



Republic of the Philippines  
**PHILIPPINE CHILDREN'S MEDICAL CENTER**  
 Quezon Ave., Quezon City  
 Tel. No.: 588-9900 loc. 224, 226, 390

PURCHASE ORDER <sup>68606</sup> **No. 68606**  
 FOR SUPPLIES OR EQUIPMENT  
 PathoBB-2019-01  
 P.R. NO. \_\_\_\_\_ Dated: **10/16/18**  
 MODE OF PROCUREMENT \_\_\_\_\_  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. February 11, 2019

TO: Supplier/Dealer Contractor **MEDLINK MARKETING**  
 Address: Suite 301-303 77 Visayas Bldg, Visayas Ave, Quezon City

Department/Office/Division/Section/Unit where delivery  
 Is to be made: Supply & Prop  
 Location: \_\_\_\_\_  
 Special Instructions \_\_\_\_\_  
 Delivery period: 7 working days Other Terms: \_\_\_\_\_  
 Bidder's Bond Posted:  Cash  GSIS Policy  
 Cashier's / Manager's / Cert Check No. \_\_\_\_\_  
 PCMC O.R. No. \_\_\_\_\_ Amount P \_\_\_\_\_

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	10,650	pcs	<p><b>One (1) Lot Machine Placement Agreement for Three (3) Years on Supply and Delivery of Quadruple Blood Bags for Leukoreduction with Installation, Commissioning and Free use of six (6) units of the latest model of Automated Blood Component Processing Machines</b>  <b>Machine to be provided:</b>  <b>6 units FENWAL OPTIPRESS II - Automated Blood Component Processing System</b>  <b>Specifications of Automated Component Processor machine:</b>            With specialized blood bags for leukoreduction, top &amp; bottom configuration            That removes 70%-90% WBC's in Packed RBC &amp; plasma products            Built-in compressor            Machine s should have CE markings            Power consumption complied            Quadruple blood bags 450ml, Compoflex 4F T&amp;B - 63ml CPD -100ml SAG-M 450ml x 24s, Germany  <b>Specifications of Blood Bags, quadruple, 450ml for Leukoreduction:</b>            With diversion pouch and needle guard            All components must adhere to the specified quality control values in the AABB standards and DOH manual of standards            The winning bidder shall shoulder the cost of evaluation on these parameters</p> <p>Conforme to the attached Terms of Reference</p> <p>***Nothing Follows***            Note : For the use of Pathology - Blood Bank (CY-2019)</p> <p><b>All deliveries shall have at least One (1) year expiration period.</b></p> <p>- page 1 of 2 -</p>	607.000	6,464,550.00

6,464,550.00  
 (Six million four hundred sixty four thousand five hundred fifty pesos)

Funding Code \_\_\_\_\_

**TOTAL AMOUNT P 6,464,550.00**

FUNDS AVAILABLE: 6,464,550.00  
**ODETH A. VILLEGAS, CPA**  
 Chief Accountant  
 OIC, Accounting Division  
2/19/19

APPROVED:  
**JULIUS A. LECCIONES, MD, MHSA, MPM**  
 Executive Director  
2/11/19

- Attachments:
- P.R. No. PathoBB2019-01
  - Abstract of Canvass/Bids
  - Canvass Sheet/Tender of Bids
  - Notarized Certification of Exclusive Distributor
  - Justification
  - Others NOA-2019-038

NTP - Proc. 2019-083

**CERTIFICATION**  
 This is to certify that I received today the Original copy of this Purchase Order, and held the Company bound by the terms and stipulation of the contract and other laws applicable.

\_\_\_\_\_  
 (Signature over printed name)  
 Date: \_\_\_\_\_

Distribution : White (Original) - Supplier (to be attached in the claim voucher with other supporting documents) Pink - Supply and Property  
 Yellow (Duplicate) - Procurement



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 Tel. No.: 588-9900 loc. 224, 226, 390

**PURCHASE ORDER** **68606**  
**FOR SUPPLIES OR EQUIPMENT**  
 P.R. NO. PathoBB-2019-01 Dated: 10/16/18  
**MODE OF PROCUREMENT**  
**PUBLIC BIDDING**  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. February 11, 2019

TO: Supplier/Dealer Contractor **MEDLINK MARKETING**  
 Address: Suite 301 - 303 77 Visayas Bldg., Visayas Avenue, Quezon City

Department/Office/Division/Section/Unit where delivery Is to be made: Supply & Property Section  
 Location: Ground Floor, PCMC Bldg.  
 Special Instructions \_\_\_\_\_  
 Delivery period: 7 working days Other Terms: \_\_\_\_\_  
 Bidder's Bond Posted:  Cash  GSIS Policy  
 Cashier's / Manager's / Cert Check No. \_\_\_\_\_  
 PCMC O.R. No. \_\_\_\_\_ Amount P \_\_\_\_\_

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			Balance Forwarded		6,464,550.00
- page 2 of 2 -					
<b>Penalty Clause for Delayed or Unsatisfactory Deliveries:</b> 1. One-tenth (1/10) of one percent (1%) of the cost of unperformed portion for everyday of delay, but not to exceed ten percent (10%) of the total contract price; and 2. Excess in price, if procured from third parties, through alternative mode of procurement; and 3. In case of bidding, for forfeiture of performance bond			<b>Additional instructions &amp; conditions:</b> 1. <b>Staggered Delivery/Payment</b> 2. <b>Delivery will take effect upon receipt of Delivery Confirmation of Quantity/Date</b> 3. Delivery is within 7 days upon receipt of Delivery Confirmation ( <i>working days</i> ) 4. PCMC has the right to reject or cancel any items in this PO for justifiable and reasonable ground where the award will not benefit the Government		

**SENDING REPORT**

MS. KENNETH - RECEIVED 2/21/19.

21 Feb. 2019 14:47

YOUR LOGO :  
 YOUR FAX NO. :

NO.	OTHER FACSIMILE	START TIME	USAGE TIME	MODE	PAGES	RESULT
Funding Code <u>50209 080</u>						TOTAL AMOUNT P <b>6,464,550.00</b>
FUNDS AVAILABLE: <u>6,464,550.00</u>						<b>CERTIFICATION</b> This is to certify that I received today the Original copy of this Purchase Order, and held the Company bound by the terms and stipulation of the contract and other laws applicable.  (Signature over printed name)  Date: _____
Attachments: <input checked="" type="checkbox"/> P.R. No. <u>PathoBB2019-01</u> <input type="checkbox"/> Abstract of Canvass/Bids <input type="checkbox"/> Canvass Sheet/Tender of Bids <input type="checkbox"/> Notarized Certification of Exclusive Distributor <input type="checkbox"/> Justification <input type="checkbox"/> Others <u>X</u> <u>NOA-2019-038</u> <u>NTP - Proc. 2019-082</u>						
APPROVED: <u>ODETH A. VILLEGAS, CPA</u> <u>2/19/19</u> Chief Accountant OIC, Accounting Division  <u>JULIUS A. LECIONES, MD, MHSA, MPM</u> Executive Director <u>2/11/19</u>						

Distribution : White (Original) - Supplier (to be attached in the claim voucher with other supporting documents) Pink - Supply and Property  
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