

Republic of the Philippines PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

Tel. No.: 8588-9900 Loc. 1329, 1330, 1331, 1332 PR NO:

PURCHASE ORDER: 77850

Date of P.O: 2025-01-21

Dated: 2024-10-15

PATHO-RTU-2025-19

MODE OF PROCUREMENT: PB (Goods) Fax No.: 85889997 • E-mail: pcmcproc@gmail.com

TO: Supplier/Dealer Contractor: METRO DRUG, INC. JVA with Interpharma Holdings and Management Corp.

Address: Sta. Rosa Estate, Brgy. Macabling, Sta. Rosa, Laguna / ADizon@metrodrug.com.ph / 8424-1228/

0917-8539770 (Annielyn)

| D | | C (Division | - 15 anti Obsit sub and delicement | Daliyan, paried, 7 Working | Dava Other Te | |
|-----------------|----------|--|--|---|--|-------------------------|
| | | | on/Section/Unit where delivery Is Management Division | Delivery period: 7 Working Performance Security Post | | - BPI |
| Location | | Annual Section Section Control of Control Section Control Sect | Floor, PCMC Bldg | 」 Cash ☐ Bank Guar | | |
| Special | Instruct | ion | | No: 02026520347489 | The state of the s | nt P: 185,850.00 |
| Special Item No | QTY | UNIT | ARTICLES One (1) Lot Supply and Delivery of reage Reagent Tie-up Agreement for three (3) Profile, Thyroid Profile, Anti-HAV IgM, CRubella IgM, AFP, B-HCG, Serum Ferritin Parathyroid Hormone and Total Vitamin Machine to be provided: One (1) Unit Fully automated machine, crandom access system for immunoassay Electrochemiluminescence technology - Specifications: 1.) The analyzer system's control unit is cm color TFT-LCD, XGA (Operator's Manureagents are via 2D barcode including a accepts PDF417, Code 128, Codabar (NV Code 39 for sample barcode types 2.) The analyzer reagent's status can be overview area of the System Overview vrotor graphic 3.) The analyzer is a continuous loading sample positions with STAT prior 4.) With the capacity to: a. The analyzer is capable of running the Serum, Plasma, Urine and others b. The analyzer is capable of running aul. per test, depending on assay protococ. The analyzer is capable of running ditypes: Primary Tubes, Sample Cups, Cupon Tube 5.) The analyzer can perform a lot calibratic is valid for all reagent packs from the 7.) The analyzer can display the followin Calibration Result from the System Over 8.) The cobas e 411 is CE-marked and ha Conformity (see attachment Hitachi EU Total Number of tests that should be coincluding all consumables needed: 900 t AFP; 600 test CMV-IgM; 2,500 test Seru HAV Ig M; 2,300 test Free T4; 600 test Toxopla 200 test Cortisol; 800 test Intact Parathy Total Vitamin D; 1,000 test HBsAG; 900 600 test Anti-HBc Total; 500 test HBsAG; 900 600 test Anti-HBc Tota | ents/consumables under years for Hepatitis B MV IgM, Toxoplasma IgM, , Cortisol, Intact D continuous loading and analysis based on cobas e 411 a touchscreen monitor, 39 all p.62). Programmable il necessary information and V7), Interleaved 2 of 5, seen under the reagent window containing a reagent random access with 30 the following sample types: sample volume of 10 to 50 of the sample container of the sample | Amour UNIT COST | TOTAL COST |
| 1 | 9 4 | | Elecsys AFP, 100 tests per kit, Roche | | 20,000.00 | |
| 2 | 6 / | | Elecsys CMV IgM, 100 tests per kit, I | | 36,000.00 | |
| 3 | 25 | | Serum Ferritin, Elecsys Ferritin 100 Anti-HAV IgM, Elecsys A-HaV IgM, 12 | | 19,000.00 | 475,000.00 80,000.00 |
| | | | "Roche" / hTSH, Elecsys TSH v2, 200 tests/kit | | 30,000.00 | 360,000.00 |
| 5 | 12 | | | | | 216,000.00 |
| 6 | 6 | | Elecsys Rubella IgM, 100 tests per k | | | |
| 7 | 9 . | | Free T3, Elecsys FT3 III v2, 200 tests | | 30,000.00 | 270,000.00 |
| 8 | 12 | | Free T4, Elecsys FT4 IV, 200 test/kit | | 30,000.00 | 360,000.00 |
| 9 | 6 | | Toxoplasma IgM, Elecsys Toxo IgM, "Roche" | | 36,000.00 | 216,000.00 |
| 10 | 6 | | Elecsys HCG+β, 100 tests per kit, R | | 18,000.00 | 108,000.00 |
| 11 | 2 . | kit C | Elecsys Cortisol II, 100 tests per kit, | Roche / | 20,000.00 | 40,000.00 |



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| Departn | nent/Offi | ice/Divisio | on/Section/Unit where delivery | Delivery period: 7 Working | g Days Other Te | rms: | |
|--|-------------|--------------|---|---|----------------------|----------------------------------|--|
| Is to be made: Materials Management Division | | | | Performance Security Posted: | | | |
| Location | | | Floor, PCMC Bldg | ☐ ☐ Cash ☐ Bank Guarantee ☐ Security Bond | | | |
| Special Instruction | | | | No: | | Amount P: | |
| Item No | QTY | UNIT | ARTICL | | UNIT COST | TOTAL COST | |
| 12 | 8 * | kit Z | Intact Parathyroid Hormone, Electests/kit "Roche" | csys PTH (intact) V2 100 | 36,000.00 | 288,000.00 | |
| 13 | 8. | kit / | Total Vitamin D, Elecsys Vitamin Hydroxyvitamin D), 100 tests/kit | 50,000.00 | 400,000.00 | | |
| 14 | 10 2 | kit / | HBsAG Elecsys HBsAG II v2, 100 | 15,000.00 | / 150,000.00 | | |
| 15 | 9 , | kit / | Anti-HBs (Quantitative) Elecsys A tests/kit "Roche" | 12,000.00 | , 108,000.00 | | |
| 16 | 6 6 | kit , | Anti-HBc Total Elecsys A-HBc II, 1 | 15,000.00 | / 90,000.00 | | |
| 17 | 5 / | kit c | Elecsys HBeAg, 100 tests per kit, | , Roche 🗸 | 16,000.00 | 80,000.00 | |
| 18 | 5 / | kit < | Anti-HBe Elecsys A-HBe 100 test | s/kit "Roche" | 16,000.00 | > 80,000.00 | |
| | | | xxxxxxxxxxxxxxxxx Nothing Fo | llows xxxxxxxxxxxxxxxx | , | ₱ 3,717,000,00 (Three Million | |
| | | | For the use of Patho | | | Seven Hundred Seventeen | |
| | | | *** All deliveries shall have at least Or Multi-Year Projec - CONFORME TO THE ATTACHE | t:1st Year | | Thousand Pesos) | |
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| Penalty Cla | ause for De | layed or Uns | atisfactory Deliveries: | Additional instruc | ctions & conditions: | | |

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 procurred from third parties, through alternative mode of procur ement; and 3. In case of bidding, forfeiture of performance security equal to 5% of the undelivered item/s.

Staggered Delivery/Payment
 Delivery will take effect upon receipt of Delivery Confimation of Quantity/Date
 Delivery is within 7 Working Days upon receipt of Delivery Confimation

A, 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

| Funding Code | v-02-03-08 | 1 mg 1/28 | TOTAL AMOUNT P 3,717,000.00 |
|-------------------------|--|--|---|
| LEA M. V | ABLE: \$3,717,00 ULLALOBOS, DBA, CPA nief Accountant | ☐ PR No: PATHO-RTU-2025-19 ☐ Abstract of Canvass/Bids: AB-2025-021 ☐ BAC Resolution No: R2025-00-017 ☐ NOA No: 2025-010 ☐ NTP No: 2025-102 | 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 |
| MARIA EVA I. J OIC I | OPPON, MD, MScHSM, Executive Director | MPM h | Signature over printed name Date: |
| Distribution: | Original - Duplicate - | Attachment to payment Procurement/Materials Management Division | |

25-02986P agement System (SIMS) PO# 77850



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-2025-102

January 21, 2025

METRO DRUG, INC. JVA with Interpharma Holdings and management Corporation Sta. Rosa Estate, Brgy. Macabling, Sta. Rosa, Laguna

Tel No.: 8424-1228/0918-917-0947

Sir/Madam:

Procurement of One (1) Lot Supply and Delivery of reagents / consumables under Reagent Tie - up Agreement for three (3) years for Hepatitis B Profile, Thyroid Profile, Anti-HAV IgM, CMV IgM, Toxoplasma IgM, Rubella IgM, Rubella IgM, AFP, B-HCG, Serum Ferritin, Cortisol, <u>Intact Parathyroid Hormone and Total Vitamin D</u> has been approved.

You may now proceed with the delivery of items listed in the attached Purchase Order within <u>seven (7) working days</u> from receipt of this notice and/or Delivery Order Slip for Staggered Delivery.

Maria eva I. Jopson, MD, MScHSM, MPM OIC, Executive Director

CONFORME: Received Original

Signature Over Printed Name **Authorized Representative**

Date: