



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-2019-133-002**

**(FMEI) – FERNANDO MEDICAL ENTERPRISES, INC.**

2/F MHI Bldg., No.2-A New York St.  
 Immaculate Concepcion, Cubao, Quezon City  
 Tel. No. 727-4993 / 727-1532  
 Fax No. 727-1489

Dear Sir / Madam:

This is to inform you that based on the result of the Public Bidding conducted on September 11, 2019 for Various Pharmaceutical Supplies CY2019 under Invitation to Bid No. IB-2019-123. as per BAC Resolution No. R2019-09-338, your proposal was found to be the Single Calculated and Responsive Bid (SCRB):

ITEM NO.	QTY	UNIT	ITEM DESCRIPTION	BIDDER'S OFFER				
				Brand, Packing, Specification, etc.	Manufacturer	Country of Origin	UNIT COST	TOTAL AMOUNT
30	100	vl	Ioversol 636 mg/mL (300mg/mL iodine) 50mL	OPTIRAY 300 50ml/ box of 10 / Ioversol 636 mg/ml (300 mg/ml iodine)50ml	Guerbet	Canada	1,200.00	120,000.00
<b>GRAND TOTAL =</b>							<b>Php</b>	<b>120,000.00</b>

**Terms and Conditions :**

1. The prices of the awarded item(s) shall be valid until December 31, 2019.
2. Conform to the attached Terms of Reference, if applicable
3. Staggered delivery, staggered payment.
4. Delivery Schedule: Within Seven working days upon receipt of Delivery Order Slip.
5. Drugs and Medicines to be delivered should have expiration of at least one (1) year and longer or as expressed/required by Pharmacy Division.
6. The quantities specified are estimated requirements during the period and may be decreased depending upon the actual need of PCMC. It is understood therefore that PCMC is not bound to order / purchase all the items / quantities called for on this Notice of Award.
7. The supplier should submit Materials Safety Data Sheet upon initial delivery, if applicable.

You are hereby required to provide on or before 2 OCT 2019 the Performance Security in either of the following form:

FORM OF PERFORMANCE SECURITY	AMOUNT OF PERFORMANCE (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>Php6,000.00</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>Php36,000.00</b>

PhilHealth Accredited



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



**NOTICE OF AWARD**  
**NOA-2019-133-002**  
**(FMEI) – FERNANDO MEDICAL ENTERPRISES, INC.**

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, 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.

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

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Date