



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

Quezon Avenue, Quezon City 1100

website: [www.pcmc.gov.ph](http://www.pcmc.gov.ph) email: [officeofthedirector@pcmc.gov.ph](mailto:officeofthedirector@pcmc.gov.ph)

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

NOTICE OF AWARD  
NOA-2019-039

**GETZ BROS. PHILS., INC.**

5<sup>th</sup> Floor Ortigas Avenue

Pasig City

Tel. No.: 784-04-00/ Fax No.: 631-1636

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 2019-024, your proposal was found to be the Lowest Calculated and Responsive Bid (LCRB):

ITEM DESCRIPTION	TOTAL COST
<b>One (1) Lot Reagent Tie-up Agreement for Three (3) Years on Supply and Delivery of Reagents and Consumables with Installation, Commissioning and Free use of one (1) latest model of Automated Immuno haematology Analyzer with one (1) unit of semi automated machine as back-up.</b> <i>(Refer to Terms of Reference and Annex "A" for detailed offer)</i>	Php5,489,817.33 per year

You are hereby required to provide on or before 09 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%) <b>Php274,490.87</b>
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%) <b>Php1,646,945.20</b>

PhilHealth Accredited



0216-01221

NOA-2019-039

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GETZ BROS. PHILS., INC.**

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*

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**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.

\_\_\_\_\_  
Authorized Signatory (Signature over printed name)

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Date