



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 OF AWARD
NOA-2024-110

PRIME MEDIX ENTERPRISES

Unit 525 The Hub B, One Oasis
 Ortigas Extension, Sta. Lucia
 Pasig City
 Tel No.: 2 475-6383

Dear Sir / Madam:

Please be informed that we are procuring the following services to you through Direct Contracting per RFQ (DC) 2024-071.

| Item No. | QTY | UNIT | ITEM DESCRIPTION | UNIT COST | TOTAL AMOUNT |
|----------|-----|------|--|-----------|-------------------|
| 1 | | | Supply of Tools and Materials for the Preventive Maintenance Service and Installation of the Consumable Parts Replacement for the Two (2) Units Ventilator Machine (Brand/Model: Monnal T75) at the Pulmonary Laboratory (PN: 202012-419-2616 and 202012-419-2617 - A -PULMO | | |
| | 2 | pc | Autoclavable Expiratory Valve, Monnal T75 | 12,928.00 | 25,856.00 |
| | 2 | pc | Expiratory Flow Sensor (Hotwire), Monnal T75 | 9,794.00 | 19,588.00 |
| | 2 | pc | Gold Contact, Monnal T75 | 5,075.00 | 10,150.00 |
| | 2 | kit | Maintenance Kit, T75 (Includes: Hepa-Filter, , Lip Seal, Inlet Filter and Valve Filter), Monnal T75 | 16,337.00 | 32,674.00 |
| | 2 | pc | Oxygen Cell, Monnal T75 | 11,949.00 | 23,898.00 |
| | | | Warranty : Three (3) Months under normal usage | | |
| | | | Delivery Schedule : Within seven (7) working days from receipt of Purchase Order | | |
| | | | TOTAL AMOUNT | | 112,166.00 |

Terms and Conditions :

» The supplier should render the services called for in the Purchase Order (PO) within the stated schedules upon receipt of approved PO through fax or personal received during office hours at the Procurement Division.

» PCMC has the right to reject any or all bids without offering any reason, waive any required formality and award the contract to any bidder whose proposals as evaluated by PCMC is the most advantageous to the government.

S. B. Gonzalez
SONIA B. GONZALEZ, MD MScHSM, MPM
 Executive Director *SK*

Kindly disregard and report any form of solicitation using the name of the Executive Director and/or the PCMC. These unsanctioned requests are unlawful and will not be tolerated



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Conforme:

This is to certify that the company has authorized me to accept this award, sign all related documents and hold the company bound by rules and laws applicable thereto.

I further certify that I have chosen the following mode (as checked) as the form of retention money required of us under R.A. 9184 Sec. 62.1.

- Bank Guarantee
- 1% Deduction from claims on the first payment for staggered deliveries

Authorized Signatory
(Signature over printed name)

Designation

Date

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