ug 50s LIOFILCHEM ✓ [LIOFILCHEM S.R.I.] | 203.00 ✓ | 203.00 ✓ |
| 22 | 2 ✓ | ctg ✓ | Sensitivity Disc, Erythromycin 15 ug LIOFILCHEM ✓ [LIOFILCHEM S.R.I.] | 203.00 ✓ | 406.00 ✓ |
| 23 | 2 ✓ | ctg ✓ | Sensitivity Disc, Gentamicin 10 ug LIOFILCHEM [LIOFILCHEM S.R.I.] ✓ | 203.00 ✓ | 406.00 ✓ |
| 24 | 2 ✓ | ctg ✓ | Sensitivity Disc, Oxacillin 30 ug LIOFILCHEM [LIOFILCHEM S.R.I.] ✓ | 203.00 ✓ | 406.00 ✓ |
| 25 | 1 ✓ | ctg ✓ | Sensitivity Disc, penicillin G 10ug 50s LIOFILCHEM ✓ [LIOFILCHEM S.R.I.] | 203.00 ✓ | 203.00 ✓ |
| 26 | 7 ✓ | ctg ✓ | Sensitivity Disc, Taxo-P/ Optpochin 5ug 50's LIOFILCHEM ✓ [LIOFILCHEM S.R.I.] | 203.00 ✓ | 1,421.00 ✓ |
| 27 | 1 ✓ | ctg ✓ | Sensitivity Disc, tetracycline 30ug 50s LIOFILCHEM ✓ [LIOFILCHEM S.R.I.] | 203.00 ✓ | 203.00 ✓ |
| 28 | 1 ✓ | ctg ✓ | Sensitivity Disc, imipinem 10ug 50s LIOFILCHEM ✓ [LIOFILCHEM S.R.I.] | 203.00 ✓ | 203.00 ✓ |
| 29 | 1 ✓ | ctg ✓ | Sensitivity Disc, meropenem 10ug 50s LIOFILCHEM ✓ [LIOFILCHEM S.R.I.] | 203.00 ✓ | 203.00 ✓ |
| 30 | 2 ✓ | ctg ✓ | Sensitivity Disc,taxo-A/ bacitracin .04 IU/IE 50s LIOFILCHEM ✓ [LIOFILCHEM S.R.I.] | 345.00 ✓ | 690.00 ✓ |

- page 2 of 3 pages
/mrpe

Funding Code _____ **TOTAL AMOUNT P 70,961.00** ✓

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

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

- Attachments:
 P.R. No. **PATHO-2024-16**
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others **BAC RES # R2024-04-191**
NTP-PROC-2024-154
NOA-2024-052

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: _____

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PURCHASE ORDER **76521**
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PUBLIC BIDDING /
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 DATE OF P.O. **APRIL 17, 2024** /

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 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 |
|----------|----------|-------|---|-----------|--|
| | | | BALANCE FORWARDED | | 70,961.00 ✓ |
| 31 | 1 / | ctg / | Sensitivity Disc, tobramycin 10 ug 50s LIOFILCHEM / [LIOFILCHEM S.R.I.] | 203.00 / | 203.00 ✓ |
| 32 | 70,000 / | pc / | Slide glass, Frosted Ground edges BRUNER [ZHEJIANG / GONGDONG MEDICAL TECHNOLOGY CO., LTD.] | 0.43 / | 30,100.00 ✓ |
| | | | ***** nothing follows ***** | | 101,264.00 ✓ |
| | | | NOTE: For the use of Pathology Division (CY 2024) | | (One hundred one thousand two hundred sixty four pesos) ✓ |
| | | | All deliveries shall have at least One (1) year expiration period | | |

| | |
|--|--|
| <p>Penalty Clause for Delayed or Unsatisfactory Deliveries:</p> <ol style="list-style-type: none"> 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. | <p>Additional instructions & conditions:</p> <ol style="list-style-type: none"> 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 3 of 3 pages /mrpe

Funding Code **50203080** *agd 4/17* **TOTAL AMOUNT P 101,264.00** ✓

FUNDS AVAILABLE: **101,264.00**
[Signature]
LEA M. VILLALOBOS, CPA, MBA
 Chief Accountant
 APPROVED:
[Signature]
SONIA B. GONZALEZ, MD, MSchSM, MPM
 Executive Director

- Attachments:
- P.R. No. **PATHO-2024-16**
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 - Justification
 - Others **BAC RES # R2024-04-191**
NTP-PROC-2024-154
NOA-2024-052

CERTIFICATION *dmw*

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(Signature over printed name)

Date: _____

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24-1621 SF



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-2024-154**

April 17, 2024

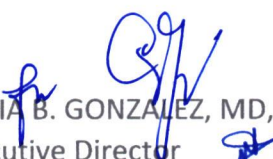
BIOSITE MEDICAL INSTRUMENTS

Ground Floor 555 Manga St., cor Luisa St.,
Juna Subd., Matina Crossing, Talomo,
Davao City, Davao del Sur
Tel No.: (082) 296-9485

Sir/Madam:

This is to inform you that Purchase Order No. 76520/76521/76534 as a result of Public Bidding for the Procurement of Various Laboratory Supplies 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.


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

CONFORME:

Received Original

Signature Over Printed Name

Authorized Representative

Date: _____

