



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: **77812**
 Date of P.O.: **2025-01-16**
 PR NO: **PATHO-2025-01** / Dated: **2024-09-26**
 MODE OF PROCUREMENT: **PB (Goods)**

TO: Supplier/Dealer Contractor: **ALLIED HOSPITAL SUPPLY INTERNATIONAL CORPORATION**
 Address: **Unit 1 BSC Bldg. 144 Mindanao Ave., Brgy. Bahay Toro, Quezon City / leslie.serilla@ahsic.net / 928-4649 / 455-4323**

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)-R007A03-348482** Amount P: **69,000.00**

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	55	kt	IgM,IgG in Dengue Rapid (Antibody Test) ✓ Abbott Bioline Dengue Igg/Igm, ✓ Immunochromatograpyp principle, 25test/ kit, made in Korea ✓	4,000.00	220,000.00
2	2	kt	Salmonella IgM, IgG (Antibody Test) ✓ Abbott Bioline Salmonella Igm/Igg, Immunochromatograpyp principle, 25 Test / Kit, made in Korea ✓ Manufacturer: Abbott Diagnostic Korea	5,000.00	10,000.00
xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx For the use of Pathology Division -All deliveries shall have at least one (1) year expiration period-					P 230,000.00 (Two Hundred Thirty Thousand Pesos)

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.

Additional Instructions & conditions:
 1. Staggered Delivery/Payment
 2. Delivery will take effect upon receipt of Delivery Confirmation of Quantity/Date
 3. Delivery is within **7 Working Days** upon receipt of Delivery Confirmation
 4. PCMC has the right to reject or cancel any items in this PO for justifiable and reasonable ground where the award will not benefit the Government

Funding Code **5020508** *mgf 1/27/25*

TOTAL AMOUNT P 230,000.00

FUNDS AVAILABLE: 230,000
 Attachment
 PR No: **PATHO-2025-01** ✓
 Abstract of Canvass/Bids:
 BAC Resolution No: **R2025-00-029** ✓
 NOA No: **NOA-2025-022-002** ✓
 NTP No: **NTP-PROC-2025-060** ✓
 PhilGEPS Ref No: **11394948**
 AMRP No.

APPROVED:
Maria Eva L. Jopson
MARIA EVA L. JOPSON, MD, MSCHSM, MPM
 OIC Executive Director

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
 25-0257SF



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-2025-060

January 16, 2025

ALLIED HOSPITAL SUPPLY INT'L. CORP.

Unit 1 BSC Bldg., 144 Mindanao Ave.,
Brgy. Bahay Toro, Quezon City
Tel. No.: 928-4649 / 455-4323
Email Add: Leslie.serilla@ahsic.ph
Leslie.serilla@yahoo.com

Sir/Madam:

This is to inform you that Purchase Order No. 77812 as a result of Public Bidding for the purchase of Various Laboratory Supplies for CY 2025 has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within **seven (7) working days upon receipt of the Notice To Proceed and/or Delivery Order Slip** for Staggered Delivery.

Thank you.

Very Truly Yours,

Maria Eva I. Jopson
MARIA EVA I. JOPSON, MD, MSCHSM, MPM
OIC, Executive Director *[Signature]*

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____

