



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 76154**  
**FOR SUPPLIES OR EQUIPMENT** 76154  
 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 **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: LETTER OF CREDIT BP1

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	400	tab	Aripiprazole 10 mg tab <b>"BISOZA 10"</b> 10mg Tablet 100's [ZYDUS LIFESCIENCES LIMITED]	39.00	15,600.00 ✓
2	750	tab	Atorvastatin 20mg tab blister/foil pack <b>"LIPEND 20"</b> 20mg Film-Coated Tablet [ENDURANCE HEALTHCARE LTD.]	5.83	4,372.50 ✓
3	1,500	neb	Budesonide Resp soln 250mcg/mL, 2mL (unit dose) <b>"BRECORT"</b> 250mcg/mL(500mcg/2mL) Suspension for Nebulization 35's [AHLCON PARENTERALS(INDIA LIMITED)]	29.35	44,025.00 ✓
4	50	pfs	Enoxaparin Sod prefilled syringe 100mg/mL, 0.4mL (SC) <b>"LOMOH-40"</b> 40mg/0.4 mL Solution for Injection(S.C.) 1's [EMCURE PHARMACEUTICALS LTD.]	358.00	17,900.00 ✓
5	500	tab	Escitalopram 10 mg tab <b>"LEXDIN"</b> 10mg Film-Coated Tablet 30's [SYDENHAM LABORATORIES, INC.]	8.37	4,185.00 ✓
6	3,000	vl	Heparin Sod (unfractionated) vl 1000IU/mL, 5mL (IV,SC) <b>"SAKARIN 5000"</b> 1000 IU/mL Solution for Injection(IV/SC) 1's [SAKAR HEALTHCARE PVT.LTD.]	88.00	264,000.00 ✓
7	40	vl	Insulin Glargine 100 IU/mL, 10 mL vial <b>"LANTUS"</b> 100 Units/mL(3.64 mg Insulin glargine equivalent to 100 Units Human Insulin) Solution for Injection(SC) 1's [SANOFI-AVENTIS DEUTSCHLAND GMBH]	1,497.00	59,880.00 ✓
8	10,000	tab	Lamotrigin 50mg tablet <b>"LAMICDIN"</b> 50mg Tablet 30's [XL LABORATORIES PVT.,LTD]	5.25	52,500.00 ✓
***Page 1 of 3*** <b>VAT-EXEMPT</b>					462,462.50 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





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 **76154**  
 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 **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 \_\_\_\_\_

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
9	800	tab	<b>BALANCE FORWARDED</b> Methyldopa tab 250mg blister/foil pack <b>"DOMEPA"</b> 250mg Film-Coated Tablet 100's [DOMESCO MEDICAL IMPORT EXPORT-JOINT-STOCK CORPORATION]	9.00	462,462.50 7,200.00
10	3,700	tab	Olanzapine tab 10mg blister/foil pack <b>"OLANDUS 10"</b> 10mg Film-Coated Tablet 100's [CADILA HEALTHCARE LIMITED]	2.98	11,026.00
11	30	vl	Paclitaxel 6mg/mL 17mL (IV) vl with Infusion set <b>"PACLITERO"</b> 6mg/mL Solution for I.V Infusion 1's [HETERO LABS LIMITED]	975.00	29,250.00
12	2,000	tab	Potassium (as citrate) 10 mEq tablet <b>"POSITATE"</b> 1080mg Extended-Release Tablet 30's [COOPER PHARMA LIMITED]	7.58	15,160.00
13	7,500	tab	Risperidone tab 1mg blister/foil pack <b>"ASPIDON"</b> 1mg Film-Coated Tablet 50's [TORRENT PHARMACEUTICALS LTD.]	6.45	48,375.00
14	4,000	tab	Risperidone tab 2mg blister/foil pack <b>"RISPONZ 2"</b> 2mg Film-Coated Tablet 10's [CADILA HEALTHCARE LIMITED]	4.48	17,920.00
15	800	tab	Sevelamer Carbonate 800mg powder for suspension <b>"RENVELA"</b> 800mg Powder for Oral Suspension 90's [GENZYME IRELAND LIMITED]	34.63	27,704.00
16	7,500	tab	Sevelamer Carbonate 800mg tablet <b>"RENVELA"</b> 800mg Tablet 30's [GENZYME IRELAND LIMITED]	34.63	259,725.00
17	4,750	vl	Vancomycin HCl vl 500mg (IV) <b>"STAVANCE"</b> 500mg Lyophilized Powder for IV Infusion 1's [ASPIRO PHARMA LIMITED]	61.00	289,750.00
***Page 2 of 3*** <b>VAT-EXEMPT</b>					1,168,572.50 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





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** **76154**  
 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 **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 Other Terms: **LETTER OF CREDIT- 6PI**  
 Performance Security Posted:  Surety Bond No. \_\_\_\_\_  
 Cash / Cashier's / Manager's Check No. \_\_\_\_\_  
 PCMC O.R. No. \_\_\_\_\_ Amount P **402,457.77**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			<b>BALANCE FORWARDED</b>		<b>1,168,572.50</b>
			***Page 3 of 3*** ***Nothing Follows***  Conforme to the attached Terms of Reference For the use of Pharmacy Division (CY-2024) <b>To be sourced from COB</b> <b>All deliveries shall have at least One (1) year expiration period.</b>  <b>VAT-EXEMPT</b>		vvvvvvvvvv (One Million One Hundred Sixty Eight Thousand Five Hundred Seventy Two Pesos & 50/100 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 mgf, 1/10/24**

FUNDS AVAILABLE: **1,168,572.50**  
**LEA M. VILLALOBOS, CPA, MBA**  
 Chief Accountant

APPROVED:  
**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-2024-001-013**  
**NTP-PROC-2024-056**

**TOTAL AMOUNT P 1,168,572.50**

**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](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. Macabling,  
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: \_\_\_\_\_