

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 ORI			8 0	9
	10-2024-35	Dated: _	03/26	/2024
CS No DATE OF P.O.	JUNE 18,	AC No. 2024		

TO: Sur Address		Contractor 1468 Lantii	FAS D	DIAGNOST o Manila; Tel.	IC G	(02) 8249-8660 to 64		1. VI		
Department/Office/Division/Section/Unit where delivery Is to be made: Materials Management Division Location: Ground Floor, PCMC Bldg. Special Instructions					<u>s lji</u>	Delivery period: 7 working days Performance Security Posted: Cash / Cashier's / Manager's Check No. PCMC O.R. No. Amount P 160, 992.00				
Item No.	QTY.	UNIT	i de la companya de l	with a second	A	RTICLES		UNIT COST	TOTAL COST	
neili No.	QTT.	One (1) Installa Antimicrol Brand: QIA I. Specificati 1.) 2.) 3.) 4.) 5.) II. Accessori 1.) 2.) III. Consum 1.) 2.)	GEN . One sam Sample in Automat Operating Electrical Voltage: Frequent Fuse: 25 Power of Touchson Barcode Instrument Dimensi Weight: Module: Compating Per Uninstrument High-entables to be 72 pcs. 172 pcs. 172 pcs. 172 pcs. 1	int Genes for Gas- inple capacitation time applic analysis ing temperation and the supply: 100-240 Vey: 50-60 He for 100 Consumption areader for ent footpring ons (WxHs 16 kg) 16 kg 16 kg 16 kg 16 kg 16 kg 16 kg 17 kg 18 kg 19 kg 19 kg 10 kg 10 kg 10 kg 11 kg 11 kg 12 kg 13 kg 14 kg 15 kg 16 kg 16 kg 17 kg 18 k	y of g of a rone troil by with ure: VAC Hz An: 30 by for patients: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	supplies and consumables Automated PCR Test Mack (1) year for Respiratory intestinal Panel (th 200 to 300 microlite (timately 60 minutes (th end-of-run interpretive (15-30°C) (ers samp reports	gent Tie-Up Agr ntification of Pa ningnitis/Enceph le value	eement with thogens and	
- page	1 of 3 page	3.)		Liquid carr Transfer pi		air medium				
/mrpe		7.)	12 pcs.	Tailster pr	peu			ar .		
Funding	g Code	Del II Presidenti di S	Line Calum	e , maghy	ento)	No. 1 Table	TOTAL	AMOUNT P	-	
LEA M APPRO	S AVAILALOBO Chief Acco	OS, DBA, CPA ountant	SM, MPM	☐ Canvas	oct of ss Sl zed (cive leation)	PATHO-2024-35 Canvass/Bids neet/Tender of Bids Certification of Distributor n BAC RES # R2024-06-310 NTP-PROC-2024-214 NOA-2024-083	This is today Order, bound of the applica	CERTIFICATES to certify the copy of and held to by the terms a contract and ble.	hat I received this Purchase he Company and stipulation d other laws	
Distrib		hite (Original		achment to	payı	ment	Pinl	c - Supply as	nd Property	



Yellow (Duplicate) - Procurement

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 ORI	76809		
	0-2024-35		03/26/2024
CS No DATE OF P.O	JUNE 18, 2	AC No.	

TO: Su Addres	pplier/Dealer	Contractor_ 1468 Lanti		Manila; Tel. No.	GROUP INC. : (02) 8249-8660 to 64				
Department/Office/Division/Section/Unit where delivery Is to be made: Materials Management Division Location: Ground Floor, PCMC Bldg. Special Instructions					Delivery period: 7 working days Performance Security Posted: Cash / Cashier's / Manager's Check No. PCMC O.R. No. Amount P				
Item No.	QTY.	UNIT		A	ARTICLES	_	UNIT COST	TOTAL COST	
		Installa	tion and Cor	mmissioning of	supplies and consumables Automated PCR Test Mac	hine for Ide	ntification of Pat	hogens and	
		Antimicro	biai Kesistan	Gastroint	e (1) year for Respiratory estinal Panel V	Panel, Men	inginitis/ Encephie	illus Pallel allu	
1	12	kits _	cartrida - Trans	ges per kit (No. fer Pipette (kitt			26,970.00	323,640.00	
				rsal Transport charyngeal Swa			20.47		
2	3	kits	Meningit litis Par	is/Encephalitis	Panel QIAGEN/Meningiti or cartridges per kit (No.		45,000.00	135,000.00	
, Y		(-	- Trans	fer Pipette (kitt				70.000.00	
3	2	kits			RIAGEN/Gastrointestinal F es per kit (No. of target p		39,000.00	78,000.00 536,640.00 vvvvvvvvvvvvv	
		6	- Trans	fer Pipette (kiti I CaryBlair	ted)			hirty six thousand ty pesos only)	
		Total No. of T needed:	> 72 test - > 18 test -	Respiratory Pa	cephalitis Panel	3 all supplies	and consumable	es	
			8 L						
- page /mrpe	2 of 3 pages	5		i - Pilo					
Fundin	g Code					TOTAL	AMOUNT P	536,640.00	
FUND	S AVAILA	BLE:		Attachments:		This i	CERTIFICAT s to certify th		
LEA M	Chief Acco	ountant	-	☐ Canvass S	of Canvass/Bids Cheet/Tender of Bids Certification of	Order, bound	the copy of t and held th by the terms a	ne Company nd stipulation	
APPR(OVED:			Exclusive Justification WOthers	Distributor on BAC RES # R2024-06-310	applica	contract and ble.	l other laws	
SONIA B. GONZALEZ, MD, MScHSM, MPM Executive Director			9	NTP-PROC-2024-214 NOA-2024-083	(Si	(Signature over printed name) Date:			

Pink - Supply and Property



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Fax no.: 85889997 • e-mail: pcmcproc@gmail.com

PURCHASE OR		76809			
FOR SUPPLIES P. R. NO. PATH MODE OF PRO	10-2024-35		03/26/2024		
CS No	JUNE 18, 2	024 AC No			

		and no obodyyyy	air. pemeproe@gma	DATE OF P.O	JUNE 1	8, 2024	
TO: Sup	oplier/Dealer	Contractor	S DIAGNOSTIC (Paco Manila; Tel. No.	GROUP INC. : (02) 8249-8660 to 64	31 37 57 3	10 3 2	
Is to be Location	made:M	Division/Section/Unit laterials Management round Floor, PCMC Blo	Division	Delivery period: 7 works Performance Security Po Cash / Cashier's / Ma PCMC O.R. No.	osted: [mager's Chec	Other Terms: Surety Bond k No. Amount P	No
Item No.	QTY.	UNIT		ARTICLES	- Parket State of Sta	UNIT COST	TOTAL COST
		Installation and Antimicrobial Resis *C ****	Commissioning of tant Genes for one Gastro onforme to the attactive ************************************	supplies and consumables of Automated PCR Test Mache (1) year for Respiratory For Intestinal Panel (1) ched Terms of Reference* g follows ************************************	ine for Identi Panel, Mening	fication of Path	ogens and
1. One-ten Once the courter the Procuraction and 2. Excess in	oth (1/10) of one of the cumulative amounting Entity may red remedies available price, if procurr	ed or Unsatisfactory Deliver percent (1%) of the cost of unit of liquidated damages read scind or terminate the contra- ble under the circumstances. ed from third parties, througure of performance security	nperformed portion for either 10% of the amount of act, without prejudice to ghard alternative mode of pr	of the contract, other courses of rocurement; and	1. Staggered De 2. Delivery will in Delivery Confirm 3. Delivery is wind Delivery Confirm 4.PCMC has the in this PO for just where the award	take effect upon rec ation of Quantity/D thin 7 working days	eipt of ate upon receipt of acel any items ble ground Government
/mrpe	of 3 pages	02 -03-040 M	L, C/24		TOTALA	MOUNT P	536,640.00
LEA M. VILLALOBOS, DBA, CPA Chief Accountant APPROVED:			■ P.R. No. ■ Abstract of □ Canvass S □ Notarized Exclusive □ Justification	of Canvass/Bids Sheet/Tender of Bids Certification of Distributor	CERTIFICATION This is to certify that I receive today the copy of this Purchas Order, and held the Compan bound by the terms and stipulation of the contract and other law applicable. (Signature over printed name) Date: 4/24/2014		

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 email: officeofthedirector@pcmc.gov.ph
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE TO PROCEED NTP-PROC-2024-214

June 18, 2024

FAS DIAGNOSTIC GROUP INC.

1468 Lantin Street, Paco Manila Tel. No.: (02) 8249-8660 to 64

Sir/Madam:

This is to inform you that Purchase Order No. <u>76809</u> as a result of <u>Public Bidding</u> for the Procurement of <u>One (1) Lot Supply and Delivery of supplies and consumables under Reagent Tie - up Agreement with Installation and Commissioning of Automated PCR Test Machine for Identification of Pathogens and Antimicrobial Resistant Genes for one (1) year for Respiratory Panel, Meningitis/Encephalitis Panel and Gastrointestinal Panel has been approved.</u>

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: June 24, 2014

