



PURCHASE ORDER

Supplier : **Biogenmeds Pharma Center**

P.O. Number: **2023061935**

Address : **fairview park, quezon city**



O20230619350D08E7C4F

PhilGEPS Registration No. : **2012075656355845605**

Tel./Fax No. : **09152861685**

Registration Certificate : **DTI**

Date : **Jun 01, 2023**

P.R. No. : **2023021138**

Procurement mode: **Bidding**

Req. Office : **PEEDO - DavNor Pharmacy**

Gentlemen: Please furnish this office the following articles subject to terms and conditons contained herein:

Date of Delivery : _____ Payment Term : **ON ACCOUNT**

Place of Delivery : **DAVNOR PHARMACY**

Delivery Term: **10 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	✓ 1,000.00 TAB	ACETYLCYSTEINE 600MG EFFERVESCENT DEXTEIN 2024	25.00	25,000.00
2	✓ 20.00 VIAL	ADENOSINE 3MG/ML, 2ML ADENOSCAN	1,500.00	30,000.00
3	✓ 300.00 TAB	ALLOPURINOL 100MG ALLUPREX	2.50	750.00
4	✓ 300.00 TAB	ALLOPURINOL 300MG ALLUPREX	3.80	1,140.00
5	✓ 30.00 AMP	AMINOPHYLLINE 25MG/ML, 10ML ELIXOPHYLLIN	30.00	900.00
6	✓ 1,000.00 VIAL	AMPICILLIN + SULBACTAM 1G + 500MG 2023 SACRIVA	160.00	160,000.00
7	✓ 500.00 VIAL	AMPICILLIN + SULBACTAM 500MG + 250MG SACRIVA	150.00	75,000.00
8	✓ 3,000.00 VIAL	AMPICILLIN 1G 2024 AMBILIN	23.50	70,500.00
9	✓ 3,000.00 VIAL	AMPICILLIN 250MG LIFESIN	21.00	63,000.00
10	✓ 300.00 TAB	ASCORBIC ACID 500MG FORTIS	1.00	300.00
11	✓ 1,000.00 TAB	ASPIRIN 80MG 2024	1.50	1,500.00

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

I hereby conform that NOTICE TO DELIVER shall be served to the PLACE OF DELIVERY stated herein three (3) days before the actual delivery of the item/s covered by this Purchase Order.

Conforme :

MELISSA E. IPONG

Very truly yours,

(Signature over printed name)

EDWIN T. JUBAHIB
Governor

3/4/24
(Date)

NOTE: This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial Treasurer supported by this form to be attached to the voucher.

ALEJANDRO R. OMILA JR.



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PHILPRIN				
12	✓ 1,000.00 TAB	ATORVASTATIN 20MG <i>2024</i> ATORSAPH	3.50	3,500.00
13	✓ 2,000.00 TAB	ATORVASTATIN 40MG ATORSAPH	5.50	11,000.00
14	✓ 2,000.00 TAB	ATORVASTATIN 80MG ATORSAPH	5.50	11,000.00
15	✓ 50.00 BOTT	AZITHROMYCIN 200MG/5ML, 15ML ORAL SUSPENSION ATHRODIN	280.00	14,000.00
16	✓ 8,000.00 TAB	AZITHROMYCIN 500MG STIMAX	70.00	560,000.00
17	✓ 300.00 TAB	BETAHISTINE 16MG VETASAP	20.00	6,000.00
18	✓ 150.00 SUPP	BISACODYL 5MG <i>with notice</i> MYDOXY	40.00	6,000.00
19	✓ 400.00 TAB	BISACODYL 5MG <i>2024</i> MYDOXY	8.00	3,200.00
20	✓ 980.00 NEB	BUDESONIDE 250MCG/ML, 2ML BUDESON	45.00	44,100.00
21	✓ 500.00 VIAL	BUPIVACAINE + DEXTROSE 0.5% + 8%, 4ML	430.00	215,000.00

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
		SENSORCAINE		
22	800.00 TAB	CAPTOPRIL 25MG BIOPRIL	1.80	1,440.00
23	500.00 VIAL	CEFAZOLIN 1G 2024 CEFAZ	50.00	25,000.00
24	500.00 VIAL	CEFOXITIN 1G 2024 CEFOZEN	150.00	75,000.00
25	10,000.00 VIAL	CEFTRIAOXONE 1G + 10ML DILUENT 2024 PEFTRON	300.00	3,000,000.00
26	144.00 BOTT	CEFUROXIME 250MG/5ML, 50ML SUSPENSION * AEROX	120.00	17,280.00
27	10,000.00 VIAL	CEFUROXIME 750MG 2024 AEROX	85.00	850,000.00
28	5,000.00 CAP	CELECOXIB 200MG EMICOX	15.00	75,000.00
29	2,000.00 TAB	CETIRIZINE 10MG CETICIT	4.00	8,000.00
30	300.00 TAB	CINNARIZINE 25MG 2024 VERTEX	1.50	450.00
31	8,000.00 AMP	CLINDAMYCIN 150MG/ML, 4ML CLIN-GEN	316.00	2,528,000.00

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
32	500.00 TAB	CLOPIDOGREL 75MG CLOGREL	12.00	6,000.00
33	144.00 BOTT	CO-AMOXICLAV 400MG + 57MG/5ML, 70ML SUSPENSION RANICLAV	280.00	40,320.00
34	1,000.00 TAB	CO-AMOXICLAV 500MG + 125MG CLOVIMED	12.00	12,000.00
35	30.00 BOTT	DEXAMETHASONE + TOBRAMYCIN 0.1% + 0.3%, 5ML EYE DROPS CELSUS	390.00	11,700.00
36	300.00 CAP	DIPHENHYDRAMINE 50MG DIPHEN	1.80	540.00
37	200.00 BOTT	DOMPERIDONE 1MG/ML, 60ML SUSPENSION DOMPER	98.00	19,600.00
38	300.00 CAP	DOXYCYCLINE 100MG DOXYPERL	9.00	2,700.00
39	300.00 TAB	ENALAPRIL 5MG HYPACE	7.00	2,100.00
40	100.00 TUBE	ERYTHROMYCIN 0.5%, 5G EYE OINTMENT OPTRYL	130.00	13,000.00

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
41	5,000.00 TAB	FERROUS SALT (EQUIV. TO 60MG ELEMENTAL IRON) AMECIRON	2.00	10,000.00
42	3,000.00 CAP	FERROUS SALT + FOLIC ACID 60MG ELEMENTAL IRON + 400MCG AMECIRON	0.85	2,550.00
43	10.00 UNIT	FLUTICASONE + SALMETEROL 500MCG + 50MCG, * <i>with 400.00</i> 60 DOSES DRY POWDER INHALER ADEFLO	400.00	4,000.00
44	8,000.00 AMP	FUROSEMIDE 10MG/ML, 2ML FUREXIDE	18.00	144,000.00
45	600.00 TAB	FUROSEMIDE 20MG FUREXIDE	1.50	900.00
46	600.00 TAB	FUROSEMIDE 40MG FUREXIDE	1.50	900.00
47	1,000.00 VIAL	HYDROCORTISONE 100MG <i>2024</i> HYZONATE	50.00	50,000.00
48	3,000.00 VIAL	HYDROCORTISONE 250MG * HYZONATE	150.00	450,000.00
49	2,000.00 AMP	HYOSCINE 20MG/ML, 1ML BELLOID	28.00	56,000.00
50	30.00 BOTT	HYPROMELLOSE 0.3%, 10ML EYE DROPS	250.00	7,500.00

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
ILUBE				
51	300.00 TAB	IBUPROFEN 400MG 2024 IBUFEN	1.50	450.00
52	10.00 VIAL	IOPROMIDE 300MG/ML, 50ML * w/invoice ULTRAVIST	750.00	7,500.00
53	30.00 VIAL	IMMUNOGLOBULIN, HEPATITIS B (HUMAN), 0.5ML HEPABIG	2,000.00	60,000.00
54	800.00 PCS	IMMUNOGLOBULIN, TETANUS (HUMAN) 250IU/ML, 1ML PRE-FILLED SYRINGE SEROTET	920.00	736,000.00
55	600.00 TAB	ISOSORBIDE DINITRATE 5MG SUBLINGUAL * w/invoice ISODRIL	15.00	9,000.00
56	300.00 TAB	ISOSORBIDE-5-MONONITRATE 60MG MR ISODRIL	8.00	2,400.00
57	1,000.00 TAB	ISOXSUPRINE 10MG ISOXE	9.00	9,000.00
58	2,000.00 AMP	KETOROLAC 30MG/ML, 1ML KETOROBAS	24.00	48,000.00
59	30.00 BOTT	LEVOFLOXACIN 5MG/ML, 5ML EYE DROPS * w/invoice OFTAQUIX	750.00	22,500.00
60	5.00 BOTT	LIDOCAINE 10%, 50ML SPRAY *	2,400.00	12,000.00

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
XYLOCAINE				
61	✓ 30.00 BOTT	MEBENDAZOLE 100MG/5ML, 60ML SUSPENSION MEBEN	23.00	690.00
62	✓ 500.00 TAB	METOPROLOL 50MG PROLOL	1.80	900.00
63	✓ 30.00 BOTT	MOXIFLOXACIN 0.5% (5MG/ML), 5ML EYE DROPS * w/ notice CIPLA	300.00	9,000.00
64	✓ 1,000.00 AMP	NOREPINEPHRINE 1MG/ML, 4ML IRONAID	350.00	350,000.00
65	✓ 10.00 TAB	OLANZAPINE 10MG ORODISPERSIBLE 2024 TOLANZ	25.00	250.00
66	✓ 5,000.00 VIAL	OMEPRAZOLE 40MG + 10ML SOLVENT RANZOLE	250.00	1,250,000.00
67	✓ 50.00 AMP	ONDANSETRON 2MG/ML,, 4ML ONZET	400.00	20,000.00
68	✓ 2,000.00 SACHET	ORAL REHYDRATION SALTS 20.5G AMBILYTE	3.50	7,000.00
69	✓ 3,000.00 AMP	OXYTOCIN 10IU/ML, 1ML TOCINOX	190.00	570,000.00
70	✓ 288.00 BOTT	PARACETAMOL 100MG/ML, 15ML DROPS MYREX	24.00	6,912.00

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71	144.00 BOTT	PARACETAMOL 120MG/5ML (125MG/5ML), 60ML SYRUP MYREX	19.00	2,736.00
72	120.00 SUPP	PARACETAMOL 125MG 2024 RITEMED	45.00	5,400.00
73	3,000.00 AMP	PARACETAMOL 150MG/ML, 2ML 2024 BYREX	15.00	45,000.00
74	240.00 SUPP	PARACETAMOL 250MG 2023 November 27 NEOMOL	45.00	10,800.00
75	432.00 BOTT	PARACETAMOL 250MG/5ML, 60ML SYRUP MYREX	23.00	9,936.00
76	30.00 AMP	PHENYTOIN 50MG/ML, 2ML FERNTIN	600.00	18,000.00
77	1,000.00 AMP	PHYTOMENADIONE 10MG/ML, 1ML DEVTRAN	42.00	42,000.00
78	2,000.00 TAB	POTASSIUM 600MG 2024 KALU-SAPHRIDE	11.00	22,000.00
79	5,000.00 AMP	RANITIDINE 25MG/ML, 2ML RANITEIN	21.00	105,000.00
80	20.00 TUBE	SILVER SULFADIAZINE 1%, 25G CREAM FLAMAZINE	110.00	2,200.00

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81	100.00 AMP	SODIUM BICARBONATE 1mEq/ML, 20ML VENWELTH	150.00	15,000.00
82	5,000.00 TAB	SODIUM BICARBONATE 650MG VENWELTH	1.00	5,000.00
83	30.00 VIAL	SUXAMETHONIUM (SUCCINYLCHOLINE) <i>2023 November 5</i> 20MG/ML, 10ML SUXAM	295.00	8,850.00
84	1,000.00 AMP	TRAMADOL 50MG/ML, 2ML <i>2024</i> AMBIDOL	45.00	45,000.00
85	300.00 CAP	TRANEXAMIC ACID 500MG HEMOBAS	20.00	6,000.00
86	30.00 BOTT	TROPICAMIDE 0.5%, 5ML EYE DROPS * <i>w/ invoice</i> SANMYD-P	450.00	13,500.00
87	1,000.00 AMP	VACCINE, TETANUS TOXOID 40IU/0.5ML, 0.5ML * SITIMAX	75.00	75,000.00
88	10.00 AMP	VERAPAMIL 2.5MG/ML, 2ML * CALAPTIN	125.00	1,250.00
89	6.00 PCK	ACTIVATED CHARCOAL 10G * <i>w/ invoice</i> ACTIVATED CHARCOAL	190.00	1,140.00
90	300.00 CAP	CARBOCISTEINE 500MG <i>2024</i> CEASCOL	3.00	900.00

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
91	300.00 TAB	FEBUXOSTAT 40MG FURIC	14.00	4,200.00
92	10.00 BOTT	HEXETIDINE 0.1%, 60ML SOL'N ORAL ANTISEPTIC <i>with invoice</i> BACTIDOL	130.00	1,300.00
93	500.00 TAB	METHYLERGOMETRINE MALEATE 125MCG ERGOMET	8.00	4,000.00
94	300.00 TAB	PHENYLPROPANOLAMINE HCI + CHLORPHENAMINE MALEATE + PARACETAMOL 25MG + 2MG + 325MG SYMDEX	2.00	600.00

- Remarks :
1. ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE DATE OF DELIVERY.
 2. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
 3. TOTAL LOT AWARDING.
 4. WINNING SUPPLIER MUST PROVIDE A COPY OF CERTIFICATE OF PRODUCT REGISTRATION (CPR) OF EACH ITEM UPON DELIVERY.
 5. ITEMS NO. 88 UP TO NO. 93 ARE NON DPRI.
 6. SUPPLIER MUST INFORM THE R.O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO PROVINCIAL HEALTH OFFICE, LUNTIANG PARAISO REGIONAL REHABILITATION CENTER AND THE THREE (3) DDN HOSPITALS MOOE UNDER DRUGS AND MEDICINES ACCOUNT:
 *PROVINCIAL HEALTH OFFICE - P3,516,201.00
 *LPRRC - P25,000.00
 *DDNH-KAPALONG ZONE - P3,948,040.94

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

I hereby conform that **NOTICE TO DELIVER** shall be served to the **PLACE OF DELIVERY** stated herein three (3) days before the actual delivery of the item/s covered by this Purchase Order.

Conforme : _____ Very truly yours, _____

Melissa E. Ipong

 (Signature over printed name)

3/4/24

 (Date)

EDWIN T. JUBAHIB
 Governor

NOTE: This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial Treasurer supported by this form to be attached to the voucher.

ALEJANDRO R. OMILA JR.



PURCHASE ORDER

Supplier : **Biogenmeds Pharma Center**

P.O. Number: **2023061935**

Address : **fairview park, quezon city**



O20230619350D08E7C4F

PhilGEPS Registration No. : **2012075656355845605**

Tel./Fax No. : **09152861685**

Registration Certificate : **DTI**

Date : **Jun 01, 2023**

P.R. No. : **2023021138**

Procurement mode: **Bidding**

Req. Office : **PEEDO - DavNor Pharmacy**

Gentlemen: Please furnish this office the following articles subject to terms and conditons contained herein:

Date of Delivery : _____ Payment Term : **ON ACCOUNT**

Delivery Term: **10 Calendar Days**

Place of Delivery : **DAVNOR PHARMACY**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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*DDNH-IGACOS ZONE - P3,948,040.93

*DDNH-CARMEN ZONE - P3,948,040.93

The award is based on Abstract No. **0520231514** created on **May 12, 2023** and resolved on **June 01, 2023** under Quotation No. **B20231485** opened on **May 11, 2023**

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS

Grand Total Amount in Words : **TWELVE MILLION TWO HUNDRED EIGHTY-TWO THOUSAND TWO HUNDRED EIGHTY-FOUR AND XX / 100**

GRAND TOTAL : **₱ 12,282,284.00**

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

I hereby conform that **NOTICE TO DELIVER** shall be served to the **PLACE OF DELIVERY** stated herein three (3) days before the actual delivery of the item/s covered by this Purchase Order.

Conforme :

MELISSA E. PONG

Very truly yours,

(Signature over printed name)

EDWIN L. SUBAHIB
Governor

5/4/24
(Date)

NOTE: This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial Treasurer supported by this form to be attached to the voucher.

ALEJANDRO R. OMILA JR.