



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: **77939**
 Date of P.O.: **2025-02-04**
 PR NO: **PATHO-2025-01** \ Dated: **2024-09-26**
 MODE OF PROCUREMENT: **PB (Goods)**

TO: Supplier/Dealer Contractor: **FAS DIAGNOSTIC GROUP INC.**
 Address: **1468 Lantin St., Paco, Manila / com02@fas.ph, com07@fasdiagnosticgroup.com, jlorenzo.fas@gmail.com / 2498660 to 64**

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) 187388** Amount P: **89,991.00**

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	6	kit	Minicap Hemoglobin Kit (e) \ "SEBIA" Hemoglobin (E) Kit 1 kit contains 2 vials of buffer (250ml each) 1 vial of hemolysing solution (250ml) \ 1 vial of wash solution (25ml) \ 1 pack of reagent cups (125pcs) \ 3 filters \ 4 bins for used cups \ 4x5 sheets of hemolysing solution bar code labels \ xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxx For the use of Pathology Division \ *** All deliveries shall have at least One (1) year expiration period ***	49,995.00	299,970.00

₱ 299,970.00
 (Two Hundred Ninety Nine Thousand Nine Hundred Seventy 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/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 **V-02-03-080** / **280.75** **TOTAL AMOUNT ₱ 299,970.00**

FUNDS AVAILABLE: **₱ 299,970.00**
LEA M. VILLALOBOS, DBA, CPA
 Chief Accountant
APPROVED:
MARIA EVA I. JOPSON, MD, MSCHSM, MPM
 OIC Executive Director

Attachment
 PR No: **PATHO-2025-01** \
 Abstract of Canvass/Bids: **AB-2025-029**
 BAC Resolution No: **R2025-01-080**
 NOA No: **2025-052-002** \
 NTP No: **2025-145** \
 PhilGEPS Ref No: **11510168**
 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
 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-2025-145

February 04, 2025

FAS DIAGNOSTIC GROUP INC.

1468 Lantin Street,
Paco, Manila
Tel. No.: 249-8660 to 64

Sir/Madam:

This is to inform you that Purchase Order No. 77939 as a result of Public Bidding for the Procurement of 6 kit Minicap Hemoglobin Kit (e) has been approved.

You may now proceed with the delivery of items listed in the attached Purchase Order within seven (7) working days 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: _____

