



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 **76803** **76803**
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. **PHAR-2024-008-GF** Dated **2/19/2024**
 MODE OF PROCUREMENT
PUBLIC BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. **June 18, 2024**

TO: Supplier/Dealer Contact **ZUELLIG PHARMA CORP. JV with 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: _____ 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: _____ Cash / Cashier's / Manager's Check No. _____
 Special Instructions: **Ground Floor, PCMC Bldg.** PCMC O.R. No. _____ Amount P **695,251.26**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	60 ✓	vl	Beractant 25mg/mL, 4mL vl Survanta 25mg/ml Suspension for Intratracheal Administration 4ml 1's [Abbvie, Inc.]	11,921.55	715,293.00
2	30 ✓	vl	Beractant 25mg/mL, 8mL vl Survanta 25mg/ml Suspension for Intratracheal Administration 8ml 1's [Abbvie, Inc.]	15,776.53	473,295.90
3	50 ✓	pc	Budesonide+Formoterol 160/4.5mcg, 120doses MDI Symbicort Rapihaler 160mcg/4.5mcg per actuation Inhalation Suspension for Inhalation) 120 actuations 1's [AstraZeneca Dunkerque Production]	758.39	37,919.50
4	50 ✓	pc	Budesonide+Formoterol 80/4.5mcg, 120doses MDI Symbicort Rapihaler 80mcg/4.5mcg per Actuation Inhalation Aerosol (Pressurized Suspension for Inhalation) 120 [AstraZeneca Dunkerque Production]	622.47	31,123.50
5	4,820 ✓	tab	Deferasirox 250mg dispersible tablet Exjade 250mg Dispersible Tablet 28's [Sandoz S.R.L.]	493.39	2,378,139.80
6	40 ✓	vl	Immunoglobulin, Tetanus vl 250U/mL 1mL (IM) Tetagam P 250IU (100mg to 170mg)/ml Solution for Injection (IM) 1ml 1's [CSL Behring GmbH]	810.40	32,416.00
7	300 ✓	pfs	Influenza Polyvalent Vaccine 0.5mL prefilled syringe Vaxigrip Tetra Suspension for Injection (IM/SC) 0.5ml 1's [Sanofi Pasteur]	550.00	165,000.00
8	5,125 ✓	pc	Ipratropium Bromide+Salbutamol resp soln 500mcg+2.5mg, 2.5mLMultivent 500mcg/2.5mg Solution for Inhalation, 2.5ml 35's [Ahlcon]	20.00	102,500.00
9	370 ✓	scht	Mesalazine 1.5 g gastro-resistance PR granules, Salofalk 1.5g per sachet gastro-resistant 2.79g 35's [Losan Pharma GmbH]	155.81	57,649.70
10	4,000 ✓	tab	Mesalazine 500mg tab EC Salofalk 500mg enteric-coated Tablet 100's [64.79	259,160.00

Funding Code _____ *- page 1 of 3 -*

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 4,252,497.40

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
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PURCHASE ORDER
 FOR SUPPLIES OR EQUIPMENT
PHAR-2024-008-GT
 P. R. NO. _____ Dated: **2/19/2024**
 MODE **PUBLIC BIDDING**

76803
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CS No. **June 18, 2024** AC No. _____
 DATE OF P.O. _____

TO: Supplier/Dealer Contractor **ZUELLIG PHARMA CORP. JV with INTERPHIL LABORATORIES INC.**
 Address: **KM 14 West Service Road SSH Corner Edison Avenue, Brgy. Sun Valley, Parañaque City**
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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. _____ Other Terms: **LETTER OF CREDIT (LOCI)**
 Amount P **695,251.26**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			Balance forwarded		4,252,497.40
11	10,000 ✓	dur	Potassium Chloride durules 750mg equiv to approx 10mEq Kalium Durules 750mg Sustained-Release Tablet 100's [Interphil Laboratories, Inc.]	24.42	244,200.00
12	200 ✓	bt	Sevoflurane inhalation bt 250mL Sevorane 100% Liquid for Inhalation (Wet Formulation) 250ml 1's [Abbvie S.r.L.]	9,350.00	1,870,000.00
13	350 ✓	vl	Sugammadex 100mg/mL, 2mL vial Bridion 100mg/ml Solution for Injection (IV) 2ml 10's [Patheon Manufacturing Services, LLC]	5,257.00	1,839,950.00
14	50 ✓	tbe	Tobramycin 0.3% + Dexamethasone 0.1% 3.5g oint Tobradex 3mg/1mg per g sterile ophthalmic Ointment 3.5G 1's [Alcon-Couvreur NV]	520.00	26,000.00
15	6,300 ✓	cap	Ursodeoxycholic Acid cap 250mg blister/foil pack Ursofalk 250mg capsule 60's [Losan Pharma GmbH]	33.81	213,003.00
16	100 ✓	vl	Vaccine, Rabies Vero Cell vl 2.5 IU/monodose + dil (IM) Verorab 2.5IU/0.5ml Powder for Suspension for Injection (ID/IM) 0.5ml 1's [Sanofi Pasteur SA]	1,302.00	130,200.00

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Funding Code _____

TOTAL AMOUNT P 8,575,850.40

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
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 Quezon Ave. Quezon City
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PURCHASE ORDER **76803 76803**
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. **PHAR-2024-008-GF** Dated: **2/19/2024**
 MODE OF PROCUREMENT
PUBLIC BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. **June 18, 2024**

TO: Supplier/Dealer Contractor **ZUELLIG PHARMA CORP. JV with 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

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:

Cash / Cashier's / Manager's Check No.

Special Instructions: **Ground Floor, PCMC Bldg.**

PCMC O.R. No.

Amount P **6,952,251.26**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			Balance Forwarded		8,575,850.40
17	9,000	bt	Valproic Acid syr bt 250mg/5mL, 120mL Depakene 250mg/5ml syrup 120ml 1's [P.T. Abbott Indonesia]	345.46	3,109,140.00
<p>***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.</p>					
					11,684,990.40 vvvvvvvv
					Eleven Million Six Hundred Eighty Four Thousand Nine Hundred Ninety Pesos and 40/100 only

Penalty Clause for Delayed or Unsatisfactory Deliveries:

- 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.
- Excess in price, if procured from third parties, through alternative mode of procurement; and
- In case of bidding, forfeiture of performance security equal to 5% of the undelivered item/s.

Additional Instructions & conditions:

- Staggered Delivery/Payment**
- Delivery will take effect upon receipt of Delivery Confirmation of Quantity/Date**
- Delivery is within 7 working days upon receipt of Delivery Confirmation
- 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
- Terms and conditions specified on Notice of Award.

Funding Code **5-62-02-072**

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mag 6/21

FUNDS AVAILABLE: **₱ 11,684,990.40**

Attachments:

- P.R. **PHAR-2024-008-GF / 001 GF**
- Abstract of Canvass/Bids
- Canvass Sheet/Tender of Bids
- Notarized Certification of Exclusive Distributor
- Justification
- Others **BAC RESO # R2024-06-300**
- NOA-2024-081-021**
- NTP-PROC-2024-213**

LEA M. VILLALOBOS, CPA, DBA
 Chief Accountant

APPROVED:
SONIA B. GONZALEZ, MD, MSChSM, MPM

Executive Director

TOTAL AMOUNT P 11,684,990.40

CERTIFICATION

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(Signature over printed name)

Date: _____

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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-2024-213

June 18, 2024

**ZUELLIG PHARMA CORP.
JV with 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. **76803/76804** as a result of Public Bidding for the Procurement of Various Pharmaceutical Supplies 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: _____

