



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

PURCHASE ORDER **68615** **Nº 68615**
 FOR SUPPLIES OR EQUIPMENT
 PathoBB2019-02 Dated: **10/16/18**
 P.R. NO. _____
 MODE OF PROCUREMENT **PUBLIC BIDDING**
 CS No. _____ AC No. _____
 DATE OF P.O. **February 12, 2019**

TO: Supplier/Dealer Contractor **GETZ BROS. PHILS., INC.**
 Address: **5th Floor Ortigas Avenue, Pasig 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
			<p>One (1) Lot Reagent Tie-up Agreement for Three (3) Years on Supply and delivery of reagents and consumables with Installation, Commissioning and Free of Use of one (1) latest model of Automated Immuno haematology Analyzer with one (1) unit of semi automated machine as back up</p> <p>Machine to be provided:</p> <p>1 unit Automated machine for Immuno- Hematology (IH) Procedure: ORTHO VISION Analyzer Automated machine that can operate, process and analyze samples simultaneously from putting the specimen in the machine up to the releasing of results without human interruption for the following IH procedures such as :</p> <ul style="list-style-type: none"> a. Blood grouping (newborn and adults)-comply ✓ b. Antibody screen and identification (patients and blood units) ✓ c. Crossmatch ✓ d. other blood banking procedures ✓ <p>Random access and capable to prioritize emergency samples with capacity to</p> <ul style="list-style-type: none"> a. Detect both IgM and IgG including anti-MI (a+) for the 3 cell antibody screen ✓ b. detect weak D and partial D ✓ c. Run pediatric tubes/samples (500ul) ✓ <p>Throughput should not be less than</p> <ul style="list-style-type: none"> a. 48 samples for blood typing (forward and reverse) per hour ✓ b. 37 samples for antibody screening (3 cells for patients) per hour ✓ c. 42 samples for antibody screening (pooled for units) per hour ✓ d. 42 samples for crossmatch per hour ✓ <p>Single piercing of cards or cassettes ✓ With daily internal quality control system ✓</p>		

- page 1 of 3 -

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Funding Code _____ **TOTAL AMOUNT P** _____

FUNDS AVAILABLE: **57484,781.90**
Handwritten signature
ODETH A. VILLEGAS, CPA
 Chief Accountant
 Office, Accounting Division **2/19/19**

APPROVED:
Handwritten signature
JULIUS A. LECCIONES, MD, MHSA, MPM
 Executive Director **2/12/19**

Attachments:
 P.R. No. PathoBB2019-02 ✓
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others NOA-2019-039 ✓
Handwritten signature
NIT - PWC - 2019 - 084

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: _____

SENDING REPORT

26 Feb. 2019 16:45

MS. HF101 - RECEIVED 2/27/19.

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PHILIPPINE CHILDREN'S MEDICAL CENTER
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68615
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 FOR SUPPLIES OR EQUIPMENT
 PathoBB2019-02
 P.R. NO. _____ Dated: **10/16/18**
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			<p>With back-up unit (modular machine), in which testing can be done, semi-automated with the same format. The format should be capable to resolve discrepancies either by increasing the antibody concentration or incubating in different temperatures. The system should also be able to detect with accuracy, clinically significant antibodies.</p> <p>Minimum volume sample required: 500uL centrifuged whole blood (in microtainer tube, without plasma separation) Dead volume of sample: 400ul centrifuged whole blood (in microtainer tube, without plasma separation)</p> <p>Dead volume of reagent: 400ul</p> <p>On-board stability of reagents: 3 to 5 days</p> <p>Automated identification of samples and reagents</p> <p>With software for antibody identification-comply</p> <p>Capable of the following:</p> <p>full positive identification of lot numbers</p> <p>liquid detection, sample clot detection and low level notification-comply</p> <p>Automatic cross-checking of previous results-comply</p> <p>Blood grouping reagents with certificate of product registration (CPR) from BFAD and evaluation result from the National Reference Laboratory for Immunohematology (NKTl).</p> <p>With one (1) installation of the proposed brand and model in a tertiary hospital in Metro Manila</p> <p>Power consumption is complied</p> <p>Total Number of Test that should be covered by the proposal including controls and consumables : 1,200 test blood typing, for newborn; 18,400 test blood typing (Adults); 11,200 test antibody screening, for patients (3 cells); 8,800 test antibody screening, for units (pooled); 200 test antibody identification; 12,00 test cross-match; 12,000 test Direct Coomb's Test; 800 test Indirect Coomb's Test</p>		

- page 2 of 3 -

Funding Code _____ **TOTAL AMOUNT P** _____

FUNDS AVAILABLE: **5459,781.90**
ODETH A. VILLEGAS, CPA
 Chief Accountant
 OIC, Accounting Division **2/14/19**

APPROVED:
JULIUS A. LECCIONES, MD, MHSA, MPM
 Executive Director **2/12/19**

Attachments:
 P.R. No. **PathoBB2019-02**
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others **NOA-2019-039**
NSP - PWC - 2019 - 084

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NO. OTHER FACSIMILE START TIME USAGE TIME MODE PAGES RESULT



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68615
 PURCHASE ORDER
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Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	12	kit	6901906 Newborn Cassette (A,B,A+B,D,ctrl,IgG) 100 test/box Ortho	15,000.000	180,000.00
2	27.111	kit	6902040 Ortho BLISS (3x10ml) 150 test/10ml	5,100.000	138,266.10
3	46	kit	707100 ABO Reverse Grouping Cassette 400 cassettes/box Ortho	37,500.000	1,725,000.00
4	60	kit	707135 ABD Confirmation Cassette (A,B,D) 100 cassettes/box, Ortho	15,000.000	900,000.00
5	29.666	kit	707300 AHG Polyspecific Cassette (IgG, C3d) 400 cassettes/box Ortho	50,000.000	1,483,300.00
6	122.666	kit	707930 Affirmagen (A1, B) (2x3mL) 150 test/box, Ortho	2,300.000	282,131.80
7	12	kit	719000 Pooled Screening Cells (1x20 ml) 1000 test/box, Ortho	15,257.000	183,084.00
8	80	kit	719102 0.8 % Surgiscreen 3 cells panel (3x10 ml) 150 test/box	6,500.000	520,000.00
9	12	kit	719502 0.8% Resolve Panel A (11x3ml) 50 test/box, Ortho	4,500.000	54,000.00
10	24	kit	720100 Ortho Confidence (Internal Control) (30 days), Ortho	1,000.000	24,000.00
Conforms to the attached Terms of Reference ***Nothing Follows*** Note : For the use of Pathology Blood Bank (CY-2019) All deliveries shall have at least One (1) year expiration period.					5,489,781.90 (Five million four hundred eighty nine thousand seven hundred eighty one pesos & 90/100)

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Penalty Clause for Delayed or Unsatisfactory Deliveries:
 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, forfeiture of performance bond

Additional Instructions & conditions:
 1. **Staggered Delivery/Payment**
 2. **Delivery will take effect upon receipt of Delivery Confirmation of Quantity/Date**
 3. Delivery is within 7 days upon receipt of Delivery Confirmation (working days) *my*
 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

Funding Code 5020308 *16/2/19* **TOTAL AMOUNT P** 5,489,781.90

FUNDS AVAILABLE: 5,489,781.90
Phyllis
ODETH A. VILLEGAS, CPA
 Chief Accountant
 Dir., Accounting Division *2/19/19*

APPROVED:
Julius
JULIUS A. LECCIONES, MD, MHSA, MPM
 Executive Director *2/12/19*

Attachments:
 P.R. No. Patho882019-02
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NO.	OTHER FACSIMILE	START TIME	USAGE TIME	MODE	PAGES	RESULT
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