



Republic of the Philippines
PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Avenue, Quezon City
 Tel. No.: 8588-9900 Loc. 1329, 1330, 1331, 1332
 Fax No.: 85889997 • E-mail: pcmcproc@gmail.com

PURCHASE ORDER: 77671
 Date of P.O.: December 20, 2024
 PR NO: GSD-Equip-2024-07 Dated: August 14, 2024
 MODE OF PROCUREMENT: Competitive Bidding

TO: Supplier/Dealer Contractor: AMI EQUIPMENT SERVICES & SOLUTIONS, INC.
 Address: Unit 1012 Medical Plaza Ortigas, No. 25 San Miguel Ave. Ortigas Center, Pasig City

Department/Office/Division/Section/Unit where delivery is to be made: Materials Management Division
 Location: Ground Floor, PCMC Bldg
 Special Instruction: _____
 Delivery period: 7 Working Days Other Terms: _____
 Performance Security Posted:
 Cash Bank Guarantee Security Bond
 No: G(B) 074460 Amount P: 599,700.00

| Item No | QTY | UNIT | ARTICLES | UNIT COST | TOTAL COST |
|---------|----------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------|
| | 1 | Unit | Supply, Delivery, Testing & Commissioning of Infusion Device Analyzer (Heavy Duty) Brand: Rigel Medical Make/Model: England/Mutiflo A. Specifications of the Main Equipment 1. INFUSION DEVICE ANALYZER: 4 individual channel configurations 2. With preset test templates for quick and standardized testing 3. On-board and pc-based automation 4. Compatible to any type of infusion device 5. Real time snap shots of flow and pressure for immediate issue recognition 6. Display Range: 0.010 to 1500 ml/h Measured Range: 0.100 to 1450 ml/h 7. Single-flow, dual-flow and pca testing 8. Automatically end flow measurement based on user-defined time, volume or both 9. Flow Rate Measurement(mL/h), Volume Measurement (mL), Bolus Flow (mL) Measurement, Pressure Measurement (mmHg, PSI, Bar, kPa) 10. Weight: 8 kg Dimension: 300mm x 204mm x 220mm 11. Storage Capacity: 360h of testing at 1 sec sampling rate 12. LCD colour display 1/4" VGA 13. PC Communication (USB) Keyboard Communication (USB) 14. Safety Compliance: Overvoltage Category II Environmental Category IP40 15. Operating Condition: 15°C to 40°C, 0 - 90% RH 16. With unit selection: mmHg, PSI, Bar, kPa 17. Electrical Supply: 90 - 264VAC, 50/60Hz, 60W | 1,999,000.00 | 1,999,000.00 <i>One Million Nine Hundred Ninety-Nine Thousand Pesos Only</i> |

Penalty Clause for Delayed or Unsatisfactory Deliveries:
 1. One-tenth (1/10) of one percent (1%) of the cost of unperformed portion for everyday of delay. Once the cumulative amount of liquidated damages reaches 10% of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances;
 2. Excess in price, if procured from third parties, through alternative mode of procurement; and
 3. In case of bidding, forfeiture of performance security equal to 5% of the undelivered item/s.

Funding Code _____ **TOTAL AMOUNT P** 1,999,000.00

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FUNDS AVAILABLE: LEA M. VILLALOBOS, DBA, CPA Chief Accountant APPROVED: SONIA B. GONZALEZ, M.D., MScHSM, MPM Executive Director | Attachment <input checked="" type="checkbox"/> PR No: GSD-Equip-2024-007 <input checked="" type="checkbox"/> Abstract of Canvass/Bids: AB-2024-07B <input checked="" type="checkbox"/> BAC Resolution on No: R 2024-12-701 <input checked="" type="checkbox"/> NOA No: NOA-2024-171 <input checked="" type="checkbox"/> NTP No: NTP-PROC-2024-317 <input checked="" type="checkbox"/> PhilGEPS Ref No: 11338680 <input checked="" type="checkbox"/> AMRP No. N/A | CERTIFICATION This is to certify that I received today the Original copy of this Purchase Order, and held the Company bound by the terms and stipulation of the contract and other laws applicable _____ Signature over printed name Date: _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Distribution: Original - Attachment to payment
 Duplicate - Procurement/Materials Management Division



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 No: 6(B) 074460 Amount P: 599,700.00

| Item No | QTY | UNIT | ARTICLES | UNIT COST | TOTAL COST |
|---------|----------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------|
| | 1 | Unit | Supply, Delivery, Testing & Commissioning of Infusion Device Analyzer (Heavy Duty) Brand: Rigel Medical Make/Model: England/Mutiflo B. Flow Measurement 1. Display range 0.010 to 1500ml/h, Max. display resolution 10µl/h and Measured range 0.100 to 1450ml/h 2. Flow Rate Accuracy: 701-1500ml/hr: (1+x)% of reading where x = 0.0033% x (flow rate -700ml/hr) 10-700ml/hr: 1% of reading 0.1-9.9ml/hr: 1% of reading + 0.005 ml/hr Flow Update Rate: 1Hz" 3. Volume: 0.001 to 9999ml C. Occlusion Pressure Measurement 1. Pressure Range from -500 to 2500mmHg 2. Accuracy -500 to 1000mmHg ±10mmHg and 1000 to 2500mmHg ±1% of reading 3. Back pressure setting range from -200 to 600mmHg 4. Bolus Measurement: Display Range 0.1 to 100ml Volume Measuring Range: 0.5 to 100ml Accuracy: ± 1% of the reading" 5. Basal Flow Rate: 1ml to 30ml/h D. Accessories to be provided 1. Laptop Brand/Model: Lenovo ; MODEL : IdeaPad Slim 3 2. Printer Brand/Model: Canon MODEL : G2020 3. Stainless Service Cart(stainless steel 304 trolley)" 4. Operator and Service Manual (soft and hardcopy) ✓ 5. Carrying Bag 6. Data Management Software | 1,999,000.00 | 1,999,000.00 One Million Nine Hundred Ninety-Nine Thousand Pesos Only |

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Funding Code _____ **TOTAL AMOUNT P 1,999,000.00**

FUNDS AVAILABLE:
LEA M. VILLALOBOS, DBA, CPA
 Chief Accountant
APPROVED:
SONIA B. GONZALEZ, M.D., MSChSM, MPM
 Executive Director

Attachment
 PR No: GSD-Equip-2024-007
 Abstract of Canvass/Bids: AB-2024-078
 BAC Resolution No: R2024-12-701
 NOA No: NOA-2024-171
 NTP No: NTP-PROC-2024-317
 PhilGEPS Ref No: 11338680
 AMRP No. N/A

CERTIFICATION
 This is to certify that I received today the Original copy of this Purchase Order, and held the Company bound by the terms and stipulation of the contract and other laws applicable

 Signature over printed name
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PURCHASE ORDER: **77671**
 Date of P.O.: **December 20, 2024**
 PR NO: **GSD-Equip-2024-07** Dated: **August 14, 2024**
 MODE OF PROCUREMENT: **Competitive Bidding**

TO: Supplier/Dealer Contractor: **AMI EQUIPMENT SERVICES & SOLUTIONS, INC.**
 Address: **Unit 1012 Medical Plaza Ortigas, No. 25 San Miguel Ave. Ortigas Center, Pasig City**

Department/Office/Division/Section/Unit where delivery
 Is to be made: **Materials Management Division**
 Location: **Ground Floor, PCMC Bldg**
 Special Instruction: _____
 Delivery period: 7 Working Days Other Terms: _____
 Performance Security Posted:
 Cash Bank Guarantee Security Bond
 No: **G(13) 674460** Amount P: **599,700.00**

| Item No | QTY | UNIT | ARTICLES | UNIT COST | TOTAL COST |
|---------|----------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------|
| | 1 | Unit | <p>Supply, Delivery, Testing & Commissioning of Infusion Device Analyzer (Heavy Duty) Brand: Rigel Medical Make/Model: England/Mutiflo</p> <p>E. Warranty 1. Comprehensive of three (3) years warranty inclusive of service calls, quarterly PM services and Annual Calibration with Certification 2. Inclusive of comprehensive Quarterly PM services and Annual Calibration services as free of charge during the warranty period</p> <p>F. With duly notarized certificate from Bidder - AMI EQUIPMENT SERVICES AND SOLUTIONS, INC. Certifies that:</p> <p>i. Parts, accessories, and consumables are readily available at the authorized Philippine service center for a period of five (5) years after the warranty period; ii. It has available competent in-house technical specialists in handling and providing technical support as well as maintenance of the equipment being offered; iii. It will conduct training for proper operation and maintenance to the End-users of the equipment upon delivery; and iv. It will provide replacement/back-up unit while the delivered unit is being repaired.</p> <p>G. With duly notarized certificate from Principal Manufacturer - Seaward Electronic Limited Certifies that:</p> <p>i. All the terms and conditions stated in the bidding documents per IRR of RA 9184 and corresponding contract for the project shall be honored by the Principal Manufacturer, including in the event that a change of dealership will occur during the duration of the contract up to the warranty and preventive maintenance period;</p> | 1,999,000.00 | 1,999,000.00 <i>One Million Nine Hundred Ninety-Nine Thousand Pesos Only</i> |

Page 3 of 4

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Funding Code _____ **TOTAL AMOUNT P 1,999,000.00**

FUNDS AVAILABLE:
Attachment
 PR No: GSD-Equip-2024-007
 Abstract of Canvass/Bids: AB-2024-07B
 BAC Resolution No: R2024-12-701
 NOA No: NOA-2024-171
 NTP No: NTP-PROC-2024-317
 PhilGEPS Ref No: 11338680
 AMRP No. N/A

LEA M. VILLALOBOS, DBA, CPA
 Chief Accountant

APPROVED:

SONIA B. GONZALEZ, M.D., MSchSM, MPM
 Executive Director

CERTIFICATION
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 Date:

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 Is to be made: **Materials Management Division**
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 Special Instruction
 Delivery period: 7 Working Days Other Terms: _____
 Performance Security Posted:
 Cash Bank Guarantee Security Bond
 No: 6(13) 074460 Amount P: 599,700.00

| Item No | QTY | UNIT | ARTICLES | UNIT COST | TOTAL COST |
|---------|-----|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------|
| | 1 | Unit | Supply, Delivery, Testing & Commissioning of Infusion Device Analyzer (Heavy Duty) Brand: Rigel Medical Make/Model: England/Mutiflo ii. The expected useful life of the equipment under normal use is 10-15 years under 24hrs continuous usage in a standard hospital patient room of approximate 50sqr meters; iii. Guarantee on availability of all spare parts, accessories, and consumables at least for the next five (5) years from testing, commissioning, acceptance and delivery; iv. It has competence in handling and providing technical support as well as maintenance of the equipment being offered; and v. Consumer guidelines regarding disposal of the equipment: see attached H. Delivery Period: 1. Within Sixty to Ninety (60-90) Calendar days upon receipt of the Purchase Order/Notice to Proceed *****Nothing to Follows***** <i>For the Use of General Services Division</i> | 1,999,000.00 | 1,999,000.00 <i>One Million Nine Hundred Ninety-Nine Thousand Pesos Only</i> |

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Funding Code 1-04-05-110 **PBBM (P150M) 2024** *ngd/sr/26* **TOTAL AMOUNT P 1,999,000.00** *lnr*

FUNDS AVAILABLE: ₱ 1,999,000.00
LEA M. VILLALOBOS, DBA, CPA
 Chief Accountant
 APPROVED: *so/sagey*
SONIA B. GONZALEZ, M.D., MSCHSM, MPM
 Executive Director

Attachment
 PR No: GSD-Equip-2024-007
 Abstract of Canvass/Bids: AB-2024-07B
 BAC Resolution No: R2024-12-701
 NOA No: NOA-2024-171
 NTP No: NTP-PROC-2024-317
 PhilGEPS Ref No: 11338680
 AMRP No: N/A

CERTIFICATION
 This is to certify that I received today the Original copy of this Purchase Order, and held the Company bound by the terms and stipulation of the contract and other laws applicable
 SENT THRU EMAIL & CONFIRMED BY
lnr
MR. MATTHEW ABAY
 Signature over printed name
 Date: JANUARY 2, 2024

Distribution: Original - Attachment to payment
 Duplicate - Procurement/Materials Management Division



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 TO PROCEED
NTP-PROC-2024-317**

AMI EQUIPMENT SERVICES & SOLUTIONS, INC.

Unit 1012 Medical Plaza Ortigas, No. 25 San Miguel Ave.

Ortigas Center, Pasig City

Tel. No.: 0287067300

E-mail Add.: bidning@amicorp.com.ph

Sir / Madam:

This is to inform you that Purchase Order No. 77671, as a result of Competitive Bidding for the purchase of **Supply, Delivery, Testing & Commissioning of One (1) Unit Infusion Device Analyzer (Heavy Duty)**, has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order **within Sixty to Ninety (60-90) Calendar days** from the receipt of this Notice.


Thank you.

Very truly yours,


SONIA B. GONZALEZ, MD, MScHSM, MPM
Executive Director

CONFORME:

Received Original



Signature over Printed Name
Authorized Representative

Date: Jan 2, 2025