

#### 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: 77911

Date of P.O: 2025-01-30

Dated: 2024-09-17

PATHO-RTU-2025-09 \

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

TO: Supplier/Dealer Contractor: FAS DIAGNOSTIC GROUP INC.							
Address			st., Paco, Manila / com02@fas.ph, com07@fasdiagnost @gmail.com / 2498660 to 64	lcgroup.com,			
			on/Section/Unit where delivery Delivery period: 7 Workin	g Days Other Te	rms:		
			s Management Division Performance Security Pos				
Location			Floor, PCMC Bldg		ity Bond		
Item No	Instruction		No: G(13) 186862	Amour	nt P: 482,400.00		
nem No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST		
	1		One (1) Lot Supply and Delivery of		1		
	1		supplies/consumables under Machine Placement Agreement for Three (3) years for Hema Analyzer		1		
	1		Agreement for Three (5) years for Hema Analyzer				
			Machine to be provided:		1		
			Two (2) units Fully Automated 6 part differential		1		
			Hematology Analyzer capable of measuring the		1		
			immature granulocytes, immature platelet		1		
	1		fraction, Reticulocytes and its maturation index		1		
			and body fluid (Mindray BC - 6200)				
			Specifications:				
	-		1.) Throughput of 110 samples / hour for Whole				
	}		Blood Sample including NRBC analyst, at 80		1		
1			samples per hour for CBC with Reticulocyte		1		
			analysis and at least 20 samples per hour Body Fluids.				
			2.) With sample aspiration volume of 85 uL for				
	1		whole blood sample and 20 uL for pre-diluted		1		
			samples to allow samples to be re-analyzed		1		
			several times.		)		
			3.) Must be capable of accomodating primary		1		
			tubes with sample collected as low as 350 uL for		1		
			both whole body and body fluis, and as low as				
	1		200 uL collected in a micro collection tube				
			without causing errors relating to insufficient blood samples to prevent the need for				
			recollection for low volume samples.		1		
			4.) WBC count should be always a standard		1		
	(		parameter when analysed with CBC analysis.				
			With automatic WBC correction in the presence of				
		1	NRBC. Uncorrected WBC counts must also be		1		
			viewable for manual correction purposes				
			5.) Bloody fluid analysis must be capable of				
1			reporting at least 2 part differential WBC		1		
			parameters (Ex. Polymorphonuclear Cells and				
			Mononuclear cells) 6.) Bloody fluid analysis must be capable of				
9			reporting at least 2 part differential WBC		1		
	(		parameters (Ex. Polymorphonuclear Cells and		[		
			Mononuclear cells)				
			7.) BC 6D QC material for all CBC, Differential,		1		
			Reticulocyte, and NRBC parameters. BC BF control		1		
	1		for body fluids with its own QC reference range		1		
			limits		1		
			8.) Must have a good standing in NEQAS or any EQA		1		
	1		9.) With an option to analyze platelets on a				
			dedicated platelet measurement channel to		1		
			ensure elimination of interferences caused by cell		1		
	1		sizes such RBC fragments, microcytic RBCs, and				
			WBC fragments.				
			10.) The winning bidder shall provide all necessary				
			reagents and supplies required for the equipment				
1	1	1	validation which will be conducted by the PCMC				



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MODE OF PROCUREMENT: PB (Goods)

TO: Supplier/Dealer Contractor: FAS DIAGNOSTIC GROUP INC.

ess: 1468 Lantin St., Paco, Manila / com02@fas.ph, com07@fasdiagnosticgroup.com,

jlorenzo.fas@gmail.com / 2498660 to 64

jlorenzo.fas@gmail.com / 2498660 to 64								
Department/Office/Division/Section/Unit where delivery Delivery period: 7 Working Days Other Terms:								
Is to be made: Materials Management Division   Performance Security Posted:   Location:   Cash   Location   Bank Guarantee   Location   Locatio								
Special	Instruction	n	No: 6(13) 186	862 Amour	2 Amount P: 482, 400.00			
Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST			
			The validation studies must include 20 test or each of the following criteria: Linearity Precision (Within Run and Between Run), Accuracy (Within Run and Between Run) Carryover, Limit of Blank, Lower and Higher L of quantification, Contamination, Matrix of Interferences. Comparison bias and reference Range.	imit				
			Total Number of tests that should be covered the proposal including all consumables neede >30000 test Complete Blood Count (CBC) >600 testReticulyte Count (already included ) >30000 test Body Fluid Cell Count Differential Count	d:				
1	83 .	kit	DS Diluent 20L x 1, 400 tests/kit "MINDRAY "	7,000.00	581,.000.00			
2	22 .	kit	M- 6LD Lyse 1L x 4, 1500 test/kit "MINDRAY"	11,000.00	242,000.00			
3	27、	kit	M- 6FD DYE, 12 x 4, 1200 tests/kit "MINDRAY"	8,000.00	216,000.00			
4	7_	kit	M-6LH LYSE, 1L x 4, 5000 test/kit "MINDRAY"	12,000.00	84,000.00			
5	2 .	kit	M-6DR Diluent 1L 450 tests/kit "MINDRAY"	6,500.00	13,000.00			
6	2	kit	M-6FR DYE 12mL 300 test/kit "MINDRAY"	10,000.00	20,000.00			
7	25 ,	kit	M-6LN LYSE 1L x 4, 1200 tests/kit "MINDRAY"	11,000.00	275,000.00			
8	25	kit	M-6FN DYE 12mL x 4,1200 tests/kit "MINDRAY"	4,120.00	103,000.00			
9	48	kit	Probe Cleanser 50mL, 2mL/day "MINDRAY"		Free of charge			
10	48	kit	BC-6D (H/N/L) 14 days OVS "MINDRAY"		Free of charge			
11	12	kit	Body Fluid Control (L, N, H), 30 tests/kit "MINDRAY	6,166,667	74,000.00 m			
			xxxxxxxxxxxx Nothing follows xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		(One Million Six Hundred Eight Thousand Pesos)			
			- CORPORNE TO THE ATTACHED TERMS OF REPERENCE					





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Dated: 2024-09-17

PATHO-RTU-2025-09 N

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

Address	: 146	8 Lantin	St., Paco, I	Manila / com02@fas. n / 2498660 to 64		fasdiag	nosticgrou	ip.com,	
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:  J Cash U Bank Guarantee J Security Bond No:  Amount P:					
Item No	QTY	UNIT		ARTICLE	No:		1 118	IIT COST	TOTAL COST
One-tent cumulative is may rescind under the ci-	th (1/10) of o amount of lie for terminat roumstance	one percent (1%) quidated damage e the contract, w s.	es reaches 10% of rithout prejudice t	ries: performed portion for everyday of the amount of the contract, the o other courses of action and rem natternative mode of procuremen	Procuring Entity nedies available	Staggere     Delivery     Quantity/Da	te is within <b>7 Work</b> i	ent	very Confimation of celpt of Delivery
				qual to 5% of the undelivered ite		4. PCMC has	s the right to reje nd reasonable gr		tems in this PO for ward will not benefit the
Funding	Code	5-02-	03-080	, mgd'lla	1/2		TOTAL A	MOUNT P	1,608,000.00
FUNDS AVAILABLE: 1 (.08,000). 00 Attachment  UPR No: PATHO-RTU-2025-09  UAbstract of Canvass/Bids: AB-2025-035  UBAC Resolution No: R2025-00-040  UNQA No: 2025-042  Chief Accountant  APPROVED:  UPR No: PATHO-RTU-2025-09  UAbstract of Canvass/Bids: AB-2025-035  UBAC Resolution No: R2025-00-040  UNQA No: 2025-042  UNTP No: 2025-141  UPHilGEPS Ref No: 11543789  UAMRP 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				
MARIA	OIC Ex	ecutive Dire	<i>A</i>	and h			Signa Date:	ture over p	rinted name
Distributi	on:	Original -	A	ttachment to payment					

Procurement/Materials Management Division

Duplicate -



# Republic of the Philippines DEPARTMENT OF HEALTH PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100
website: <a href="mailto:www.pcmc.gov.ph">www.pcmc.gov.ph</a> email: <a href="mailto:officeofthedirector@pcmc.gov.ph">officeofthedirector@pcmc.gov.ph</a>
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

## NOTICE TO PROCEED NTP-PROC-2025-141

January 30, 2025

FAS DIAGNOSTIC GROUP INC. ,

1468 Lantin Street,

Paco, Manila

Tel. No.: 249-8660 to 64

Sir/Madam:

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

Maria EVA I. JOSSON, MD, MSCHSM, MPM

OIC, Executive Director

CONFORME:

**Received Original** 

Signature Over Printed Name Authorized Representative

Date: \_\_\_\_\_



