

Republic of the Philippines

PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Ave. Quezon City

Tel. No.: 8588-9900 loc. 224, 226, 361, 355

Fax no.: 85889997 • e-mail: pcmcproc@gmail.com

PURCHASE OR	DER 761	01 Nº	76101	
FOR SUPPLIES P. R. NO. PAT MODE OF PRO PUB	HO-2024-16	/ Dated:	10/17/2023	,
CS No	JANUARY	AC No.		_

TO: Sup Address:	plier/Dealer 1	Contractor 225 Quezo	on Avenue, B	LINE DIAGN rgy. Sta. Cruz, Q	Uezon City	PPLIES,	INC.			
Department/Office/Division/Section/Unit where delivery Is to be made: Materials Management Division Location: Ground Floor, PCMC Bldg. Special Instructions				Performance Cash / Cash	Delivery period: 7 working days Performance Security Posted: Cash / Cashier's / Manager's Check No. PCMC O.R. No. Other Terms: Surety Bond No. Of Surety Bond No.					
Item No.	QTY.	UNIT	1 2	7 6 1 3	ARTICLES		150	UNIT COST	TOTAL COST	
item No.	Q11.	OIVII	1794 E. A.E. A.E.		ARTICLES	atrice to the		CIVII COSI	TOTAL COST	
1	5.4	kt	12-we	12-well kit [Bio-Rad Laboratories (Singapore) Pte Ltd.] >						
2	20 -	Kt	Pasto	rex Meningitis [Bio-Rad Laborat	tories (Sing	gapore) Pte	Ltd.]		
3	2 4	kt	Bio-Ra The pi	control for Imm ad Lyphochek® roduct contains ol) for over 1,10	Immunoassay P over 90 anal)1e	lus Contro	l. sayed	23,000.00	46,000.00	
4	100	vl	Bio-Ra A hum	Control) for over 1,100 methods2x5mL (4 of each level) / Quality Control Reagent, coagulation, High Abnormal , 833.00 / 83,300. Bio-Rad, 12xlmL Lyphochek® Coagulation Control L1. A human plasma control for monitoring the precision of routing spaceful tion tests.						
5	100	vl vl	/ Quality (Bio-Ra A hum	of routine coagulation tests / Quality Control Reagent, coagulation, Low Abnormal / 833.00 Bio-Rad, 12xlmL Lyphochek® Coagulation Control L2. A human plasma control for monitoring the precision						
6	100	vl	/ Quality (of routine coagulation tests / Quality Control Reagent, coagulation, Normal Bio-Rad, / 833.00 , 83,300.						
g-	8.1		plasma	12xlmL Lyphochek® Coagulation Control L3. A human plasma control for monitoring the precision of routine						
7	1	bx	Urine To Qualit	coagulation tests Control Negative Liqui Qualitative Urine Toxicology. Control Negative; 6x3				29,000.00	29,000.00	
987			panels	Qualitative Urine Toxicology Control Positive; 6x3mL. 1,083,9						
8	1	bx	Urine To Qualit Liquid						29,000.00 1,083,900.00	
- page 1 /mrpe	of 2 pages			ery values by GO				(One million eig thousand nine l		
Funding	Code	11/	****	***** nothing	follows *****	*****	TOTAL	AMOUNT P	, 1,083,900.00	
LEA M. VILLALOBOS, CPA, MBA Chief Accountant APPROVED: APPROVED: SONIA B. GONZALEZ, MD, MSCHSM, MPM Abstract of Canvass SI Notarized Exclusive Justificatio Others B				PATHO-2024-1			CERTIFICAT s to certify the	at I received		
				Sheet/Tender of Certification of Distributor on BAC RES # R2024	neet/Tender of Bids Certification of Distributor n AC RES # R2024-00-021 ITP-PROC-2024-020		today the 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:										
Distribu		nite (Origi low (Dup	inal) - Att licate) - Pro	tachment to pay	yment		Pink	- Supply ar	nd Property	



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PURCHASE O	RDER	76101			
P. R. NO. PATH MODE OF PRO PUBLI		NT Dated:10/17/2023	,		
CS No DATE OF P.O.	JANUARY 09, 2	AC No			

TO: Sur Address	oplier/Dealer s:12	r Contractor 25 Quezon Av	Venue, Brgy. Sta. Cruz, Que	STICS SUPP ezon City	PLIES, IN	IC.			
Department/Office/Division/Section/Unit where delivery Is to be made: Materials Management Division Location: Ground Floor, PCMC Bldg. Special Instructions				Delivery period: 7 working days Other Terms: Performance Security Posted: Surety Bond No. Cash / Cashier's / Manager's Check No. PCMC O.R. No. Amount P					
Item No.	QTY.	UNIT		ARTICLES		, '	UNIT COST	TOTAL COST	
			NOTE: For the use of Path liveries shall have at least (riod	2019		
1. One-tentl Once the cu the Procurin action and r 2. Excess in	h (1/10) of one p mulative amoun ng Entity may res remedies availab price, if procurre	t of liquidated dan scind or terminate ble under the circu ed from third parti	cost of unperformed portion for even nages reaches 10% of the amount of the contract, without prejudice to ot	the contract, the courses of curement; and	1 2 D 3 D 4 ii	Staggered Del Delivery will t elivery Confima 3. Delivery is wit elivery Confirma PCMC has the hathis PO for jus there the award	ake effect upon receition of Quantity/Dat hin 7 working days up	pt of e con receipt of el any items e ground overnment	
		eff							
- page 2 /mrpe	of 2 pages								
APPROVED: APPROVED: By Server Sonia B. Gonzalez, MD, Mschsm, MPM Notarized C Exclusive D Justification Others BAC				of Canvass/Bid Sheet/Tender of Certification of Distributor on	Bids of 00-021 /	TOTAL AMOUNT P CERTIFICATION This is to certify that I receive today the copy of this Purcha Order, and held the Comparbound by the terms and stipulation of the contract and other law applicable. (Signature over printed name) Date:			
Distribu		hite (Origina ellow (Duplic	d) - Attachment to pay eate) - Procurement	yment		Pink	- Supply ar	nd Property	



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 TO PROCEED NTP-PROC-2024-020

January 09, 2024

LIFELINE DIAGNOSTICS SUPPLIES, INC.

1225 Quezon Avenue, Brgy Sta. Cruz

Quezon City

Tel. No.: 8376-591 / Fax. No.: 8372-1675/98

Sir/Madam:

You may now proceed with the delivery of items listed in the attached Purchase Order within seven (7) working days from receipt of this notice and/or Delivery Order Slip for Staggered Delivery.

SONIA B. GONZALEZ, MD, MScHSM, MPM Executive Director

CONFORME:

Received Original

Signature Over Printed Name Authorized Representative

Date: _____