



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-2024-127

DISTRIBUTION SOLUTIONS PHILS., INC.

4th Floor Centermall Bldg.,
51 President's Ave., BF Homes,
Phase 1, Parañaque City
Tel. No.: 8801-2339
Email Add: fbpdevera@distriphil.com

Dear Sir / Madam:

Please be informed that we are procuring the following additional item/s under the same terms and conditions of the contract One (1) Lot Supply and Delivery of reagents/consumables under Reagent Tie-up Agreement for three (3) years for Automated Immunohaematology Analyzer through Direct Contracting per Resolution No. R2024-09-541:

QTY	UNIT	ITEM DESCRIPTION	AMOUNT	TOTAL AMOUNT
Brand: ORTHO				
9	set	6842785 Ortho Confidence (Internal Control) (30 days), 1 set good for 15 days, Ortho	7,000.00	63,000.00
8	box	6902040 Ortho BLISS (3x10ml) 150 test/10ml, 450 test/Box, Ortho	5,100.00	40,800.00
18	box	707100 ABO Reverse Grouping Cassette 400 cassettes/box, 400 tests/ Pack, Ortho BioVue	25,500.00	459,000.00
4	box	707300 AHG Polyspecific Cassette (IgG, C3d) 400 cassettes/box, 800 tests/ Pack, Ortho BioVue	35,000.00	140,000.00
2	vl	719000 Pooled Screening Cells (1x20 ml) 1000 test/box, 1000 tests/ 1 set good for 30 days, Ortho	16,000.00	32,000.00
8	box	719102 0.8 % Surgiscreen 3 cells panel (3x10 ml) 150 test/box, 150 tests/ Pack, Ortho	7,000.00	56,000.00
2	set	719402 0.8% Resolve Panel C (22x3ml) 50 test/box, 150 tests/ Pack, Ortho	9,000.00	18,000.00
2	set	719522 0.8% Resolve Panel B (11x3ml) 50 test/box, 150 tests/ Pack, Ortho	12,000.00	24,000.00
GRAND TOTAL				832,800.00

Very truly yours,

SONIA B. GONZALEZ, MD, MScHSM, MPM
Executive Director

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.



DISTRIBUTION SOLUTIONS PHILS., INC.

Reagent Tie-up Agreement for three (3) years for Automated Immunohaematology Analyzer

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