



PURCHASE ORDER

Supplier : **BIOSITE MEDICAL INSTRUMENTS**

P.O. Number: **2024072266**

Address : **GROUND FLOOR 555 MANGA STREET CORNER LUISA STREET
 JUNA SUBD MATINA CROSSING TALOMO DISTRICT 8000 DAV**



O202407226684E46EF4D

PhilGEPS Registration No. : **200711175241926171339**
 Tel./Mobile/Fax No. : **09255585758**
 Registration Certificate : **DTI**

Date : **Jul 25, 2024**
 P.R. No. : **2024053050**
 Procurement mode: **Competitive Bidding**

Req. Office : **PEEDO - DDN Hospital (Carmen Zone)**

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: **End-user shall require the delivery of items in such quantity depending on actual needs**

Partial delivery NOT ALLOWED

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	45.00 3X3 ML	HEMA CONTROL TRI-LEVEL - 3 VIALS X 3ML DYMIND DF55	11,500.00	517,500.00
2	360.00 20L	DILUENT DYMIND DF55	11,300.00	4,068,000.00
3	100.00 50 ML	PROBE CLEANER DYMIND DF55	7,700.00	770,000.00
4	300.00 LTR	LYSE II - SHOULD BE 500ML PER BOTTLE DYMIND DF55	10,150.00	3,045,000.00
5	250.00 LTR	LYSE I - SHOULD BE 200ML PER BOTTLE DYMIND DF55	12,000.00	3,000,000.00

Remarks :

ADDITIONAL REQUIREMENTS:

1. ORIGINAL/CERTIFIED TRUE COPY OF CERTIFICATION THAT THE SUPPLIER IS AN AUTHORIZED DEALER OF THE PRODUCTS/ITEMS FOR BIDDING DULY ISSUED BY THE PRINCIPAL/MANUFACTURER.
2. ORIGINAL/CERTIFIED TRUE COPY OF A VALID AND CURRENT CERTIFICATE OF PRODUCT REGISTRATION (CPR) AND MUST CONFORM WITH THE ITEMS BID. THE BIDDER MUST SUBMIT A CERTIFICATION FROM THE FOOD AND DRUG DRUG ADMINISTRATION THAT THE ITEMS BEING OFFERED DOES NOT REQUIRE A CPR THAT TO BE SUBMITTED UPON DELIVERY.
3. ORIGINAL/CERTIFIED TRUE COPY OF VALID AND CURRENT LICENSE TO OPERATE AS MEDICAL DEVICE IMPORTER/WHOLESALE ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.

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 :

NOEL OPDIN JUMANAN
 (Signature over printed name)

 08-14-24
 (Date)

Very truly yours,


EDWIN T. UUBAHIB
 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. OMILAJR.



PURCHASE ORDER

Supplier : <u>BIOSITE MEDICAL INSTRUMENTS</u> Address : <u>GROUND FLOOR 555 MANGA STREET CORNER LUISA STREET</u> <u>JUNA SUBD MATINA CROSSING TALOMO DISTRICT 8000 DAV</u> PhilGEPS Registration No. : <u>200711175241926171339</u> Tel./Mobile/Fax No. : <u>09255585758</u> Registration Certificate : <u>DTI</u>	P.O. Number: 2024072266  O202407226684E46EF4D Date : Jul 25, 2024 P.R. No. : 2024053050 Procurement mode: Competitive Bidding
Req. Office : PEEDO - DDN Hospital (Carmen Zone)	

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

Date of Delivery : _____	Payment Term : ON ACCOUNT	Delivery Term: End-user shall require the delivery of items in such quantity depending on actual needs
Place of Delivery : DAVNOR PHARMACY		Partial delivery NOT ALLOWED

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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FAILURE TO SUBMIT ANY OF THE POST-QUALIFICATION ON TIME, OR A FINDING AGAINST THE VERACITY THEREOF, SHALL DISQUALIFY THE BIDDER FOR AWARD.

- TECHNICAL SPICIFICATIONS:**
1. FOR NEWLY INTRODUCED LABORATORY REAGENTS IN THE HOSPITALS, THE BIDDER MUST CONDUCT A PRODUCT DEMO AND SUBMIT A COPY OF BROCHURE OF THE MACHINE IN THE HOSPITAL'S LABORATORY.
 2. SUPPLIER MUST BE FOLLOW THE PRODUCT CONFIGURATION OR PACKAGING AS STATED IN THE PURCHASE ORDER.
 3. THE PREPARATION SHALL BE IN ACCORDANCE TO THE SPECIFIED QUALITY ASSURANCE PROTOCOL AND PASS THROUGH THE COMPULSORY LICENSING BODIES.
 4. ALL REAGENTS MUST BE DOH APPROVED AND ARE ENVIRONMENT FRIENDLY PRODUCTS.
 5. MATERIALS AND PACKAGING SHALL BE STRICTLY CHECKED BY THE AUTHORIZED REPRESENTATIVE/S AND OR MEMBERS/S OF THE OFFICE'S INSPECTORATE TEAM. ALL MATERIALS ARE SUBJECT TO SECURITY CHECK.
 6. THE SUPPLIER MUST BE THE AUTHORIZED DEALER BY THE PRINCIPAL OR MANUFACTURER.
 7. THE SUPPLIER MUST HAVE A VALID AND CURRENT LICENSE TO OPERATE AS MEDICAL DEVICE IMPORTER/WHOLESALE ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.
 8. VENDORS MUST HAVE A LOCAL SERVICE ENGINEER IN DAVAO DEL NORTE (AT THE TIME OF QUOTATION SUBMISSION, ADDRESS AND NAME OF SERVICE ENGINEER MUST BE MENTIONED IN THE TECHNICAL SPECIFICATIONS) FOR PROMPT AFTER SALES.

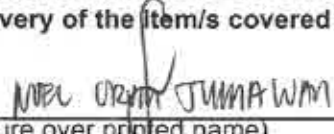
- MACHINE TECHNICAL SPECIFICATIONS:**
1. 5-PARTS HEMATOLOGY ANALYZER.
 2. FLOW CYTOMETRY (FCM) + TRI-ANGLE LASER SCATTER + CHEMICAL STAINING METHOD FOR WBC DIFFERENTIATION.
 3. IMPEDANCE METHOD FOR RBC AND PLT TEST.

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


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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, _____


 (Signature over printed name)

 05-11-24
 (Date)


EDWIN JUBAHIB
 Governor

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ALEJANDRO R. OMILAJR.



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10. CORRECTIVE MAINTENANCE SHALL BE ACTED UPON IMMEDIATELY WITHOUT COST.
11. TECHNICAL SERVICES WITHIN 72 HOURS AFTER RECEIPT OF WRITTEN REQUEST, SUPPLIER SHALL PROVIDE COMPATIBLE AND FULLY FUNCTIONAL BACK-UP MACHINE IF STILL UNSERVICEABLE WITHIN 72 HOURS.
12. FAILURE TO ACT AFTER 72 HOURS, THE SUPPLIER SHALL BE LIABLE OF PAYMENT EQUIVALENT TO THE VALUE OF LOST REVENUES FROM LABORATORY PROCEDURES WHICH SHOULD HAVE BEEN GENERATED BY THE HOSPITAL, WHILE THE EQUIPMENT IS NON-FUNCTIONAL.
13. IN CASE OF NON-COMPLAINCE WITH ADDITIONAL REQUIREMENTS IN ITEM NUMBER 12, THE WINNING SUPPLIER SHALL BEAR THE COSTS OF SENT OUT SAMPLES WITH A 5% INCOME RETENTION.
14. THE END-USER AGREES THAT ONLY THE SUPPLIER APPOINTED PERSONNEL WHO SHALL BE ATLEAST AN ACCREDITED OR CERTIFIED BIOMED TECHNICIAN SHALL ONLY BE AUTHORIZED TO UNDERTAKE THE REPAIR, REMOVAL OR REPLACEMENT OF THE PARTS NECESSARY TO KEEP THE INSTRUMENTS IN GOOD WORKING CONDITION. FOR THIS PURPOSE SUBMISSION OF TRAINING/ACCREDITATION CERTIFICATES SHALL BE REQUIRED. HOWEVER, IF REPLACEMENT OF EQUIPMENT IS NOT FEASIBLE THE SUPPLIER MUST MAKE THE EQUIPMENT FUNCTIONAL AT ITS COST FOR THE BENEFIT OF THE END-USER.
15. SHOULD THERE BE REMAINING REAGENTS AFTER THE CONCLUSION OF THE CONTRACT, THE SUPPLIER SHALL NOT PULL-OUT THE MACHINE AND SHALL CONTINUE TO MAINTAIN THE SAME UNTIL THE REMAINING REAGENTS ARE FULLY CONSUMED.
16. FAILURE TO COMPLY TO THE SPECIFICATIONS AFTER THREE (3) REPEATED WRITTEN DEMANDS, WOULD LEAD TO TERMINATION PLUS A PENALTY EQUIVALENT TO 5% OF THE CONTRACT PRICE.
17. SUBMIT A SCHEDULE OF PREVENTIVE MAINTENANCE AS REQUIRED IN THE EQUIPMENT MANUAL FURNISH A COPY OF THE FINDINGS TO THE LABORATORY FOR RECORDING PURPOSES, AS PART OF A DOH REQUIREMENT.
18. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM FIVE (5) DAYS BEFORE THE DELIVERY OF ITEMS.

* 2 MACHINES PER HOSPITAL (1 MACHINE AS BACK-UP)

ALL ITEMS TO BE CHARGED TO DAVAO DEL NORTE HOSPITAL- CARMEN ZONE MOOE UNDER MEDICAL, DENTAL AND

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

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 (Signature over printed name)

 (Date)

Very truly yours,

EDWIN F. JUBAHIB, Jr.
 Governor

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LABORATORY SUPPLIES				

The award is based on Abstract No. **0720242036** created on **July 04, 2024** and resolved on **July 19, 2024** under Quotation No. **B20242463** opened on **June 28, 2024**

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

Grand Total Amount in Words : **ELEVEN MILLION FOUR HUNDRED THOUSAND FIVE HUNDRED AND XX / 100**

GRAND TOTAL : **₱ 11,400,500.00**

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EDWIN JUBAHIB
Governor

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