



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** **Nº 76153**  
**FOR SUPPLIES OR EQUIPMENT** **76153**  
 P. R. NO. **PHAR-2024-001-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 **METRO DRUG, INC. JV WITH INTERPHARMA HOLDINGS & MANAGEMENT CORP.**  
 Address: **Sta. Rosa Estate, Brgy. Macablang, Sta. Rosa, Laguna**  
 Tel. No.: **0917-853-9770**

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 **402,457.77**  
 Other Terms: **LETTEL OF CREDIT - 5%**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	9,000	amp	Acetylcysteine amp 100mg/mL 3mL (IM/IV) <b>"FLUIMUCIL"</b> 100mg/ml soln for inj (IM/IV) amp 5's [Zambon S.P.A]	102.30	920,700.00 ✓
2	600	amp	Acetylcysteine amp 100mg/mL, 3mL inhalation <b>"FLUIMUCIL"</b> 100mg/ml soln for inh amp 5's [Zambon S.P.A]	99.00	59,400.00 ✓
3	1,500	scht	Acetylcysteine sachet 100mg <b>"FLUIMUCIL"</b> 100mg granules for soln sachet 30's [Zambon Switzerland, Ltd.]	8.47	12,705.00 ✓
4	2,300	vl	Ampicillin Sod 500mg + Sulbactam 250mg vl (IM,IV) <b>"SILGRAM"</b> 500mg/250mg pow for inj (IM/IV) vial 1's [YSS Laboratories Co., Inc.]	84.82	195,086.00 ✓
5	30	vl	Antithymocyte Immunoglobulin (ATG) 25 mg/5 mL vial (IV) <b>"THYMOGLOBULINE"</b> Pow for soln for infusion 5mg/ml pow for soln for infusion (IV) vial 1's [Genzyme Ireland Limited]	13,108.61	393,258.30 ✓
6	1,000	tab	Azithromycin tab 500mg blister/foil pack <b>"AZEMAX"</b> 500mg FC tab 3's [Umedica Labortaaties Pvt. Ltd.]	36.95	36,950.00 ✓
7	20	bt	Cefixime drp 20mg/mL gran, 10mL <b>"TRIOCEF"</b> 20mg/ml granules for suspension (oral drops) bot 1's [JM Tolamann Laboratories, Inc.]	150.00	3,000.00 ✓
8	2,000	vl	Cefoxitin Sod vl 1g (IM,IV) <b>"MONOWEL"</b> 1g sterile pow for inj (IM/IV) vial 1's [Biolab Co., Ltd.]	350.00	700,000.00 ✓
9	6,000	vl	Ceftriaxone disodium/sodium vl 1g + 10mL diluent (IV) <b>"KEPTRIX"</b> 1g pow for inj (IM/IV) vial 1's [Biolab Co., Ltd.]	120.00	720,000.00 ✓
10	3,500	tab	Cefuroxime Axetil tab 500mg blister/foil pack <b>"ALTACEF"</b> 500mg FC tab 50's [Maxim Pharmaceuticals Pvt. Ltd.]	15.00	52,500.00 ✓
11	60	bt	Clarithromycin susp bt 250mg/5mL gran 50mL <b>"CLARITHROID"</b> 250mg/5ml granules for suspension bot 1's [EL Laboratotries, Inc.]	360.00	21,600.00 ✓
***Page 1 of 4***					3,115,199.30 ✓ vvvvvvvvvv

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

**TOTAL AMOUNT P** \_\_\_\_\_

FUNDS AVAILABLE: \_\_\_\_\_

Attachments:

- P.R. No. \_\_\_\_\_
- Abstract of Canvass/Bids
- Canvass Sheet/Tender of Bids
- Notarized Certification of Exclusive Distributor
- Justification
- Others \_\_\_\_\_

Chief Accountant \_\_\_\_\_

APPROVED: \_\_\_\_\_

Executive Director \_\_\_\_\_

**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





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**76153**  
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 FOR SUPPLIES OR EQUIPMENT  
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 DATE OF P.O. **JANUARY 10, 2024**

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 Address: **Sta. Rosa Estate, Brgy. Macablang, Sta. Rosa, Laguna**  
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 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
			<b>BALANCE FORWARDED</b>		<b>3,115,199.30</b>
12	300	tab	Clarithromycin tab 500mg blister/foil pack "CLARITHROID" 500mg FC tab 30's [EL Laboratotries, Inc.]	11.99	3,597.00
13	2,000	cap	Fluconazole cap 50mg blister/foil pack "MYCOZOLE" 50mg cap 20's [Swiss Pharma Research Laboratories Inc.]	56.00	112,000.00
14	4,200	pc	Ipratropium Bromide+Salbutamol resp soln 500mcg+2.5mg, 2.5mL "PULMODUAL" 2.5mg/500mcg per 2.5ml soln for inh neb 35's [Ahlcon Parentals (India) Limited]	23.00	96,600.00
15	1,300	bt	Levetiracetam 100mg/mL Oral Solution, 300mL "KEPDIN" 100mg/ml oral soln, 300ml bot 1's [Lifesquare Laboratories Inc.]	875.00	1,137,500.00
16	30,000	tab	Levetiracetam 500 mg FCT "KEPDIN" 500mg FC tab 10's [Akums Drugs & Pharmaceuticals Ltd. (Plant I-Solid Oral Dosage Facility)]	9.50	285,000.00
17	30	bt	Levofloxacin 5mg/mL 0.5% ophthalmic solution "OFTAQUIX" 5mg/ml (0.5% w/w) ophthalmic soln, 5ml bot 1's [Santen Pharmaceuticals Co., Ltd.]	364.00	10,920.00
18	300	tab	Levofloxacin tab 500 mg "LQUIN" 500mg FC tab 100's [Ravian Life Science Pvt. Ltd.]	4.18	1,254.00
19	2,500	tab	Levothyroxin tab 50 mcg "THYDIN" 50mcg tab 100's [Sydenham Laboratories, Inc.]	3.50	8,750.00
20	1,000	tab	Levothyroxin tab 100 mcg "THYDIN" 1000mcg tab 100's [Sydenham Laboratories, Inc.]	6.00	6,000.00
21	3,000	vl	Meropenem Trihydrate vl 1g (IV) "MEROMAX 100" 1g pow for IV inj vial 1's [Biolab Co., Ltd.]	322.00	966,000.00
22	1,150	tab	Methimazole 5mg tab "TAPDIN" 5mg tab 100's [Sydenham Laboratories, Inc.]	4.05	4,657.50
***Page 2 of 4***					<b>5,747,477.80</b> 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**  
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 (Signature over printed name)  
 Date: \_\_\_\_\_

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**PURCHASE ORDER** **76153**  
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**Tel. No.: 0917-853-9770**

Department/Office/Division/Section/Unit where delivery Is to be made: <b>Supply &amp; Property Section</b>	Delivery period: 7 working days	Other Terms: _____
Location: <b>Ground Floor, PCMC Bldg.</b>	Performance Security Posted: <input type="checkbox"/> Surety Bond No. _____	
Special Instructions _____	<input type="checkbox"/> Cash / Cashier's / Manager's Check No. _____	
	PCMC O.R. No. _____	Amount P _____

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			<b>BALANCE FORWARDED</b>		<b>5,747,477.80</b>
23	800	tab	Metronidazole tab 500mg blister/foil pack " <b>PROTOZOLE</b> " 500mg tab 100's [Stallion Laboratories Pvt. Ltd.]	5.00	4,000.00 ✓
24	1,000	tab	Montelukast Sodium tab 10mg blister/foil pack " <b>MONTEZYD</b> " 10mg FC tab 30's [Cadila Healthcare Limited]	7.14	7,140.00 ✓
25	500	tbe	Mupirocin oint tube 2% 15g " <b>FOSKINA</b> " 2% w/w (2g/100mg) topical oinment 15g tube 1's [Glenmark Pharmaceuticals Ltd.]	110.00	55,000.00 ✓
26	2,500	tbe	Mupirocin oint tube 2% 5g " <b>FOSKINA</b> " 2% w/w (2g/100mg) topical oinment 5g tube 1's [Glenmark Pharmaceuticals Ltd.]	102.41	256,025.00 ✓
27	8,000	vl	Omeprazole vl 40mg + diluent (IV) " <b>ZYOM</b> " 40mg lyophilized pow for inj (IV) vial 1's [Cadila Healthcare Limited]	29.58	236,640.00 ✓
28	3,000	vl	Piperacillin-Iazobactam Sod vl 4.5g (IM, IV) " <b>VIGOCID</b> " 4g/500mg Lyophilized Sterile Powder for Injection(I.V) 1's [YSS Laboratories Co., Inc.]	180.00	540,000.00 ✓
29	50	bt	Tobramycin Eye Drp bt 0.3% 5ml " <b>MYCINIDIN</b> " 3mg/ml (0.3% w/v) sterile ophthalmic soln (eye drops), 5ml bot 1's [Egyptian International Pharmaceutical Industries Co., (EIPICO)]	126.00	6,300.00 ✓
30	1,750	cap	Tramadol HCl cap 50mg blister/foil pack " <b>PENGESIC</b> " 50mg cap 100's [Hovid Berhad]	1.75	3,062.50 ✓
31	50	bt	Tropicamide + Phenylephrine HCl 5mg + 5mg/mL eye drops 10mL " <b>SANMYD-P</b> " 5mg/5mg per ml (0.5%/0.5% w/v) ophthalmic soln (eye drops) bot 1's [Santen Pharmaceutical Co., Ltd]	498.75	24,937.50 ✓
***Page 3 of 4***					<b>6,880,582.80</b> vvvvvvvvvv

Funding Code _____	<b>TOTAL AMOUNT P</b> _____
FUNDS AVAILABLE: _____	<b>CERTIFICATION</b> 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: _____
Chief Accountant _____	
APPROVED: _____	
Executive Director _____	

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





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**PURCHASE ORDER** **76153**  
 FOR SUPPLIES OR EQUIPMENT  
 P. R. NO. **PHAR-2024-001-GF** Dated: **10/09/2023**  
 MODE OF PROCUREMENT  
**PUBLIC BIDDING**  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
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 Tel. No.: **0917-853-9770**

Department/Office/Division/Section/Unit where delivery \_\_\_\_\_ Delivery period: 7 working days Other Terms: **LETTER OF CREDIT - BPI**  
 Is to be made: **Supply & Property Section** Performance Security Posted:  Surety Bond No. \_\_\_\_\_  
 Location: **Ground Floor, PCMC Bldg.**  Cash / Cashier's / Manager's Check No. \_\_\_\_\_  
 Special Instructions \_\_\_\_\_ PCMC O.R. No. \_\_\_\_\_ Amount P **402,457.77**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			<b>BALANCE FORWARDED</b>		6,880,582.80 vvvvvvvvvv
			***Page 4 of 4*** ***Nothing Follows***		(Six Million Eight Hundred Eighty Thousand Five Hundred Eighty Two Pesos & 80/100 Only)
			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.		

**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** *mgf 1/10/24*

FUNDS AVAILABLE: **₱ 6,880,582.80** Attachments:  
 P.R. No. **PHAR-2024-001-GF**  
 Abstract of Canvass/Bids  
 Canvass Sheet/Tender of Bids  
 Notarized Certification of Exclusive Distributor  
 Justification  
 Others **BAC RESO # R2024-00-010/NOA-2024-001-013/NTP-PROC-2024-056**

LEA M. VILLALOBOS, CPA, MBA  
 Chief Accountant

APPROVED:  
 for **SONIA B. GONZALEZ, MD, MScHSM, MPM**  
 Executive Director

**TOTAL AMOUNT P 6,880,582.80**

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 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.

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

Quezon Avenue, Quezon City 1100  
website: [www.pcmc.gov.ph](http://www.pcmc.gov.ph) email: [officeofthedirector@pcmc.gov.ph](mailto:officeofthedirector@pcmc.gov.ph)  
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

**NOTICE TO PROCEED  
NTP-PROC-2024-056**

January 10, 2024


**METRO DRUG, INC. JV WITH INTERPHARMA HOLDINGS & MANAGEMENT CORP.**

Sta. Rosa Estate, Brgy. Macablang,  
Sta. Rosa, Laguna  
Tel. No.: 0917-853-9770

Sir/Madam:

This is to inform you that Purchase Order No. 76153/76154 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.

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

CONFORME:  
Received Original

\_\_\_\_\_  
Signature Over Printed Name  
Authorized Representative  
Date: \_\_\_\_\_