



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

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**NOTICE OF AWARD**  
**NOA-2024-091**

**PRIME MEDIX ENTERPRISES**

Unit 525 The Hub B, One Oasis  
Ortigas Extension, Sta. Lucia  
Pasig City  
Tel No.: 2 475-6383

Dear Sir / Madam:

Please be informed that we are procuring the following services to you through Direct Contracting per RFQ (DC) 2024-060.

Item No.	QTY	UNIT	ITEM DESCRIPTION	UNIT COST	TOTAL AMOUNT
1			<b>Supply of Labor, Tools, Parts, and Materials for the Preventive Maintenance Services and Replacement of the Consumable Parts for the Four (4) Units Ventilator at Pulmo Laboratory, PN: 2208-419-4662, 4684, 4686 and 4687-A-PULMO (Brand/Model: Monnal T60 )</b>		
	1	pc	Autoclavable Expiratory Valve , AirLiquide, Monnal T60, France	12,928.00	<b>12,928.00</b>
	4	kit	Maintenance Kit, T60 (Includes: Hepa-Filter, Map Filter, Intake Filter, Non-Return Valve, O-ring and Thoric Gasket), AirLiquide, Monnal T60, France	17,189.00	<b>68,756.00</b>
	4	pc	Oxygen Cell, AirLiquide, Monnal T60, France	11,949.00	<b>47,796.00</b>
			<i>Note: Item #1 - Replacement for serial # MT60-16484 and # 2 &amp; 3 consumable parts for the four (4) units</i>		
			<b>Warranty : Three (3) Months under normal usage</b>		
			<b>Delivery Schedule : Within seven (7) working days from receipt of Purchase Order</b>		
			<b>TOTAL AMOUNT</b>		<b>129,480.00</b>

*Kindly disregard and report any form of solicitation using the name of the Executive Director and/or the PCMC. These unsanctioned requests are unlawful and will not be tolerated*



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**Terms and Conditions :**

» The supplier should render the services called for in the Purchase Order (PO) within the stated schedules upon receipt of approved PO through fax or personal received during office hours at the Procurement Division.

» PCMC has the right to reject any or all bids without offering any reason, waive any required formality and award the contract to any bidder whose proposals as evaluated by PCMC is the most advantageous to the government.

  
**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.

I further certify that I have chosen the following mode (as checked) as the form of retention money required of us under R.A. 9184 Sec. 62.1.

- Bank Guarantee
- 1% Deduction from claims on the first payment for staggered deliveries

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

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Date

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