



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: 77414
 Date of P.O: **2024-10-29**
 PR NO: **PATHO-2024-48** Dated: **2024-09-26**
 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	14	box/pc	"ADDITIONAL REAGENTS FOR RTU - AUTOMATED BLOOD AND OTHER STERILE BODY FLUID CULTURE MACHINE" Biomerieux, Bact Alert FA Plus with ARD, 100 bottles/box, 100 test/box, 1test/pc	24,500.00	343,000.00
2	11	box/pc	Biomerieux, Bact Alert PF Plus with ARD, 100 bottles/box, 100 test/box, 1test/pc	24,500.00	269,500.00
xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxx For the use of Pathology Division Note: All deliveries shall have at least One (1) year expiration period.					P 612,500.00 (Six Hundred Twelve Thousand Five Hundred 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 item/s.

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 **V-02-03-080** *orig 10/31* **TOTAL AMOUNT P 612,500.00** *done*

FUNDS AVAILABLE: P 612,500.00
Attachment
 PR No: **PATHO-2024-48**
 Abstract of Canvass/Bids: **AQ(DC)-2024-090**
 BAC Resolution No: **R2024-10-606**
 NOA No: **2024-137**
 NTP No: **2024-279**
 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

APPROVED:
LEA M. VILLALOBOS, DBA, CPA
 Chief Accountant
SONIA B. GONZALEZ, M.D., MSCHSM, MPM
 Executive Director

Signature over printed name
 Date:

Distribution: Original - Attachment to payment
 Duplicate - Procurement/Materials Management Division

24-36320F



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-2024-279

October 29, 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. 77414 as a result of Direct Contracting for the Procurement of Additional Reagents for RTU - Automated Blood and other Sterile Body Fluid Culture 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: _____

