



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

Quezon Avenue, Quezon City 1100

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NOTICE OF AWARD
NOA-2019-038

MEDLINK MARKETING
 301 No. 77 Visayas Avenue,
 Quezon City
 Tel. No. 928-7690
 Fax No. 928-7690

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 2019-023, your proposal was found to be the Single Calculated and Responsive Bid (SCRB):

ITEM DESCRIPTION	TOTAL COST
<p>One (1) Lot Machine Placement Agreement for Three (3) Years on Supply and Delivery of Quadruple Blood Bags for Leukoreduction with Installation, Commissioning and Free use of six (6) units of the latest model of Automated Blood Component Processing Machines <i>(Refer to Terms of Reference and Annex "A" for detailed offer)</i></p>	<p>Php6,464,550.00/ year</p>

You are hereby required to provide on or before 04 FEB 2019 the following:

1. Necessary contract for this purpose
2. Payment of Performance Security in either of the following forms:

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%) Php323,227.50
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%) Php1,939,365.00

PhilHealth Accredited



Management System
 ISO 9001:2008
 ISO 14001:2004
 www.tuv.com
 ID: 9105075954



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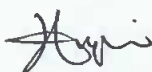
Failure to provide the Performance Security and/or contract shall constitute sufficient ground for
cancellation of the award and imposition of penalties/forfeiture corresponding to the Bid Security
posted.

Very truly yours,

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

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.



JAYME HUFANCIA

Authorized Signatory (Signature over printed name)

KEY ACCOUNT MANAGER

Designation

01/30/19

Date