



Republic of the Philippines  
**PHILIPPINE CHILDREN'S MEDICAL CENTER**  
 Quezon Avenue, Quezon City  
 Tel. No.: 8588-9900 Loc. 1329, 1330, 1331, 1332  
 Fax No.: 85889997 • E-mail: pcmcproc@gmail.com

PURCHASE ORDER: **77177**  
 Date of P.O: **2024-09-12**  
 PR NO: **CTL-2024-008** / Dated: **2024-07-17**  
 MODE OF PROCUREMENT: **Direct Contracting**  
 (50)

TO: Supplier/Dealer Contractor: **FAS DIAGNOSTIC GROUP INC.**  
 Address: **1468 Lantin St., Paco, Manila / com02@fas.ph, com07@fasdiagnosticgroup.com, jlorenzo.fas@gmail.com / 2498660 to 64**

Department/Office/Division/Section/Unit where delivery is to be made: **Materials Management Division**  
 Location: **Ground Floor, PCMC Bldg**  
 Special Instruction: \_\_\_\_\_  
 Delivery period: **7 Working Days** Other Terms: \_\_\_\_\_  
 Performance Security Posted:  
 Cash  Bank Guarantee  Security Bond  
 No: \_\_\_\_\_ Amount P: \_\_\_\_\_

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	3	bx	<b>"ADDITIONAL REAGENT FOR REAGENT TIE-UP - COAGULATION MACHINE"</b> Protein C Reagent STAGO xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx  For the use of Covid Testing Laboratory All deliveries shall have at least One (1) year expiration period	55,000.00	165,000.00

**P 165,000.00**  
 (One Hundred Sixty Five Thousand Pesos)

**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 items.

**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

Funding Code **5-02-03-080** / *mgf 9/17*  
**TOTAL AMOUNT P 165,000.00** *mr*

FUNDS AVAILABLE: **₱ 165,000.00** Attachment  
*9/17*  
**LEA M. VILLALOBOS, DBA, CPA**  
 Chief Accountant  
 APPROVED:  
**SONIA B. GONZALEZ, M.D., MSChSM, MPM**  
 Executive Director *SA* *MR* *LR*

PR No: **CTL-2024-008**  
 Abstract of Canvass/Bids:  
 BAC Resolution No: **R2024-08-471**  
 NOA No: **2024-109**  
 NTP No: **2024-262**  
 PhilGEPS Ref No:  
 AMRP No.

**CERTIFICATION**  
 This is to certify that I received today the Original 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: Original - Attachment to payment  
 Duplicate - Procurement/Materials Management Division

24-31096F



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-2024-262**

September 12, 2024

**FAS DIAGNOSTIC GROUP INC.**



1468 Lantín Street, Paco Manila

Tel. No.: (02) 8249-8660 to 64

Sir/Madam:

This is to inform you that Purchase Order No. 77177 as a result of Direct Contracting for the Procurement of Additional Reagents for RTU - Coagulation Machine 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: \_\_\_\_\_

