

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

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### NOTICE OF AWARD NOA-2025-014

#### LIFELINE DIAGNOSTICS SUPPLIES, INC.

1225 Quezon Avenue, Brgy. Sta. Cruz, Quezon City

Email Add: infor@lifelinediag.com

Dear Sir / Madam:

This is to inform you that based on the result of the Public Bidding conducted on November 20, 2024, for the project stated below under Invitation to Bid No. IB 2025-024, your proposal was found to be the Single Calculated and Responsive Bid (SCRB):

ITEM DESCRIPTION	TOTAL COST
One (1) Lot Supply and Delivery of reagents/consumables under Reagent Tie-up Agreement for three (3) years of Dengue NS1 Ag and HBsAg Confirmatory test (Refer to Terms of Reference and Annex "A" for detailed offer)	Php1,542,050.00 (for the 1st year)

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
a) Cash or cashier's/ manager's check issued by a Universal or Commercial Bank	Five percent (5%)  Php77,102.50
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%)  Php462,615.00

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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## LIFELINE DIAGNOSTICS SUPPLIES, INC.

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

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 documen 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 under RA 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
Visite discount and another form of adjoint in union the name of the Evention Director and/or the DOMO

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