



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: **77825**
 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: **TRACE BIOMEDICAL CORPORATION**
 Address: **No. 44 Examiner Street, Brgy. West Triangle, Quezon City / andrew_ong@tracebiomedical.com / james_jasi@yahoo.com / james_ignacio@tracebiomedical.com / 8925-0500 / 0939-934-4446**

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: **cat/cic-25-033** Amount P: **32,725.00**

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	5	kit	Anti-NMDAR EUROIMMUN, 10x05 per kit, Anti-NMDAR Brand & Manufacturer: Euroimmun	97,700.00	488,500.00
2	4150	pc	Mac Conkey Agar plate, 10 plates/pk BACTEFAST, Mac Conkey Agar Plated Media 90 x 15 mm 10/pack with cover, vacuumed seal plastic, sterile, at least 30 days expiration from the day of delivery Brand & Manufacturer: Bactefast	40.00	166,000.00
xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx For the use of Pathology Division *** All deliveries shall have at least One (1) year expiration period ***					P 654,500.00 (Six Hundred Fifty Four Thousand Five Hundred 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 items.

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 **50203080 mgf 1/24/25** **TOTAL AMOUNT P 654,500.00**

FUNDS AVAILABLE: **654,500.00**

Attachment
 PR No: **PATHO-2025-01**
 Abstract of Canvass/Bids:
 BAC Resolution No: **R2025-00-029**
 NOA No: **NOA-2025-022-011**
 NTP No: **NTP-PROC-2025-069**
 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

APPROVED:
LEA M. VILLALOBOS, DBA, CPA
 Chief Accountant
MARIA EVA I. JOPSON, MD, MSChSM, MPM
 OIC Executive Director

Signature over printed name
 Date:

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-2025-069

January 16, 2025

TRACE BIOMEDICAL CORPORATION

44 Examiner St., West Triangle,
Quezon City
Tel. No.: 8925-0500
Email Add: admin@tracebiomedical.com

Sir/Madam:

This is to inform you that Purchase Order No. 77825 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 JOPSON, MD, MScHSM, MPM
OIC, Executive Director 

CONFORME:

Received Original

Signature Over Printed Name

Authorized Representative

Date: _____

