



# PURCHASE ORDER

Supplier: **BIOSITE MEDICAL INSTRUMENTS**

P.O. Number: **2024072269**

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



**O2024072269BEEE18945**

PhilGEPS Registration No. : **200711175241926171339**

Tel./Mobile/Fax No. : **09255585758**

Registration Certificate : **DTI**

Date : **Jul 25, 2024**

P.R. No. : **2024053085**

Procurement mode: **Competitive Bidding**

Req. Office : **PEEDO - DDN Hospital (IGCS 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
1	6.00 BOX	ANTISTREPTOLYSIN O TITER (25 TESTS/BOX) TULIP	3,000.00	18,000.00
2	30.00 BOX	TSH (25 TESTS/BOX) ZYBIO Q8	14,400.00	432,000.00
3	50.00 BOX	C-REACTIVE PROTEIN (25 TESTS/BOX) ZYBIO Q8	7,920.00	396,000.00
4	35.00 BOX	T3 (25 TESTS/BOX) ZYBIO Q8	14,400.00	504,000.00
5	750.00 PC	TROPONIN 1 RAPID TEST KIT - CTN 1 RAPID QUANTITATIVE TEST ZYBIO Q8	740.00	555,000.00
6	58.00 BOX	SALMONELLA IGG IGM TULIP	2,880.00	167,040.00
7	35.00 BOX	T4 (25 TESTS/BOX) ZYBIO Q8	14,400.00	504,000.00
8	20.00 BOX	FT4 (25 TESTS/BOX) ZYBIO Q8	16,200.00	324,000.00
9	14.00 BOX	FT3 (25 TESTS/BOX) ZYBIO Q8	16,140.00	225,960.00
10	30.00 BOX	DENGUE COMBO RAPID TEST NS1 (25 TESTS/BOX)	13,800.00	414,000.00

**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 :

NOEL ORVIN JUMANAN  
(Signature over printed name)

Very truly yours,

08-14-24  
(Date)


EDWIN 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. OMILAJR.



# PURCHASE ORDER

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Tel./Mobile/Fax No. : <b>09255585758</b>	Date : <b>Jul 25, 2024</b>
Registration Certificate : <b>DTI</b>	P.R. No. : <b>2024053085</b>
	Procurement mode: <b>Competitive Bidding</b>

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

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**Partial delivery NOT ALLOWED**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		- ANTIGEN AND IgG/IgM ANTIBODIES TULIP		

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 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.


FAILURE TO SUBMIT ANY OF THE POST-QUALIFICATION ON TIME, OR A FINDING AGAINST THE VERACITY THEREOF, SHALL DISQUALIFY THE BIDDER FOR AWARD.

TECHNICAL SPECIFICATIONS:  
1. THE ITEMS MUST BE CONFORM TO THE DESCRIPTION AS STATED IN THE BID DOCUMENT.  
2. THE ITEM MUST HAVE NO RECORD OF VIOLATION AND SHALL BE INCLUDED IN THE LIST OF ACCEPTABLE LABORATORY REAGENTS KIT BY THE HOSPITAL'S THERAPEUTIC COMMITTEE.  
3. THE REQUISITIONING OFFICE HAVE A RIGHT TO DECLINED OR REJECT THE DELIVERED ITEMS/GOODS IF IT DOES NOT CONFORM TO THE SPECIFICATION STATED IN THE PURCHASE ORDER AND/OR THE ITEMS HAVE A RECORD OF VIOLATION OR COMPLAIN FROM THE END-USER.  
4. FOR NEWLY INTRODUCED LABORATORY REAGENTS KIT IN THE HOSPITAL, THE BIDDER MUST CONDUCT A PRODUCT DEMO AND SUBMIT A PRODUCT BROCHURE TO THE HOSPITAL'S LABORATORY AND WAS DECLARED ACCEPTABLE. DEADLINE FOR THE PRODUCT DEMO AND SUBMISSION OF BROCHURE IS FIVE (5) DAYS BEFORE THE

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

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 \_\_\_\_\_  
 (Signature over printed name)  
 \_\_\_\_\_  
 (Date)  
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 EDWIN JUBAHIB  
 Governor

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ALEJANDRO R. OMILAJR.

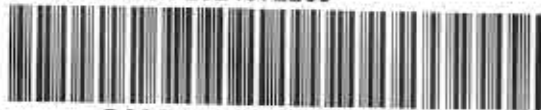


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**OPENING OF BIDDING.**

5. ALL PRODUCTS MUST BE APPROVED BY THE DEPARTMENT OF HEALTH (DOH).
6. THE SUPPLIER MUST OFFERED ONLY ONE (1) BRAND OF EVERY ITEM IN THE BID DOCUMENT AND THE SAME ITEM TO BE SUBMITTED FOR PRODUCT EVALUATION.
7. THE ITEM MUST HAVE A CERTIFICATE OF PRODUCT REGISTRATION (CPR) ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.
8. THE SUPPLIER MUST BE THE AUTHORIZED DEALER BY THE PRINCIPAL OR MANUFACTURER.
9. THE SUPPLIER MUST HAVE A VALID AND CURRENT LICENSE TO OPERATE AS MEDICAL DEVICE IMPORTER/WHOLESALE ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.

**TERMS AND CONDITIONS:**

1. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
2. TOTAL LOT AWARDING.
3. THE EXPIRATION DATE OF ITEMS TO BE OFFERED SHOULD NOT BE LESS THAN TWO (2) YEARS FROM THE DATE OF DELIVERY. IN CASE THE SHELF-LIFE TO BE OFFERED IS LESS THAN TWO (2) YEARS, A GUARANTEE LETTER SHALL BE SUBMITTED.
4. GOODS WHICH ARE THREE (3) MONTHS NEAR THE EXPIRY PERIOD SHALL BE RETURNED TO THE SUPPLIER. THE SUPPLIER SHALL ALSO REPLACE THE RETURNED ITEMS/GOODS.
5. DELIVERY TERM: END-USERS SHALL DETERMINE THE QUANTITY OF ITEMS TO BE DELIVERED, DEPENDING ON ACTUAL NEEDS.
6. MODE OF PAYMENT: MONTHLY BASIS.
7. ISSUANCE OF SALES/CHARGE INVOICE AND PROCESSING OF PAYMENT IS ON MONTHLY BASIS BASED ON THE ACTUAL CONSUMPTION OR QUANTITY DELIVERED ON A PARTICULAR PERIOD.
8. THE ISSUANCE OF SALES/CHARGE INVOICE MUST BE EVERY 1ST WEEK OF THE SUCCEEDING MONTH.
9. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM FIVE (5) DAYS BEFORE THE DELIVERY OF ITEMS.

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Conforme :

Very truly yours,

ROSEL QUINTA SUMMAYUSA  
(Signature over printed name)

08-14-24  
(Date)


EDWIN F. JUBAHIB  
Governor

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ALL ITEMS TO BE CHARGED TO DAVAO DEL NORTE HOSPITAL - IGACDZ ZONE MOOE UNDER MEDICAL, DENTAL AND LABORATORY SUPPLIES ACCOUNT.

The award is based on Abstract No. **0720242035** created on **July 04, 2024** and resolved on **July 19, 2024** under Quotation No. **B20242465** opened on **June 28, 2024**

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

Grand Total Amount in Words : <b>THREE MILLION FIVE HUNDRED FORTY THOUSAND AND XX / 100</b>	GRAND TOTAL : <b>₱ 3,540,000.00</b>
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