



Republic of the Philippines
DEPARTMENT OF HEALTH
PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100

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Trunkline: 588-9900 DirectLine: 924-0836 Fax No: 924-0840

NOTICE OF AWARD
NOA-2019-033

MEDLINK MARKETING

Suite 301-303 77 Visayas Bldg.,

Visayas Ave., Quezon City

Tel. No. 928-7690/ 426-1001

Dear Sir/ Madam:

This is to inform you that based on the result of the Public Bidding conducted on December 4, 2018 for the project stated below under Invitation to Bid No. IB 2019-028, as per BAC Resolution No. R2019-01-068, your proposal was found to be the Single Calculated Responsive Bid (SCRB):

ITEM DESCRIPTION	TOTAL COST
One (1) Lot Machine Placement Agreement for Three (3) Years on Supply and Delivery of Apheresis kits and Anticoagulant with Installation, Commissioning and Free use of two (2) latest model of continuous-flow Apheresis Machine for both Therapeutic procedures for pediatric patients and donor platelet collection. <i>(Refer to Terms of Reference and Annex "A" for detailed offer)</i>	Php 985,600.00 per year

You are hereby required to comply with the following on or before:

30 JAN 2019

1. Submit signed contract (4 copies)
2. Performance Security in either of the following form:


FORM OF PERFORMANCE SECURITY	AMOUNT OF PERFORMANCE SECURITY
a) Cash or cashier's/ manager's check issued by a Universal or Commercial Bank	Five percent (5%) Php49,280.00
b.) Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank	
c) Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security.	Thirty percent (30%) Php295,680.00



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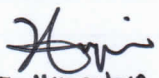
Failure to provide the above requirements shall constitute sufficient ground for cancellation of the award and imposition of penalties/ forfeiture corresponding to the Bid Security posted.

Very truly yours,


JULIUS A. LECCIONES, M.D., PhD, DPA, CESO III
 Executive Director

CONFORME :

This is to certify that the company has authorized me to accept this award, sign all related documents and hold the company bound by rules and laws applicable thereto.


JAIME HUFANCIA
 Authorized Signatory
 (Signature over printed name)

KEY ACCOUNT MANAGER
 Designation/ Position

Date : 01/20/19