



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 76167**  
 FOR SUPPLIES OR EQUIPMENT **76167**  
 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 **ZUELLIG PHARMA CORP. JVA INTERPHIL LABORATORIES INC.**  
 Address: **KM 14 West Service Road SSH Corner Edison Avenue, Brgy. Sun Valley, Parañaque City**  
 Tel. No. (02) 908-2222; Fax No. (02) 325-0641  
 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. **02026520314070**  
 Cash / Cashier's / Manager's Check No. \_\_\_\_\_  
 PCMC O.R. No. \_\_\_\_\_ Amount P **765,835.77**  
 Other Terms: **LETTER OF CREDIT - BPI**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	1,500	amp	Acetylcysteine Efferv tab 600mg foil pack/tablet "ACC" Effervescent Tablet 10's [Hermes Arzneimittel GmbH]	14.75	22,125.00
2	750	vl	Aciclovir Sod vl 25mg/mL, 10mL (IV inf) "Zovirax" 250mg Powder for Intravenous (IV) Infusion 10ml 5's [GlaxoSmithKline Manufacturing S.P.A.]	215.04	161,280.00
3	90	vl	Beractant 25mg/mL, 4mL vl "Survanta" Suspension for Intratracheal Administration 4ml 1's [Abbvie, Inc.]	11,921.15	1,072,903.50
4	10	vl	Beractant 25mg/mL, 8mL vl "Survanta" Suspension for Intratracheal Administration 8ml 1's [Abbvie, Inc.]	15,776.53	157,765.30
5	130	amp	Carboprost amp 250 mcg/mL, 1 mL (IM) "Evaprost" (as 250mcg/ml) Solution for Intramuscular Injection 1ml 10's [Celon Laboratories Private Limited]	412.50	53,625.00
6	11,300	tab	Cetirizine Dihydrochloride tab 10mg blister/foil pack "Virlix" (Dihcl) 10mg Tablet 50's [UCB Farchim SA]	4.18	47,234.00
7	300	bt	Chlorhexidine solution 0.12%, 120mL "Orahex" 0.12 Oral Rinse 120ml 1's [Pharmahex, Inc.]	109.33	32,799.00
8	800	amp	Clindamycin PO4 amp 150mg/mL 4mL (IM,IV) "Dalacin C" (as phosphate) 150mg/ml (600mg/4ml) Solution for Injection (IV/IM) 4ml 1's [Pfizer Manufacturing Belgium NV]	83.02	66,416.00
9	600	bt	Co-amoxiclav susp bt 457mg/5mL, 70mL "Augmentin" 457mg/5ml Powder for Oral Suspension 70ml 1's [Glaxo Wellcome Production]	182.19	109,314.00
10	750	tab	Deferasirox 180 mg tablet "Jadenu" 180mg Film-Coated Tablet 30's [Sandoz S.R.L.]	493.40	370,050.00
***Page 1 of 4***					2,093,511.80 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





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 FOR SUPPLIES OR EQUIPMENT  
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 MODE OF PROCUREMENT  
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 Address: **KM 14 West Service Road SSH Corner Edison Avenue, Brgy. Sun Valley, Parañaque City**  
 Tel. No. (02) 908-2222; Fax No. (02) 325-0641  
 Department/Office/Division/Section/Unit where delivery: \_\_\_\_\_ Delivery period: 7 working days Other Terms: \_\_\_\_\_  
 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 \_\_\_\_\_

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			<b>BALANCE FORWARDED</b>		<b>2,093,511.80</b>
11	1,160	tab	Deferasirox 250mg dispersible tablet " <b>Exjade</b> " 250mg Dispersible Tablet 28's [Sandoz S.R.L]	493.39	572,332.40
12	750	tab	Deferasirox 90 mg tablet " <b>Jadenu</b> " 90mg Film-Coated Tablet 30's [Sandoz S.R.L]	246.70	185,025.00
13	1,500	vl	Deferoxamine Mesilate vl 500mg (IV,IM, SC,IV inf) " <b>Desferal</b> " (mesilate) 500mg Powder for Injection (IM/IV/SC) 10's [Wasserburger Arzneimittelwerk GmbH]	183.32	274,980.00
14	300	vl	Ertapenem 1g vl " <b>Invanz</b> " 1g Powder for Injection (IM/IV) 1's [FAREVA Mirabel]	2,144.00	643,200.00
15	2,000	vl	Fluconazole vl 2mg/mL, 100mL (IV inf) " <b>Diflucan</b> " 2mg/ml Solution for Injection (IV) 100ml 1's [Fareva Amboisea Zone Industrielle]	450.00	900,000.00
16	80	syr	Gadobutrol 1.0 mmol/mL, 5 mL Pre-filled syringe " <b>Gadovist</b> " 1mmol/ml (equivalent to 604.72mg/ml) Solution for Intravenous Infusion 5ml 1's [Bayer AG]	2,000.00	160,000.00
17	960	vl	Hydrocortisone Sod Succ powd vl 100mg (IT,IM,IV) drypack " <b>Solu-Cortef</b> " (as sodium succinate) 100mg Sterile Powder for Injection (IM/IV) 1's [Pharmacia anf Upjohn Company LLC]	95.00	91,200.00
18	648	vl	Hydrocortisone Sod Succ vl 250mg/2mL, w/ 2mL diluent (IV/IT) " <b>Solu-Cortef</b> " (as sodium succinate) 250mg/2ml Sterile powder for Injection (IM/IV) 2ml 1's [Pharmacia anf Upjohn Company LLC]	245.00	158,760.00
19	1,700	vl	Levetiracetam 100mg/mL, 5mL vl concentrate solution of IV " <b>Pfizer</b> " Levetiracetam 100mg/ml concentrate for Solution for IV Infusion 5ml 1's [Gland Pharma Limited]	401.00	681,700.00
***Page 2 of 4***					<b>5,760,709.20</b> 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**

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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>		5,760,709.20
20	300	tab	Linezolid 600mg tablet " <b>Zyvox</b> " Film-coated Tablet 10's [Pfizer Pharmaceuticals LLC]	1,025.00	307,500.00
21	350	vl	Methylprednisolone Sod Succ vl 500mg/7.7mL+diluent (IV) " <b>Solu-Medrol</b> " (as sodium succinate) 500mg Powder for Injection (IM/IV) 8ml 1's [Pharmacia anf Upjohn Company LLC]	1,100.00	385,000.00
22	150	pfs/vial	Pneumococcal Conjugate Vaccine 13-valent, 0.5mL pfs/vial (I) " <b>Prevenar 13</b> " Suspension for Injection (IM) 0.5ml 1's [Pfizer Ireland Pharmaceuticals]	2,800.00	420,000.00
23	200	pc	Salbutamol Inhaler 100mcg x 200 dose " <b>Ventolin</b> " Inhaler 100mcg/actuation Metered Dose Inhaler 200 doses 1's [Glaxo Wellcome S.A.]	98.75	19,750.00
24	300	bt	Sevoflurane inhalation bt 250mL " <b>Sevorane</b> " 100% Liquid for Inhalation (Wet Formulation) 250ml 1's [AbbVie S.r.L.]	9,000.00	2,700,000.00
25	3,000	vl	Sodium Bicarbonate vl 1mEq/mL, 50mL (IV int) " <b>Pfizer</b> " Sodium Bicarbonate 8.4% (84mg/ml) Solution for Injection (IV) 50ml 1's [Hospira Inc.]	108.00	324,000.00
26	560	vl	Sugammadex 100mg/mL, 2mL vial " <b>Bridion</b> " 100mg/ml Solution for Injection (IV) 2ml 10's [Patheon Manufacturing Services LLC]	5,257.00	2,943,920.00
27	50	tbe	Tobramycin 0.3% + Dexamethasone 0.1% 3.5g oint " <b>Tobradex</b> " 3mg/1mg per g sterile Ophthalmic Ointment 3.5g 1's [Alcon-Couvreur NV]	520.00	26,000.00
28	50	tbe	Tobramycin Eye Oint tbe 0.3% 3.5g " <b>Tobrex</b> " 3mg/g (0.3%) Sterile Ophthalmic Ointment 3.5mg 1's [Alcon Cusi, SA]	429.90	21,495.00
***Page 3 of 4***					12,908,374.20 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 _____	

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**FOR SUPPLIES OR EQUIPMENT**  
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 MODE OF PROCUREMENT  
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 Is to be made: **Supply & Property Section** Performance Security Posted:  Surety Bond No. **02026520314040**  
 Location: **Ground Floor, PCMC Bldg.**  Cash / Cashier's / Manager's Check No. \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_ PCMC O.R. No. \_\_\_\_\_ Amount P **765,835.77**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
29	100	vl	<b>BALANCE FORWARDED</b> Vaccine, Rabies Vero Cell vl 2.5 IU/monodose + dil (IM) <b>"Verorab" 2.5 IU/0.5ml Powder for Suspension for Injection (ID/IM) 0.5ml 1's [Sanofi Pasteur SA]</b>  ***Page 4 of 4*** ***Nothing Follows***  Conforms 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>	1,302.00	12,908,374.20 130,200.00 <b>13,038,574.20</b> vvvvvvvvvv (Thirteen Million Thirty Eight Thousand Five Hundred Seventy Four Pesos & 20/100 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** *mgd 1/18/24* **TOTAL AMOUNT P, 13,038,574.20**

FUNDS AVAILABLE: **₱ 13,038,574.20** 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-2024-001-022/NTP-PROC-2024-065**

APPROVED:  
**LEA M. VILLALOBOS, CPA, MBA**  
 Chief Accountant  
**SONIA B. GONZALEZ, MD, MSChSM, MPM**  
 Executive Director

**CERTIFICATION**  
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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-2024-065**

January 10, 2024



**ZUELLIG PHARMA CORP. JVA INTERPHIL LABORATORIES INC.**

KM 14 West Service Road SSH Corner Edison Avenue,  
Brgy. Sun Valley, Parañaque City  
Tel. No. (02) 908-2222  
Fax No. (02) 325-0641

Sir/Madam:

This is to inform you that Purchase Order No. 76167/76168 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.

  
**SONIA B. GONZALEZ, MD, MSChSM, MPM**  
Executive Director 

CONFORME:  
Received Original

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

