

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

Quezon Avenue, Quezon City 1100

website: www.pcmc.gov.ph email: officeofthedirector@pcmc.gov.ph
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE OF AWARD NOA-2024-104

ZUELLIG PHARMA CORP.

KM 14 West Service Road SSH Corner Edison Avenue,

Brgy. Sun Valley, Parañaque City

Tel. No. (02) 908-2222

Fax No. (02) 325-0641

Dear Sir / Madam:

Please be informed that we are procuring the following services to you through Direct Contracting per RFQ (DC) 2024-056

| Item No. | ITEM DESCRIPTION | QTY | UNIT | ABC (Php) | TOTAL ABC (Php) |
|-------------|--|-----|------|--------------|--------------------|
| | Supply of Labor, Tools and Materials for the Semi Annual Preventive Maintenance Services of Power Injector for Single Plane Cardiac Catherization Laboratory at Pediatric Lung, Heart, and Kidney Center (Brand Medrad Mark 7 Arterion Injection, Bayer Philippines, Inc.), PN: 1805-419-2492-A-PLHKC, Gold Package, Philippines | 2 | lot | 25,000.00 | 50,000.00 |
| | Conforme to PCMC's Terms of Reference | | | | |
| | Total Amount | | | | 50,000.00 |

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

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

NOTICE OF AWARD NOA-2024-104 RESPICARE ENTERPRISES, INC.

Conforme:

Date

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

Designation

Authorized Signatory
(Signature over printed name)

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