



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: **77644**
 Date of P.O.: Dec. 16, 2024
 PR NO: PathoBB-2024-17 / Dated: 7/22/24
 MODE OF PROCUREMENT: Public Bidding

TO: Supplier/Dealer Contractor: **MEDMASTER INC.**
 Address: R19 Suntrust Capitol Plaza Bldg. Matalino St., Central, Quezon City Tel. No. 02-8280 2855 Email Add: info@medmaster.com.ph

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
 Performance Security Posted: Cash Bank Guarantee Security Bond
 No: C(13) 204579 Amount P: 223,500.00
 Other Terms: SURETY BOND (STERLING INSURANCE COMPANY)

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
	2	unit	Supply and Delivery of Plasma Thawer Brand/Model: TAHA BELARUS/ PLASMABOX/ SMALL I. Specifications: 1 Dry thawing (indirect contact with water) to avoid contamination for patient safety 2 Can thaw plasma at least four (4) bags at a time - MAXIMUM of 1000ml 3 With sensors for leakage (2 sensors) and audio alarm after thawing and if there is leakage. 4 Adjustable temperature range (automatic adjustment from 25°C - 45°C) 5 Space-saving plasma thawing equipment. Dimension (WxDxH): 220 x 490 x 130mm 6 Simple cleaning requirement 7 Thawing time: at least 30 minutes per batch thawing 8 The unit will be operated at 230 volts, 3-pin power plug/cable, strictly at 60 hertz 9 No separate volt conversion 10 Power consumption: 500W 11 Mechanical part is made of heavy-duty durable type 12 Equipment is maintainable and serviceable ii. Accessories PER UNIT 1 One (1) unit 1.5 KVA AVR Brand: ANDELI Model: Andeli - 1.5 KVA Will provide safety electrical devices compatible to the equipment power requirement and proper grounding when needed III. Consumables PER UNIT 1 Plasma overwrap bags for distilled water (2 pcs) IV. Warranty: > Three (3) years warranty on parts and accessories and one (1) year on services > With quarterly preventive maintenance IV. With duly notarized certificate from Distributor - Medmaster Inc. Certifies that: i. Parts, accessories and consumables are readily available at the authorized Philippine service center/s for a period of ten (10) years after the warranty period. ii. Guarantees availability of competent in-house technical specialists in handling and providing technical support as well as maintenance of the equipment. iii. Will conduct training for proper orientation and maintenance to end-users of the equipment upon delivery. iv. It will provide replacement/back-up unit while the delivered unit is being repaired during the warranty period V. With duly notarized certificate from Principal Manufacturer - TahatAksi ALC Certifies that: i. That the Principal Manufacturer shall honor all the terms and conditions stated in the bidding documents per IRR of RA 9184 and the corresponding contract for the project, including in the event that change of dealership will occur during the duration of the contract up to the warranty and preventive maintenance period; ii. The expected useful life of the equipment under normal use is at least five (5) years from the date of installation and commissioning;	Php 372,500.00	Php 745,000.00

Funding Code **TOTAL AMOUNT P** Php 745,000.00

FUNDS AVAILABLE: LEA M. VILLALOBOS, DBA, CPA Chief Accountant APPROVED: SONIA B. GONZALEZ, M.D., MSChSM, MPM Executive Director	Attachment <input type="checkbox"/> PR No: PathoBB-2024-17 <input type="checkbox"/> Abstract of Canvass/Bids: AB-2024-082 <input type="checkbox"/> BAC Resolution No: R2024-12-676 <input type="checkbox"/> NOA No: NOA-2024-154 <input type="checkbox"/> NTP No: NTP-2024-310 <input type="checkbox"/> PhilGEPS Ref No: 11394971 <input type="checkbox"/> 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



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: **77644**
 Date of P.O.: Dec. 16, 2024
 PR NO: PathoBB-2024-17 Dated: 7/22/24
 MODE OF PROCUREMENT: Public Bidding

TO: Supplier/Dealer Contractor: **MEDMASTER INC.**
 Address: R19 Suntrust Capitol Plaza Bldg. Matalino St., Central, Quezon City Tel. No. 02-8280 2855 Email Add: info@medmaster.com.ph

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
 Performance Security Posted: Cash Bank Guarantee Security Bond
 No: 6(3) 204579 Amount P: 227,500.00
 Other Terms: Surety Bond (Sterling Insurance Company)

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
	2	unit	Supply and Delivery of Plasma Thawer Brand/Model: TAHAT BELARUS/ PLASMABOX/ SMALL iii. Guarantee availability of spare parts, accessories and consumables at least for the next five (5) years from testing, commissioning, acceptance and delivery; ✓ iv. That it has competence in handling and providing technical support as well as maintenance of the equipment; ✓ v. Consumer guidelines regarding disposal: > Dispose of the device and its accessories in accordance with the applicable local regulations. Unused devices doesn't have any special precautions for the destruction. It must be disposed of as household waste. ✓ VI. DELIVERY PERIOD: Thirty (30) calendar days upon receipt of Purchase Order/Notice to Proceed. ✓ *** Nothing Follows *** Note: For Pathology Division Penalty Clause for Delayed or Unsatisfactory Deliveries: 1. One-tenth (1/10) of one percent (1%) of the cost of unperformed portion for every day of delay. Once the cumulative amount of liquidated damages reaches 10% of the amount of 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.	Php 372,500.00	Php 745,000.00

Page 2 of 2

Funding Code 1-06-06-110 (Eo 2022 RDRAB from Realignment) **TOTAL AMOUNT P** Php 745,000.00

FUNDS AVAILABLE: 745,000.00
 Attachment:
 PR No: PathoBB-2024-17 ✓
 Abstract of Canvass/Bids: AB-2024-082 ✓
 BAC Resolution No: R2024-12-676 ✓
 NOA No: NOA-2024-154 ✓
 NTP No: NTP-2024-310 ✓
 PhilGEPS Ref No: 11394971 ✓
 AMRP No.
 APPROVED: LEA M. VILLALOBOS, DBA, CPA Chief Accountant
SONIA B. GONZALEZ, M.D., MSChSM, MPM Executive Director
 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



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-2024-310

MEDMASTER INC.

R19 Suntrust Capitol Plaza Bldg.
Matalino St., Central, Quezon City
Tel. No.: 02-8280 2855
Contact No.: 0925-776-5095
Email Add: info@medmaster.com.ph

Sir/Madam:

This is to inform you that Purchase Order No. 77644, as a result of Public Bidding for the purchase of **Supply and Delivery of Two (2) units of Plasma Thawer (Brand/Model: TAHAT BELARUS/ PLASMABOX/ SMALL)** has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within **Thirty (30) calendar days upon receipt of Purchase Order/Notice to Proceed.**

MARIA EVA I. JOPSON, MD, MSCS M, MPM

Off., Executive Director

CONFORME:

Received Original

Signature Over Printed Name

Authorized Representative

Date: _____

