

Republic of the Philippines DEPARTMENT OF HEALTH PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100 website: <u>www.pcmc.gov.ph</u> email: <u>officeofthedirector@pcmc.gov.ph</u> Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE OF AWARD NOA-2025-002-022

UNILAB, INC. No. 66 United Street Mandaluyong City Tel No.: 885-8100 Email Add: egisla@unilab.com.ph

Dear Sir / Madam:

This is to inform you that based on the result of the Public Bidding conducted on October 28, 2024, for Various Pharmaceutical Supplies CY 2025 under Invitation to Bid No. IB-2025-002, as per BAC Resolution No. R2025-00-009, your proposal was found to be the Lowest Calculated and Responsive Bid (LCRB):

| SET | ITEM NO. | QTY | UNIT | ITEM DESCRIPTION | BRAND, PACK SPECIFICATION | | MANUFACTURER | UNIT COST | TOTAL AMOUNT |
|------|-------------|--------|------|---|---|------------------|------------------------------------|--------------|-----------------|
| A | 70 | 9,000 | vl | Cefepime HCl vl 1g (IM,IV) | CefepIMe Hcl VI 1G (IM,IV) | Axera | Pt Darya-Varia Laboratoria, Tbk | 335.00 | 3,015,000.00 |
| A | 82 | 1,900 | bt | Cetirizine Dihydrochloride soln bt 5mg/5mL, 30mL | Cetirizine Dihydrochloride Soln Bt 5mg/5ml, 30ml | Alnix | Amherst Laboratories, Inc. | 63.00 | 119,700.00 |
| А | 194 | 62,400 | tab | Sodium Bicarbonate 650mg tab | Sodium Bicarbonate 650mg Tab | Uhp Suparacid | Unilab, Inc. | 0.98 | 61,152.00 |
| VAT- | EXEMPT | | | | | | | | |
| В | 39 | 23,800 | tab | Potassium (as citrate) 10 mEq tablet | Potassium (As Citrate) 10 Meq Tablet | Tascit | Amherst Laboratories, Inc. | 5.20 | 123,760.00 |
| L | 1 | 1 | | 1 | 1 | | GRAND TOTAL = | Php | 3,319,612.00 |

Terms and Conditions :

- 1. The prices of the awarded item(s) shall be valid until December 31, 2025.
- 2. Conforme on the attached Terms of Reference, if applicable
- 3. Staggered delivery, staggered payment.
- 4. Delivery Schedule: Within Seven (7) working days upon receipt of Delivery Order Slip.
- 5. Drugs and Medicines to be delivered should have expiration of at least one (1) year and longer or as expressed/required by Pharmacy Division.
- 6. The quantities specified are estimated requirements during the period and may be decreased depending upon the actual need of PCMC. It is understood therefore that PCMC is not bound to order / purchase all the items / quantities called for on this Notice of Award.

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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7. The supplier should submit Materials Safety Data Sheet upon initial delivery, if applicable.

| FORM OF PERFORMANCE SECURITY | AMOUNT OF PERFORMANCE SECURITY | | |
|---|---|--|--|
| | (Equal to Percentage of the Total Contract Price) | | |
| a) Cash or cashier's/ manager's check issued by a Universal or | | | |
| Commercial Bank | Five percent (5%) | | |
| b.) Bank draft/guarantee or irrevocable letter of credit issued by a | Php165,980.60 | | |
| Universal or Commercial Bank: Provided, however, that it shall be | | | |
| confirmed or authenticated by a Universal or Commercial Bank, if issued | | | |
| by a foreign bank | | | |
| c) Surety bond callable upon demand issued by a surety or insurance | | | |
| company duly certified by the Insurance Commission as authorized to | Thirty percent (30%) Php995,883.60 | | |
| issue such security. | | | |

Failure to provide the Performance Security shall constitute sufficient ground for cancellation of the award and imposition of penalties/forfeiture corresponding to the Bid Security posted.

Very truly yours,

Maria eva I. Jopson, MD, MScHSM, MPM Officer-in-Charge Executive Director

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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