



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-2025-003-24

RMG HOSPITAL SUPPLY, INC.

4th Floor The Esquire Center 412 Gomezville Street
Corner Guerrero Street Addition Hills
Mandaluyong City
Tel. No.: (+632) 8723-5552
E-mail Add.: info@rmgmedical.com

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)	Php125,300.00

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%) Php6,265.00
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%) Php37,590.00

*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-2025-003-24
RMG HOSPITAL SUPPLY, 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 Jopson
MARIA EVA I. JOPSON, MD, MScHSM, MPM
OIC-Executive Director *Fdu*

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.
These unsanctioned requests are unlawful and will not be tolerated**

Supply and Delivery of Various Common Medical Supplies CY 2025

ITEM NO.	QTY	UNIT	ITEM DESCRIPTION	RMG HOSPITAL SUPPLY, INC.				
				Brand, Packing, Specification, etc.	Manufacturer	UNIT COST	TOTAL COST	
82	100	pcs	Closed System, Suction Catheter fr 8	Free Trachea Closed Suction Set 24Hr. Fr. 8, Length: 31cm with Y connector	PAHSCO	PAHSCO	857	85,700.00
153	75	pc	Mask, Face Anesthesia, Neonate size 1	Disposable Air Cushion Mask with valve #1 for Infant	HSINER	HSINER	120	9,000.00
154	75	pc	Mask, Face Anesthesia, Neonate size 2	Disposable Air Cushion Mask with valve #2 for Pediatric	HSINER	HSINER	120	9,000.00
155	50	pc	Mask, Face Anesthesia, Neonate size 3	Disposable Air Cushion Mask with valve #3 for Child	HSINER	HSINER	120	6,000.00
156	80	pc	Mask, Face Anesthesia, Pedia size 4	Disposable Air Cushion Mask with valve #4 for Small Adult	HSINER	HSINER	120	9,600.00
157	50	pc	Mask, Face Anesthesia, small size 5	Disposable Air Cushion Mask with valve #5 for Large Adult	HSINER	HSINER	120	6,000.00
							Php	125,300.00

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TERMS OF REFERENCE

CATEGORY: COMMON MEDICAL SUPPLIES - GALENICALS (CY2025)

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 IPCC/End-user shall conduct random sampling of the Galenicals delivered for batch/test analysis for bacteria
5. The supplier shall replace the item/s taken as sample (same batch) and pay the cost of test analysis of the products subjected to random testing
6. The supplier shall be provided with a copy of the result of tests analysis done on their products.
7. The supplier shall submit CPR which must be valid during the entire duration of contract, or proof if renewal in case of expiry
8. The supplier shall submit valid MSDS (3 copies)
9. Product label shall bear the following informations :
 - a. Product specifications and ingredients
 - b. Manufacturing, batch/lot number and Expiration Dates
 - c. Precautions
 - d. Instructions for proper use and disposition
10. Manufacturer and/or products preferably certified by an independent 3rd party Certifying body (ISO14020, 14021, 14024, 14025 or its equivalent)
11. Staggered delivery, staggered payment
12. Quantity may increase or decrease depending on the actual utilization of the hospital

LIST OF GALENICALS:

1. Alcohol Ethyl 70% 4L
2. Brush, Surgical Scrub, disposable with Povidone or Chlorhexidine
3. Chlorhexidine Gluconate, 0.20%, 500ml
4. Chlorhexidine Gluconate, Oral, 0.20%, 500ml
5. Fistula Kit Put On
6. Fistula Kit Take Off
7. Hand Disinfectant, antibacterial (Propan-2-ol, Propan-1-ol, Mecetronium Ethylsulfate) 1 liter
8. Handwash, Surgical Antiseptic solution, (4% Chlorhexidine Gluconate) 5 liter
9. Isopropanol Benzalconium Chloride (Antiseptic Spray) 250ml
10. Povidone Iodine Antiseptic 10% 120mL spray bottle
11. Povidone Iodine Antiseptic 10% 1G
12. Povidone Iodine Antiseptic 10% bt 15mL
13. Povidone Iodine Antiseptic 7.5% 1G
14. Povidone-Iodine USP Swabsticks
15. Prep, Alcohol

CONFORME:

Authorized Signatory
Signature over printed name
Contact Number: _____

Name of Company/Firm

Company's Official E-mail Address

Company's Official Contact Number



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:

Authorized Signatory
Signature over printed name
Contact Number: _____

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PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Avenue, Quezon City

TERMS OF REFERENCE
CY 2025

ALCOHOL, ETHYL 70%

1. The winning Supplier shall have a one-year contract in supplying the requirements of PCMC.
2. Product to be bidden shall pass the end-user's evaluation
3. The IPCC/End-user shall conduct random sampling of the alcohol, Ethyl 70% delivered for test analysis for bacteria
4. The supplier shall replace the item/s taken as sample (same batch) and pay the cost of test analysis of the product subjected to random testing
5. The supplier shall be provided with a copy of the result of test analysis done on their product/s
6. The supplier shall submit CPR which must be valid during the entire duration of contract or proof of renewal in case of expiration
7. The supplier shall submit valid MSDS (2 copies)
8. The Supplier shall provide and install alcohol dispensers to all identified wards, clinic areas, and units of the hospital within the contract period (see attached list). The supplier shall also provide the stand/wall cabinet of the alcohol dispenser to identified areas.
9. The Supplier shall be responsible for the monthly preventive maintenance of the alcohol dispensers installed with no additional cost to PCMC. This shall include:
 - a. Repair of the dispenser
 - b. Replacement of defective parts (if applicable)
 - c. Replacement of the dispenser if found defective and beyond repair
10. The Supplier shall accommodate emergency calls during office hours in the event that any of the dispensers in the hospital is non-operational.
11. The winning Supplier shall be responsible in collecting and disposing empty alcohol containers (Take-Back System)

**LIST OF WARDS/ CLINICS/ UNITS TO BE PROVIDED WITH
ALCOHOL DISPENSER:**

Ward/ Clinic/Unit	Quantity
Emergency Room	10
ER Triage	15
Cancer & Hematology Ward	15
Hema OPD	15
CNS	9
1B subspecialty	5
1B Surgery	5
New Born Services	10
Ward 2A	18
Ward 2B	25
Ward 2D	15
Isolation Ward	25
Pathology	10
PICU	30
NICU	25
SICU	16
ICNC	5
Operating Room	20
Perinatal	10
Post Partum	10
OPD/Triage/Dengue rooms	40
Rehabilitation Medicine	15
Pharmacy	10
Sterilization Room	5
Radiology	15
Employee's Clinic	2
Diagnostic Area	10
Cardiology Unit	4
Peritoneal Dialysis Unit	6
CV Laboratory	2
Hemodialysis Unit	25
Swabbing Area	10
Various Offices	50

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PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

TERMS OF REFERENCE

CY 2025

BLOOD SUGAR STRIPS

1. The winning bidder for Blood Sugar Strips shall have a one-year contract in supplying the requirements of PCMC.
2. The supplier shall provide the complete set of Blood Sugar Monitor (BSM) that includes lancet (with holder/launcher, if applicable) and batteries for the glucometer within the contract period.
3. The supplier shall provide BSM Machine to all Pay, Service wards, and Specialty Wards.

Pay Wards: 2A, 2B, and 2D

Service Wards: NBS, 1B Subspecialty, 1B Surgery, ISO, ICNC and CNS

Specialty Areas: COVID 19 Ward, ER Triage, ER Main, Hema-Onco (Pay and Service), Peritoneal Dialysis Unit, Hemodialysis Unit, NICU, PICU, SICU, OR, CVLab, Cardiac ICU and Perinatal Center.

4. The supplier shall be responsible for the preventive maintenance at least twice a month within the contract period with no additional cost to PCMC. This shall include:
 - Calibration and repair of the BSM machine
 - Replacement for the Blood Sugar Strips used during calibration of BSM machine
 - Replacement of defective parts/units
 - Provision of a back-up unit should any BSM machine be found defective and has to be pulled out for repair within the contract period.
 - Provide replacement for used-up batteries of the BSM machine.
5. The supplier shall submit a service report to end user thru MMD for record/documentation purposes, such as:
 - Repair Service Report
 - Preventive Maintenance Service
 - Certification of Calibration
6. The supplier shall accommodate emergency calls during office hours in the event that any of the BSM machine in the hospital is non-operational.

CONFORME:

Authorized Signatory

Signature over printed name

Contact Number: _____

Name of Company/Firm

Company's Official E-mail Address

Company's Official Contact Number