



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-2019-111**

**MEDTRONIX MEDICAL SUPPLIES & EQUIPMENT**

72A Scout Limbaga St.,  
Cor. Tomas Morato, Diliman,  
Quezon City  
Tel. No.: 415-2528 / Fax No.: 413-4764

Dear Sir / Madam:

This is to inform you that based on the result of the conducted Public Bidding for the project stated below under Invitation to Bid No. IB-2019-093 as per BAC Resolution No. R2019-07-268, your proposal was found to be responsive.

QTY	UNIT	ITEM DESCRIPTION	TOTAL COST (Php)
1	lot	<b>Supply and Delivery of Blood Analysis System Point of Care</b> <b>Brand: IRMA</b> <b>(see Annex "A" for detailed specifications)</b>	<b>Php730,000.00</b>

You are hereby required to provide on or before \_\_\_\_\_ the Performance Security in either of the following form:

FORM OF PERFORMANCE SECURITY	AMOUNT OF PERFORMANCE SECURITY (Equal to Percentage of the Total Contract Price)
a) Cash or cashier's/ manager's check issued by a Universal or Commercial Bank	Five percent (5%) <b><u>Php36,500.00</u></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><u>Php219,000.00</u></b>

**NOTICE OF AWARD**



NOA-2019-111  
MEDTRONIX MEDICAL SUPPLIES & EQUIPMENT

Failure to provide the Performance Security 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, MD, PhD, DPA, CESO III**  
Executive Director *w*

---

**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