

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-2025-020

PATIENT CARE CORPORATION

AHI Corporate Center, Purok I, Alasas, San Fernando, Pampanga Cp No.: 0906-695-8517

Email Add: jbelacho@pcc.com.ph

Dear Sir / Madam:

This is to inform you that based on the result of the Public Bidding conducted on November 20, 2024, for One (1) Lot Supply and Delivery of reagents/consumables under Reagent Tie-up Agreement for three (3) years for Flow Cytometry under Invitation to Bid No. IB-2025-034, as per BAC Resolution No. R2025-00-027, your proposal was found to be the Lowest Calculated and Responsive Bid (LCRB):

| Item Description | Total Cost |
|--|--|
| One (1) Lot Supply and Delivery of reagents/consumables under Reagent Tie-up Agreement for three (3) years for Flow Cytometry (Refer to Terms of Reference and Annex "A" for detailed offer) | Php 7,147,148.80 (for the 1st year) |

You are hereby required to provide on or before 3 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 | Php357,357.44 | | |
| 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%) Php2,144,144.64 | | |

Kindly disregard and report any form of solicitation using the name of the Executive Director and/or the PCMC. These unsanctionedrequests are unlawful and will not be tolerated.



NOTICE OF AWARD NOA-2025-020 \ 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 I JOPSON, 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 RA 9184 Sec. 62.1. |
| [] Bank Guarantee |
| [] 1% Deduction from claims on the first payment for staggered deliveries |
| |
| Authorized 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 unsanctionedrequests are unlawful and will not be tolerated.

| | Item Description | | | | | | |
|------------------|---|--|--|--|--|--|--|
| Oı | ne (1) unit Flow cytometry system, brand new automated machine | | | | | | |
| | Brand: BECTON DICKINSON | | | | | | |
| | Awarded Amount: Php 7,147,148.80 (for the 1st year) | | | | | | |
| I. | Specifications: | | | | | | |
| 1 | BD FACSLyric Flow Cytometry System will be available in 3 Laser configuration | | | | | | |
| 2 | With an auto laser alignment feature | | | | | | |
| 3 | Available in 4 - 12 colors and can be upgradable on site | | | | | | |
| 4 | Available for manual acquisition and offers an optional universal loader that can accommodate 30 & 40 tube rack or 96 - 384 well plates | | | | | | |
| 5 | Panels offered for leukemia, lymphoma immunophenotyping and MRD completely follows the Euroflow Consortium guidelines and its protocols. The panels offered are validated and readily available | | | | | | |
| 6 | Can process various sample types such as Peripehral Blood, Bone Marrow Aspirate and lymph nodes | | | | | | |
| 7 | Equipped with predefines templates for analysis and reports | | | | | | |
| 8 | 24/7 care and servicing of instrument will be provided by manufacturer and distributor's application specialists and service engineers | | | | | | |
| 9 | Back up unit will be provided within 24 hours upon receipt of notice from end users | | | | | | |
| 10 | Will follow a quarterly preventive maintenance schedule and calibration with PM and calibration certificates | | | | | | |
| 11 | Equipped with automated daily setup and performance checks using a single-tube QC module and a QC module to check Levy-Jennings plot. | | | | | | |
| 12 | All materials needed for the installation of electrical safety for the equipment such as Uninterrupted Power Supply (UPS) unit will be provided. | | | | | | |
| 13 | BD FACSLyric Flow Cytometry System is approved for IVD use for both US and European FDA (US-IVD and CE-IVD) | | | | | | |
| II. Accessories: | | | | | | | |
| 1 | High-end printer with ink supply will be provided | | | | | | |
| 2 | 100-1000 ul, 10-100ul, 1.0-10ul and 0.5-1.0ul pipettes will be provided | | | | | | |
| 3 | Digital Timer will be provided | | | | | | |
| Ш | . Consumables: | | | | | | |
| 1 | Three (3) packs of 1000 pipette tips will be provided | | | | | | |
| 2 | One (1) ream of sealing film will be provided | | | | | | |
| 3 | Distilled Water will be provided for the entire year | | | | | | |
| 9 | All Sensititre Systems Have Ce Markings Attached To Each Of The Machines To Be Used | | | | | | |
| То | tal Number of tests that should be covered by the proposal including all consumables needed (see attached) | | | | | | |
| DI | ELIVERY PERIOD: Within seven (7) working days from receipt of the Delivery Order Slip | | | | | | |
| | onforme: uthorized Signatory (Signature over printed name) | | | | | | |

Date

Designation/Position



ANNEX A (attachment) NOA-2025-020 PATIENT CARE CORPORATION

| Т | tal N | umbay of tests that should be | Reagents/ Consumables needed to complete the required number of tests | | | | | | of tests |
|--|-------|-------------------------------|---|---------|--------------------|---------------------------------|-------------------------|-------------------------------|------------|
| Total Number of tests that should be covered by the proposal including all consumables needed: | | by the proposal including all | Description | Packing | No. of Tests | No. of test per kit/ pack | No. of kits/ pack | Unit Cost per kit/ pack | Total Cost |
| | | | Brand: Becton Dickins | on | | | | | |
| 430 | test | Basic Leukemia Panel | BD OneFlow A LOT (660228) | kit | 430 | 10 | 43.000 | 17,000.00 | 731,000.00 |
| | | | AL02 Tube (626451) | kit | 430 | 5 | 86.000 | 4,000.00 | 344,000.00 |
| | | | AL03 Tube (626452) | kit | 430 | 5 | 86.000 | 4,000.00 | 344,000.00 |
| | | | BD FACSFlow Sheath Fluid 20L | box | 430 | 200 | 2.150 | 3,600.00 | 7,740.00 |
| | | | BD FACS Clean Solution 5L | box | 430 | 167 | 2.574 | 4,100.00 | 10,553.40 |
| | | | BD FACS Lysing Solution 10X 100ML IVD | bottle | 430 | 500 | 0.860 | 13,000.00 | 11,180.00 |
| | | | BD IntraSure Kit CE- IVD | kit | 430 | 50 | 8.600 | 4,000.00 | 34,400.00 |
| | | | Stain Buffer BSA 500mL | bottle | 430 | 50 | 8.600 | 3,000.00 | 25,800.00 |
| 20 | test | Comprehensive Leukemia Panel | BD OneFlow A LOT (660228) | kit | 20 | 10 | 2.000 | 17,000.00 | 34,000.00 |
| | | | CD20 V450 CE | vial | 20 | 100 | 0.200 | 12,000.00 | 2,400.00 |
| | | | EF CD45 V500-C (26-50 vials) | vial | 20 | 100 | 0.200 | 12,000.00 | 2,400.00 |
| | | | Hu CD58 FITC 1C3 100Tst | vial | 20 | 100 | 0.200 | 12,000.00 | 2,400.00 |
| | | | Hu CD66c PE B6.2/CD66c 100Tst | vial | 20 | 100 | 0.200 | 12,000.00 | 2,400.00 |
| | | | CD34 PerCP-Cy5.5 50 Tests CE | vial | 20 | 50 | 0.400 | 12,000.00 | 4,800.00 |
| | | | Hu CD19 PE-Cy7 SJ25C1 100Tst | vial | 20 | 100 | 0.200 | 12,000.00 | 2,400.00 |
| | | | CD10 APC HI10A CE | vial | 20 | 100 | 0.200 | 12,000.00 | 2,400.00 |
| | | | CD38 APC-H7 (HB7) RUO | vial | 20 | 100 | 0.200 | 12,000.00 | 2,400.00 |
| | | | Hu CD3 Horizon V450 UCHT1 120Tst | vial | 20 | 120 | 0.166 | 12,000.00 | 1,992.00 |
| | | | EF CD45 V500-C (26-50 vials) | vial | 20 | 100 | 0.200 | 12,000.00 | 2,400.00 |
| | | | Anti-TdT FITC CE | vial | 20 | 50 | 0.400 | 12,000.00 | 4,800.00 |
| | | | Hu CD99 PE TU12 100Tst | vial | 20 | 100 | 0.200 | 12,000.00 | 2,400.00 |
| | | | CD5 PerCP-Cy5.5 CE | vial | 20 | 50 | 0.400 | 12,000.00 | 4,800.00 |
| | | | CDIU PE-CY/ HIIUA | vial | 20 | 100 | 0.200 | 12,000.00 | 2,400.00 |
| | | | Hu CD1a APC HI149 100Tst | vial | 20 | 100 | 0.200 | 12,000.00 | 2,400.00 |
| | | | CD3 APC-H7 CE | vial | 20 | 100 | 0.200 | 12,000.00 | 2,400.00 |
| | | | Anti-HLA-DR V450 100 Tests RUO/GMP | vial | 20 | 100 | 0.200 | 12,000.00 | 2,400.00 |
| | | | EF CD45 V500-C (26-50 vials) | vial | 20 | 100 | 0.200 | 12,000.00 | 2,400.00 |
| | | | CD16 FITC CLB-Fc- gran/1 5D2 RUO | vial | 20 | 50 | 0.400 | 12,000.00 | 4,800.00 |

ANNEX A (attachment) NOA-2025-020 PATIENT CARE CORPORATION

| Т | tol Ni | umbay of tests that should be | Reagents/ Consumables needed to complete the required number of tests | | | | | | |
|--|--------|-------------------------------|---|---------|--------------------|---------------------------------|-------------------------|-------------------------------|-------------|
| Total Number of tests that should be covered by the proposal including all consumables needed: | | by the proposal including all | Description | Packing | No. of Tests | No. of test per kit/ pack | No. of kits/ pack | Unit Cost per kit/ pack | Total Cost |
| | | | CD13 PE CE | vial | 20 | 100 | 0.200 | 12,000.00 | 2,400.0 |
| | | | CD34 PerCP-Cy5.5 50 Tests CE | vial | 20 | 50 | 0.400 | 12,000.00 | 4,800.0 |
| | | | CD117 PE-Cy7 104D2 100 Tests RUO/GMP | vial | 20 | 100 | 0.200 | 12,000.00 | 2,400.0 |
| | | | Cd11B (D12) APC CE | vial | 20 | 100 | 0.200 | 12,000.00 | 2,400.0 |
| | | | CD10 APC-H7 (HI10A) RUO | vial | 20 | 100 | 0.200 | 12,000.00 | 2,400.0 |
| | | | BD FACSFlow Sheath Fluid 20L | box | 20 | 200 | 0.100 | 3,600.00 | 360.0 |
| | | | BD FACS Clean Solution 5L | box | 20 | 167 | 0.119 | 4,100.00 | 487.9 |
| | | | BD FACS Lysing Solution 10X 100ML IVD | bottle | 20 | 500 | 0.040 | 13,000.00 | 520.0 |
| | | | BD IntraSure Kit CE-IVD | kit | 20 | 50 | 0.400 | 4,000.00 | 1,600.0 |
| | | | Stain Buffer BSA 500mL | bottle | 20 | 50 | 0.400 | 3,000.00 | 1,200.0 |
| 1195 | test | Minimal Residual Disease | BCP Acute Lymphoblastic Leukemia MRD (CYT-BCP-ALL- MRD-R) | kit | 1195 | 20 | 59.750 | 90,000.00 | 5,377,500.0 |
| | | | BD FACSFlow Sheath Fluid 20L | box | 1195 | 200 | 5.975 | 3,600.00 | 21,510.0 |
| | | | BD FACS Clean Solution 5L | box | 1195 | 167 | 7.155 | 4,100.00 | 29,335.5 |
| | | | BD FACS Lysing Solution 10X 100ML IVD | bottle | 1195 | 500 | 2.390 | 13,000.00 | 31,070.0 |
| | | | Stain Buffer BSA 500mL | bottle | 1195 | 50 | 23.900 | 3,000.00 | 71,700.0 |
| | | Set-up Beads | BD CS&T Beads 150 Test CE-IVD | kit | 150 | 150 | 3.000 | | |
| | | Compensation Beads | Kit FC Beads 7 Color CE/IVD | kit | 5 | 5 | 2.000 | | |
| | | | Kit FC Beads 5-Color CE/IVD | kit | 5 | 5 | 2.000 | | |
| | | | Anti-Rat Ig Compbead Plus Set | vial | 50 | 50 | 1.000 | Free of | |
| | | | Anti Ms Ig CompBead Plus Set | vial | 50 | 50 | 1.000 | charge | |
| | | Accessories | High-end printer including Pippetes of different calibr | | for res | ults | | | |
| | | | Digital timer | | | | | | |
| | | Consumables | Pipette tips | | | | | | |
| | | CONSTRUCTOS | Sealing films | | | | | | |
| | | | Distilled water | | | | | | |
| | | , | | | | GRAND | TOTAL | (Php) | 7,147,148. |