



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

Quezon Avenue, Quezon City 1100  
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Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

**NOTICE OF AWARD**  
**NOA-2024-088**

**COSMO MEDICAL, INC.**

Unit 2310 High Street Scout Corporate Plaza  
Tower 2, 26th St. corner 11th Avenue, BGC, Taguig City  
Tel. No.: (02) 8564-2262/0917-6515377  
E-mail Add.: [cristina.calpe@cosmomedical.com.ph](mailto:cristina.calpe@cosmomedical.com.ph)

Dear Sir / Madam,

Please be informed that we are procuring the following items to you through Repeat Order with same terms and conditions as stipulated in the Notice of Award No. NOA-2024-002-003/Purchase Order No. 76079/Notice to Proceed No. NTP-PROC-2024-014):

QTY	UNIT	ITEM DESCRIPTION	Bidder's Offer (Brand, Packing, Specifications, etc.)	Unit Cost (Php)	Total Amount (Php)
2,000	pc	Blood Transfusion Set	<b>Blood Transfusion Set</b> IV ADMINISTRATION SET 215-225cm LENGTH TUBING, CLEAR, SLIP TIP 100's/box, COS-MED	25.00	<b>50,000.00</b>
4,500	pc	Solution Administration Set Adult (SASA)	<b>Solution Administration Set Adult (SASA)</b> Macroset 215cm-225c length tubing, luer lock connector, no kink, Y-site injector port, 300's/box, COS-MED	16.00	<b>72,000.00</b>
2,800	pc	Solution Administration Set Pedia (SASP)	<b>Solution Administration Set Pedia (SASP)</b> Microset 215cm-225cm length tubing, luer lock connector, no kink, Y-site injector port, 300's/box, COS-MED	19.00	<b>53,200.00</b>
5,000	pc	Volume Control Administration Set	<b>Volume Control Administration Set</b> 100ml w/clear calibrated cylinder, clear tubing and chamber, luer lock connector, Y site injection port microdip, 50's/box, COS- MED	125.00	<b>625,000.00</b>
<b>Total Amount</b>					<b>800,200.00</b>

Thank you.

Very truly yours,

  
**SONIA B. GONZALEZ, MD, MSChSM, MPM**  
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

