

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

PURCH	ASE ORDER	Na	76172
FOR SU	PPLIES OR EQUIPME	ENT	7617
P. R. NO	PHAR-2024-002-GF	Dated:	10/09/2023
MODE	OF PROCUREMENT PUBLIC BIDDING		
CS No.		AC No	
DATE C	F P.O. JANUARY 10,	2024	

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			GENZEN PHARMA	CEUTICAL TRADIN	IG			
Address			ongos Calumpit, Bulacan		1			
			3645930 / 044-812-8355	D.1: 1.7 1	1	O41 T Ph	Warnen the fort and	
			ion/Unit where delivery	Delivery period: 7 work		Other Terms: 54	NK CHMANTEE - EYST WEM No. 454-540-24-00012	
Is to be		upply & Prop		Performance Security P			NO. 454-540 27 90072	
Location: Ground Floor, PCMC Bldg. Special Instructions			PCMC Bldg.	Cash / Cashier's / Manager's Check No. PCMC O.R. No. Amount P 36, 556.50				
Specia	Instructions	- 0		PCIVIC O.R. No		Amount 1 Jul	284. 14	
Item No.	QTY.	UNIT	A	RTICLES		UNIT COST	TOTAL COST	
1	400	amp	Dopamine HCl amp 40mg USP Type I amber glass [Troikaa Pharmaceutica	ampoule x 5 mL (Box of .		41.00	16,400.00	
2	6,000	amp	Furosemide amp 10mg/mL, 2mL (IM,IV) "Lazimed" Brown Low Borosilicate Glass Ampoule x 2 mL (net content). Box of 10's [Furen Pharmaceutical Group Co., Ltd.]					
3	3,000	tab	Furosemide tab 40mg bli Alu/Clear PVC Blister Pa	ster/foil pack "Fusedex" ack x 20's (Box of 100's)	,	0.98	2,940.00	
5	800	amp	[Drugmaker's Laboratories, Inc.] Hydralazine HCl amp 20mg/mL, 1mL (IM,IV) "Sapharin" 1 mL USP Type I amber ampoule with purple ring in transparent plastic tray (Box of 10's)[Kilitech Drugs (India) Ltd.]				24,000.00	
6	7,500	tab	Metoprolol Tartrate tab 5	50mg blister/foil pack "P	rometin"	2.50	18,750.00	
-	.,			Blister Pack x 10's (Box o			122,090.00	
			[Sapphire Lifesciences P	vt. Ltd.]			vvvvvvvvvv	
			Nothing	Follows		(One Hundred T		
. %		7.	Conforme to the attach			Thousand Ninet	y Pesos Only)	
			For the use of Pharma					
			To be source					
		All de	eliveries shall have at least		period.			
			VAT-EX	CEMPT			Teat .	
			sfactory Deliveries: the cost of unperformed portion	for augustav of dalay		instructions & con ed Delivery/Payr		
		and the second of the second	d damages reaches 10% of the amo			will take effect		
			nate the contract, without prejudic			onfimation of Qu		
	-	lable under the		e to other courses or		s within 7 working da		
			parties, through alternative mode	of procurement; and	Delivery Con			
			nance security equal to 5% of the u		4.PCMC has	the right to reject or	cancel any items	
		- P.	1 × 1		in this PO fo	r justifiable and reas	onable ground	
					where the av	ward will not benefit	the Government	
			J. 4. J. 41	let a least to	5. Terms and	conditions specified	on Notice of Award.	
/	MA	1.5				F		
		- 02- 03-0	ng 1/19/24		TOTAL	AMOUNT P	, 122,090.00	
LEA M. VILLALOBOS, CPA, MBA				f Canvass/Bids tod		CERTIFICATION This is to certify that I received day the copy of this Purchase rder, and held the Company		
☐ Notarized C APPROVED: Exclusive I ☐ Justification				Certification of Distributor	bound of the applic	bound by the terms and stipulation of the contract and other laws applicable. (Signature over printed name)		
SONIA B. GONZALEZ, MD, MScHSM, MPM				AC RESO # R2024-00-023 IOA-2024-012-003 TP-PROC-2024-068				
					Date	e:		
Distrib		hite (Origina ellow (Duplic	al) - Attachment to pay cate) - Procurement	ment	Pin	ık - Supply aı	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-2024-068

January 10, 2024

GENZEN PHARMACEUTICAL TRADING

890 Purok 4,

Longos Calumpit, Bulacan

Tel. No.: 09503645930 / 044-812-8355

	Sir/Madam:
	This is to inform you that Purchase Order No
	You may now proceed with the delivery of items listed in the attached Purchase Order within <u>seven (7) working days</u> from receipt of this notice and/or Delivery Order Slip for Staggered Delivery.
٨	SONIA B. GONZALEZ, MD, MScHSM, MPM Executive Director
	CONFORME: Received Original
	Signature Over Printed Name
	Authorized Representative

Date: _____