

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-2025-003-23

PATIENT CARE CORPORATION

AHI Corporate Center, Purok 1, Alasas San Fernando City, Pampanga

Tel. No.:

8939-2125

E-mail Add.:

rppillarina@pcc.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)	Php2,603,124.80

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 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%)		
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	Php130,156,24		
 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%) Php780,937.44		

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-2025-003-23 PATIENT CARE CORPORATION

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 IJOPSON, MD, MScHSM, MPM OIC-Executive Director File
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

ANNEX A
NOA-2025-003-23
Supply and Delivery of Various Common Medical Supplies CY 2025

ITEM	QTY	UNIT	ITEM DESCRIPTION	PATIENT CARE CORPORATION				
NO.				Brand, Packing, Specification, etc.		Manufacturer	UNIT COST	TOTAL COST
104	3,400	рс	Dressing, Transparent Adhesive, without pad, 10x12cm, 50s/bx	Comply; Tegaderm Dressing 10 cm x 12cm (1626W)	3M Tegaderm	3M Solventum	93.6	318,240.00
106	2,500	pc	Dressing, Transparent Adhesive, without pad, 6x7cm, 100s/bx	Comply; Tegaderin Dressing 6cm x 7 cm (1624W)	3M Tegaderm	3M Solventum	34.94	87,350.00
144	33	pack	Indicator, Chemical Strips, Plasma (250 strip/pack)	Comply; 1248 Gas Plasma Chemical Indicator Strip (1248)	3M Comply	3M Solventum	6000	198,000.00
192	1,500	pc	Plaster, Blended Surgical Paper 1/2" 24s hypo-allergenic	Comply; Transpore White 1/2 in x 10 yds	3M Tranpore White	3M Solventum	56.14	84,210.00
199	23,592	rl	Plaster, Surgical Silk	Comply; Transpore White 1 in x 10 yds	3M Tranpore White	3M Solventum	78.4	1,849,612.80
200	300	rl	Plaster, Surgical Silk 2"	Comply; Transpore White 2 in x 10 yds	3M Tranpore White	3M Solventum	159.04	47,712.00
328	150	рс	Wound Closure Strip, 1/2x3, sterile 50s	Comply; Steri-strip 1/2 in x 4 in (R1547)	3M Steri-strip (1547)	3M Solventum	120	18,000.00
						Php	2,603,124.80	

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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 hear 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 Manufacturer and/or products preferably certified by an independent 3rd party Certifying body
- 11 (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

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Authorized Signatory

Signature over printed name

Contact Number _

Patient Cone (proposition)
Name of Company/Firm

Company's Official E-mail Address

Company's Official Contact Number

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