



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 ORDER
 FOR SUPPLIES OR EQUIPMENT

Nº 76143
 76143

P. R. NO. **PHAR-2024-002-GF** Dated: **10/09/2023**

MODE OF PROCUREMENT
PUBLIC BIDDING

CS No. _____ AC No. _____
 DATE OF P.O. **JANUARY 10, 2024**

TO: Supplier/Dealer Contractor **EURO-MED LABORATORIES PHIL., INC.**
 Address: **Cor. San Marcelino St., United Nations Avenue, Manila**
Tel. No.: 8524-0091 to 98 / 0929-301-8848

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
 Performance Security Posted: Surety Bond No. **6 (b) 154752**
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P **813,720.86**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	8,000	bt/bag	00.9% NaCl 1L (IV inf) 0.9% Sodium Chloride, 1000ml [Euro-Med Laboratories Phil., Inc.]	30.00	240,000.00
2	15,000	bt/bag	00.9% NaCl 500mL (IV inf) 0.9% Sodium Chloride, 500ml [Euro-Med Laboratories Phil., Inc.]	23.95	359,250.00
3	15,000	bt/bag	00.9% NaCl 50mL (IV inf) 0.9% Sodium Chloride Solution for Injection, 50ml [Euro-Med Laboratories Phil., Inc.]	26.00	390,000.00
4	1,020	bt/bag	05% D (D5W) 1L (IV inf) 5% Dextrose in Water, 1000ml [Euro-Med Laboratories Phil., Inc.]	33.50	34,170.00
5	4,000	bt/bag	05% D (D5W) 500mL (IV inf) 5% Dextrose in Water, 500ml [Euro-Med Laboratories Phil., Inc.]	23.95	95,800.00
6	420	bt/bag	05% D in 0.3% NaCl 1L (IV inf) 5% Dextrose in 0.3% Sodium Chloride, 1000ml [Euro-Med Laboratories Phil., Inc.]	43.87	18,425.40
7	420	bt/bag	05% D in 0.3% NaCl 500mL (IV inf) 5% Dextrose in 0.3% Sodium Chloride, 500ml [Euro-Med Laboratories Phil., Inc.]	29.45	12,369.00
8	1,200	bt/bag	05% D in 0.9% NaCl 1L (IV inf) 5% Dextrose in 0.9% Sodium Chloride, 1000ml [Euro-Med Laboratories Phil., Inc.]	32.00	38,400.00
9	600	bt/bag	05% D in 0.9% NaCl 500mL (IV inf) 5% Dextrose in 0.9% Sodium Chloride, 500ml [Euro-Med Laboratories Phil., Inc.]	28.35	17,010.00
10	3,000	bt/bag	05% D in LR 1L (IV inf) 5% Dextrose in Lactated Ringer's Solution, 1000ml [Euro-Med Laboratories Phil., Inc.]	33.95	101,850.00
11	600	bt/bag	05% D in LR 500mL (IV inf) 5% Dextrose in Lactated Ringer's Solution, 500ml [Euro-Med Laboratories Phil., Inc.]	38.50	23,100.00
12	960	bt/bag	10% D (D10W) 500mL (IV inf) 10% Dextrose in Water, 500ml [Euro-Med Laboratories Phil., Inc.]	37.40	35,904.00
Page 1 of 3 VAT-EXEMPT					1,366,278.40 vvvvvvvvvv

Funding Code _____ **TOTAL AMOUNT P** _____

FUNDS AVAILABLE:

 Chief Accountant
 APPROVED:

 Executive Director

- Attachments:
 P.R. No. _____
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of
 Exclusive Distributor
 Justification
 Others _____

CERTIFICATION

This is to certify that I received 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: _____

Distribution : White (Original) - Attachment to payment
 Yellow (Duplicate) - Procurement
 Pink - Supply and Property



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 ORDER **76143**
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. **PHAR-2024-002-GF** Dated: **10/09/2023**
 MODE OF PROCUREMENT
PUBLIC BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. **JANUARY 10, 2024**

TO: Supplier/Dealer Contractor **EURO-MED LABORATORIES PHIL., INC.**
 Address: **Cor. San Marcelino St., United Nations Avenue, Manila**
Tel. No.: 8524-0091 to 98 / 0929-301-8848

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
 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
13	240	bt/bag	BALANCE FORWARDED Balanced Multiple Maintenance Soln w/ 5% D adult 1L (IV inf) "EUROSOL-M" in Dextrose 5% in Water Balanced Multiple Maintenance Solution in Dextrose 5% in Water for Adult, 1000ml [Euro-Med Laboratories Phil., Inc.]	51.45	1,366,278.40 12,348.00
14	180	bt/bag	Balanced Multiple Maintenance Soln w/ 5% D adult 500mL (IV inf) "EUROSOL-M" in Dextrose 5% in Water Balanced Multiple Maintenance Solution in Dextrose 5% in Water for Adult, 500ml [Euro-Med Laboratories Phil., Inc.]	46.20	8,316.00
15	225	bt/bag	Balanced Multiple Maintenance Soln w/ 5% D pedia 1L (IV inf) "EURO-ION" in Dextrose 5% in Water Balanced Multiple Maintenance Solution in Dextrose 5% in Water for Pedia, 1000ml [Euro-Med Laboratories Phil., Inc.]	51.45	11,576.25
16	1,500	bt/bag	Balanced Multiple Maintenance Soln w/ 5% D pedia 500mL (IV int) "EURO-ION" in Dextrose 5% in Balanced Multiple Maintenance Solution in Dextrose 5% in Water for Pedia, 500ml [Euro-Med Laboratories Phil., Inc.]	33.50	50,250.00
17	900	bt/bag	Balanced Multiple Replacement soln 1L (IV inf) "EUROSOL-R" in Dextrose 5% in WaterBalanced Multiple Replacement Solution in Dextrose 5% in Water, 1000ml [Euro-Med Laboratories Phil., Inc.]	37.29	33,561.00
18	258	bt/bag	Lactated Ringer's soln 1L (IV inf) Lactated Ringer's Solution, 1000ml [Euro-Med Laboratories Phil., Inc.]	48.40	12,487.20
19	1,200	bt/bag	Lactated Ringer's soln 500mL (IV inf) Lactated Ringer's Solution, 500ml [Euro-Med Laboratories Phil., Inc.]	32.00	38,400.00
Page 2 of 3 VAT-EXEMPT					1,533,216.85 vvvvvvvvvv

Funding Code _____

FUNDS AVAILABLE: _____

Chief Accountant _____

APPROVED: _____

Executive Director _____

Attachments:
 P.R. No. _____
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others _____

TOTAL AMOUNT P _____

CERTIFICATION
 This is to certify that I received 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: _____

Distribution : White (Original) - Attachment to payment
 Yellow (Duplicate) - Procurement
 Pink - Supply and Property



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

76143
 PURCHASE ORDER
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. **PHAR-2024-002-GF** Dated: **10/09/2023**
 MODE OF PROCUREMENT
PUBLIC BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. **JANUARY 10, 2024**

TO: Supplier/Dealer Contractor **EURO-MED LABORATORIES PHIL., INC.**
 Address: **Cor. San Marcelino St., United Nations Avenue, Manila**
Tel. No.: 8524-0091 to 98 / 0929-301-8848

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: _____
 Performance Security Posted: Surety Bond No. **6(B) 154782**
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P **813,720.80**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
20	600	bt	BALANCE FORWARDED Mannitol bt 20% 500mL (IV) sealed rubber cap 20% Mannitol Injection, 500ml [Euro-Med Laboratories Phil., Inc.] ***Page 3 of 3*** ***Nothing Follows*** Conforme to the attached Terms of Reference For the use of Pharmacy Division (CY-2024) To be sourced from COB All deliveries shall have at least One (1) year expiration period. VAT-EXEMPT	83.60	1,533,216.85 50,160.00 1,583,376.85 vvvvvvvvvv (One Million Five Hundred Eighty Three Thousand Three Hundred Seventy Six Pesos & 85/100 Only)

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. Once the cumulative amount of liquidated damages reaches 10% of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.
 2. Excess in price, if procured from third parties, through alternative mode of procurement; and
 3. In case of bidding, forfeiture of performance security equal to 5% of the undelivered item/s.

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 working days upon receipt of Delivery Confirmation
 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
 5. Terms and conditions specified on Notice of Award.

/LMA

Funding Code **5-02-03-070** *mgs 1/18/24*
FUNDS AVAILABLE: P 1,583,376.85
LEA M. VILLALOBOS, CPA, MBA
 Chief Accountant
 APPROVED:
Ma En Juan
SONIA B. GONZALEZ, MD, MSChSM, MPM
 Executive Director
 Attachments:
 P.R. No. **PHAR-2024-002-GF**
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others **BAC RESO # R2024-00-010/NOA-2024-001-005/NTP-PROC-2024-048**

TOTAL AMOUNT P 1,583,376.85

CERTIFICATION
 This is to certify that I received 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: _____

Distribution : White (Original) - Attachment to payment
 Yellow (Duplicate) - Procurement
 Pink - Supply and 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-2024-048

January 10, 2024

EURO-MED LABORATORIES PHIL., INC.
Cor. San Marcelino St.,
United Nations Avenue, Manila
Tel. No.: 8524-0091 to 98 / 0929-301-8848

Sir/Madam:

This is to inform you that Purchase Order No. 76142/76143 as a result of Public Bidding for the Procurement of Various Pharmaceutical Supplies for CY 2024 has been approved.

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.

Ms. En Joya
SONIA B. GONZALEZ, MD, MSChSM, MPM
Executive Director *SA*

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____