

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: 77822

Date of P.O:

2025-01-16

Dated: 2024-09-26 PR NO: PATHO-2025-01

MODE OF PROCUREMENT: PB (Goods)

TO: Supplier	/Dealer Contractor:	SCIENTIFIC BIOTECH	SPECIALTIES,	INC.	1
Address:	6023 Sacred Heart	Cor. Kamagong St.,	San Antonio, I	Makati	City /
	info@sbsi.com.ph/	claire.ballesteros@st	si.com.ph / 88	324-455	51; 8896-9382

Department/Office/Division/Section/Unit where delivery					elivery period: 7 Working I	Days Other Ter	ms:		
Is to be made: Materials Management Division						Performance Security Posted:			
Location						☐ Cash ☐ Bank Guarantee ☑ Security Bond			
Special Instruction No: G(13) - ALB - 0202275 Amount P: 22									
Item No	QTY	NAME AND ADDRESS OF	UNI	T	ARTICLES		UNIT COST		TAL COST
1	2 .	the latest series	NAME OF TAXABLE PARTY.	7	Agar, Mueller Hinton powder 500g (MHA po	owder) /	5,200.00	-	10,400.00
					Mueller Hinton Agar 500G/ Bottle		-,	r	,
2	1	_	bt		Agar, TCBS 500g	1	7,350.00		7,350.00
					Tcbs (Old Formulation), 500G/ Bottle .	ľ		1	
3	3 .	-	bt		Agar, Triple sugar Iron powder 500g	1	5,350.00	-	16,050.00
					Triple Sugar Iron, 500G/ Bottle				
4	1	1	bt	/	Agar, Tryptic Soy powder 500g		4,500.00	-	4,500.00
_	Tryptone Soya Agar, 500G/ Bottle -								
5	3000	1	pc	/	Blood agar (TSA, Sheeps /Mac Conkey agai	r 10 plates/pk)	45.00	1	135,000.00
_	2150				Col Shp Bld / Mac 3, 10 Plates/ Pack				
6	3150	1	pc	/	Blood agar plate (TSA, Sheeps blood)10 pla	ates/pk	45.00	/	141,750.00
7	2		ht	,	TSA Shp Bld, 10 Plates/ Pack Broth, brain heart infusion powder 500g (B	ILII novedod d	6.050.00		12,000,00
1 '	2	1	DL	•	Brain Heart Infusion Broth 500G/ Bottle		6,950.00	1	13,900.00
8	2	ار	ht	/	Broth, thioglycollate powder 500g	´	6,950.00		12 000 00
0	-	1	D.	•	Thioglycollate Fluid Medium Usp 500G/ Bot	ttle	0,950.00	-	13,900.00
9	5000	-	nc	,	Chocolate agar (Sheeps Blood)with supple		50.00		250,000.00
,	3000		pc	•	isovitalex) 10 plates/pk	ment (poryvitex or	50.00	1	250,000.00
		- 1			Choc Ii + Hb, 10 Plates/ Pack				
10	1	0	set	,	Hemophilus Test (V Factor, X & V Factor, X	Factor for Hemophilus)	2,250.00	1	2,250.00
		1			V Factor Single, X Factor Single, X + V Factor		_,		-,
11	1	1	pk	1	Oxidase Test /	1	12,500.00	1	12,500.00
		ı	•		Oxidase Strips Pk100, 100 Strips/ Pack /	1			
12	1	4	st	1	Salmonella polyvalent, typing sera (Wellcol		35,000.00	-	35,000.00
					Wellcolex Colour Salmonella Kt/50Tst, 50 T	ests/ Kit	_		
13	300	1	pc	1	Salmonella Shigella/TCBS plate, 10 plates/p	ok ,	140.00	1	42,000.00
		7			TCBS / Ss, 10 Plates/ Pack /				
14	1	1	st	1	Shigella polyvalent, typing sera (Wellcolex)		35,000.00	-	35,000.00
1.5	20				Wellcolex Colour Shigella Kt/50Tst, 50 Test	s/ Kit			
15	20	1	pc	1	Thayer Martin Agar plate, 10 plates/pk		68.00	-	1,360.00
		- 1			Modified Thayer Martin, 10 Plates/ Pack	-			
		- 1			Brand & Manufacturer: Thermofisher Scien	tific			
		- 1			brand & mandractarer. Thermonsher Scien				
		- 1			xxxxxxxxxxxxxxxx Nothing Follows	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		` p	720.960.00
		- 1			For the use of Pathology Di			-	(Seven
		- 1			*** All deliveries shall have at least One (1) ye	ear expiration period ***			Hundred
		- 1							Twenty
		- 1						The	usand Nine
						1			
		1						пи	ndred Sixty
Penalty Cla	use for l	Dela	yed or	Uns	atisfactory Deliveries:	Additional instruction	ns & conditions:		Pesos)
One-tenth (1/10) of one percent (1%) of the cost of unperformed portion for everyday of delay. Once the Staggered Delivery/Payment Staggered Delivery/Payment									

The tenth (170) 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 procurred 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.

2. Delivery will take effect upon receipt of Delivery Confimation 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 50203080 mgd 1/27/25	TOTAL AMOUNT P 720,960.00
Attachment PR No: PATHO-2025-01 Abstract of Canvass/Bids: BAC Resolution No: R2025-00-029 Chief Accountant APPROVED: MARIA EVA I. JOPSON, MD. MScHSM, MPM OIC Executive Director Attachment PR No: PATHO-2025-01 Abstract of Canvass/Bids: BAC Resolution No: R2025-00-029 NOA No: NOA-2025-022-009 INTP No: NTP-PROC-2025-067 PhilGEPS Ref No: 11394948 AMRP No.	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 25-02497 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-2025-067

January 16, 2025

SCIENTIFIC BIOTECH SPECIALTIES, INC.

6023 Sacred Heart corner Kamagong St.,

Brgy. San Antonio, Makati City

Tel. No.: 8824-4551 / Fax No.: 8896-9382

Email Add: info@sbsi.com.ph

claire.ballesteros@sbsi.com.ph

Sir/Madam:

for the purchase of <u>Various Laboratory Supplies for CY 2025</u> 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,

OIC, Executive Director

CONFORME:

Received Original

Signature Over Printed Name **Authorized Representative**

Date: _



