



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-2025-003-20

MEDMASTER INC

R19 Suntrust Capitol Plaza Bldg., Matalino St.
Central, Quezon City
Tel. No.: (02) 8280-2855
E-mail Add: info@medmaster.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)	Php1,617,080.00

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. Conformance on the attached Terms of Reference, if applicable

You are hereby required to provide on or before 20 JAN 2025 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%) Php80,854.00
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	
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%) Php485,124.00

*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*



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NOA-2025-003-20
MEDMASTER 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. Jopson
MARIA EVA I. JOPSON, MD, MSChSM, MPM
OIC-Executive Director *FEK*

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

**Kindly disregard and report any form of solicitation using the name of the Executive Director and/or the PCMC.
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Amor

Supply and Delivery of Various Common Medical Supplies CY 2025

ITEM NO.	QTY	UNIT	ITEM DESCRIPTION	MEDMASTER INC				
				Brand, Packing, Specification, etc.	Manufacturer	UNIT COST	TOTAL COST	
202	10	pouch	Pouch for plasma sterilization 100mm	Pouch for plasma sterilization 100mm	HMTS	HUMANMEDITEK	8935	89,350.00
203	10	pouch	Pouch for plasma sterilization 150mm	Pouch for plasma sterilization 150mm	HMTS	HUMANMEDITEK	11665	116,650.00
204	10	pouch	Pouch for plasma sterilization 250mm	Pouch for plasma sterilization 250mm	HMTS	HUMANMEDITEK	15725	157,250.00
205	8	pouch	Pouch for plasma sterilization 300mm	Pouch for plasma sterilization 300mm	HMTS	HUMANMEDITEK	18435	147,480.00
206	10	pouch	Pouch for plasma sterilization 500mm	Pouch for plasma sterilization 500mm	HMTS	HUMANMEDITEK	23865	238,650.00
207	10	pouch	Pouch for plasma sterilization 75mm	Pouch for plasma sterilization 75mm	HMTS	HUMANMEDITEK	6235	62,350.00
223	30	bt	Sterilant, Hydrogen Peroxide 140ml	Sterilant, Hydrogen Peroxide 140ml	HMTS	HUMANMEDITEK	26845	805,350.00
							Php	1,617,080.00



PHILIPPINE CHILDREN'S MEDICAL CENTER

TERMS OF REFERENCE

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

1. Products to be bid 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)
6. 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

CONFORME:

JOCELYN LOZANO

Authorized Signatory

Signature over printed name

Contact Number: 09257765095

MEDMASTER INC

Name of Company/Firm

info@medmaster.com.ph

Company's Official E-mail Address

+63282802855

Company's Official Contact Number