

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

Quezon Avenue, Quezon City 1100

website: <a href="mailto:www.pcmc.gov.ph">www.pcmc.gov.ph</a> email: <a href="mailto:officeofthedirector@pcmc.gov.ph">officeofthedirector@pcmc.gov.ph</a> Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

## NOTICE OF AWARD NOA-2025-003-004

#### COSMO MEDICAL, INC.

Unit 2310 High Street South Corporate Plaza Tower 2 26th St., Corner 11th Avenue, BGC Taguig City

Tel. No.:

(02) 8564-2262

E-mail Add .:

cristina.calpe@cosmomedical.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 the Supply and Delivery of Various Common Medical Supplies CY 2025 under Invitation to Bid No. IB-2025-003, as per BAC Resolution No. R2025-00-010 your proposal was found to be the Single/Lowest Calculated and Responsive Bid (S/LCRB):

ITEM DESCRIPTION	TOTAL AWARDED AMOUNT
Supply and Delivery of Various Common Medical Supplies for CY 2025 (see Annex "A" for detailed specifications)	Php3,528,000.00

#### Terms and Conditions:

- 1. The prices of the awarded item(s) shall be valid until December 31, 2025
- 2. Staggered delivery, staggered payment.
- 3. Delivery Schedule: Within Seven working days upon receipt of Delivery Order Slip.
- 4. 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.
- 5. The supplier should submit Materials Safety Data Sheet upon initial delivery, if applicable.
- 6. Conforme on the attached Terms of Reference, if applicable

You are hereby required to provide on or before 2 0 JAN 2005 the Performance Security in either of the following form:

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 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	Php176,400.00
c) Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security.	Thirty percent (30%) Php1,058,400.00

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







## NOTICE OF AWARD NOA-2025-003-004 COSMO MEDICAL, INC.

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. OOPSON, MD, MScHSM, MPM OIC-Executive Director
MARIA EVA I. OPSON, MD, MScHSM, MPM
OIC-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
A sharing I Simple
Authorized Signatory (Signature over printed name)
(Signature over printed name)
Designation
Date

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ANNEX A NOA-2025-003-004
Supply and Delivery of Various Common Medical Supplies CY 2025

Blood Transfusion Set.    Name	ITEM	QTY	UNIT	T ITEM DESCRIPTION	COSMO MEDICAL, INC.				
ADMINISTRATION SET (BLOOD TRANSFUSION SET) COS-MED COSMOMEDICAL INC.  214 350 pc Scalp Vein g23 Scalp Vein g23, 100's/ box, PHILIPPINES  25 275,000.00  COS-MED COSMOMEDICAL INC.  COSMOMEDICAL INC.	NO.	QII			Brand, Packing, Sp	ecification, etc.	Manufacturer	UNIT COST	TOTAL COST
215 150 pc Scalp Vein g25 box, PHILIPPINES COS-MED INC.  Scalp Vein g25 box, PHILIPPINES COS-MED COSMOMEDICAL INC.  Scalp Vein g25 COS-MED COSMOMEDICAL INC.  COSMOMEDICAL INC.  Volume Control Administration Set, 100ml w/ clear callibrated cylinder, clear tubing and chamber, luer lock connector., Y site injection port microdrip, 50's/ box,	33	11,000	рс	needle g18x1-1/2", luer	ADMINISTRATION SET (BLOOD TRANSFUSION SET) 215-225cm LENGTH TUBING,CLEAR, SLIP TIP, 100's/box,			25	275,000.00
26,000 pc Scalp Vein g25 box, PHILIPPINES COS-MED INC.  Volume Control Administration Set, 100ml w/ clear callibrated cylinder, clear tubing and chamber, luer lock connector., Y site injection port microdrip, 50's/ box, 100ml w/ clear callibrated cylinder, clear tubing and chamber, luer lock connector, Y site injection port microdrip, 50's/ box, 125 3,250,000.00	214	350	рс	Scalp Vein g23		COS-MED		6	2,100.00
Administration Set, 100ml w/ clear callibrated cylinder, clear tubing and chamber, luer lock connector, Y site injection port microdrip, 50's/ box,  Administration Set, 100ml w/ clear callibrated cylinder, clear tubing and chamber, luer lock connector, Y site injection port microdrip, 50's/ box,	215	150	рс	Scalp Vein g25		COS-MED		6	900.00
Php 3,528,000.00	327	26,000	рс	Administration Set,	Administration Set, 100ml w/ clear callibrated cylinder, clear tubing and chamber, luer lock connector., Y site injection port microdrip, 50's/ box,	COS-MED			3,250,000.00



## PHILIPPINE CHILDREN'S MEDICAL CENTER

## TERMS OF REFERENCE

CATEGORY: MEDICAL SUPPLIES (CY 2025)
ONE (1) YEAR REQUIREMENT

- 1. Products to be bidded shall pass the end-user's evaluation
- 2. Expiration should have at least one (1) year from date of delivery
- 3. Supplier should have a return policy for defective and near expiring supplies
- 4. The supplier shall have an established disposal and retrieval program or take back system for their products (Empty containers will be returned to Supplier)
- 5. End-user Units shall conduct random sampling of medical supplies delivered for evaluation/testing and supplier shall replace the item/s taken as sample (same batch)
- The supplier shall submit CPR which must be valid during the entire duration of contract, or proof if renewal in case of expiry
- 7. The supplier shall submit valid MSDS (2 copies) for a specified product
- 8. Product label shall bear the following informations:
  - a. Product specifications and ingredients
  - b. Manufacturing, Lot Number and Expiration Dates
  - c. Precautions
  - d. Instructions for proper use and disposition
- 9. Product shall not contain halogenated plastics and PVCs
- 10. Product shall be packed in suitable packaging materials which is reusable and recyclable
- 11. Manufacturer and/or products preferably certified by an independent 3rd party Certifying body (ISO14020, 14021, 14024, 14025 or its equivalent)
- 12. Staggered delivery, staggered payment
- 13 Quantity may increase or decrease depending on the actual utilization of the hospital

MA. CRISTINA J. CALPE

Authorized Signatory
Signature over printed name
Contact Number: 09176515377

COSMO MEDICAL INC.

Name of Company/Firm

cristina.calpe@cosmomedical.com.pn

Company's Official E-mail Address

(02) 8564-2262

Company's Official Contact Number

NA CRITTAIN, CALLANDE NO CONTRACTOR NEL REPORTE LE PORTE DE LA POR