



## PURCHASE ORDER

Supplier : **REDEMP MEDICAL SUPPLY**

P.O. Number: **2024072262**

Address : **BLOCK 15 LOT 29 ROSEVILLE SUBD... ALFONSO ANGLIONGTO  
 SR. BUHANGIN DISTRICT 8000 DAVAO CITY DAVAO DEL**



**O2024072262E4639E940**

PhilGEPS Registration No. : **379040**

Tel./Mobile/Fax No. : **09656476746**

Registration Certificate : **DTI**

Date : **Jul 25, 2024**

P.R. No. : **2024053080**

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: **10 Calendar Days**

Place of Delivery : **DAVNOR PHARMACY**

**Partial delivery NOT ALLOWED**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	3.00 PC	STERILIZATION POUCH 20CM X 100M CUT - AUTOCLAVE POUCH ROLL - WITH GUSSET PAPER BACKED TRANSPARENT FILM <b>STERIPAK/ORMED</b>	1,554.00	4,662.00
2	14,900.00 SACH	LUBRICATING JELLY, KY JELLY, SACHET, 100'S <b>SURGITECH/ORMED</b>	6.50	96,850.00
3	20.00 PACK	DISPOSABLE BIB 100'S <b>TOPCARE/SURE-GUARD</b>	250.00	5,000.00
4	720.00 ROLL	ABSORBENT COTTON, 400GM <b>UNIMEX/SURE-GUARD</b>	311.50	224,280.00
5	300.00 ROLL	SURGICAL GAUZE 28X24 <b>TOPCARE/SURGITECH</b>	1,212.00	363,600.00
6	5,000.00 PC	STERILE TONGUE DEPRESSOR <b>TOPCARE/ORMED</b>	15.00	75,000.00
7	500.00 PC	DENTAL NEEDLE G27 SHORT <b>DENJECT</b>	7.00	3,500.00
8	500.00 PC	ASEPTO SYRINGE <b>TOPCARE/SURGITECH</b>	55.00	27,500.00
9	50.00 LTR	ULTRASOUND GEL 2.5L <b>SURGITECH/UNIMEX</b>	790.00	39,500.00

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

8

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 :

\_\_\_\_\_  
 (Signature over printed name)  
 88/21/24  
 \_\_\_\_\_  
 (Date)

Very truly yours,


**EDWIN JUBAHIB**  
 Governor

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ALEJANDRO R. OMILAJR.



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Req. Office : <b>PEEDO - DDN Hospital (Carmen Zone)</b>	

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

Date of Delivery : _____	Payment Term : <b>ON ACCOUNT</b>	Delivery Term: <b>10 Calendar Days</b> Partial delivery <b>NOT ALLOWED</b>
Place of Delivery : <b>DAVNOR PHARMACY</b>		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
10	20.00 PC	GUEDEL AIRWAY #00 (BLUE) 50MM <b>TOPCARE/INDOPLAS</b>	55.00	1,100.00
11	3.00 PC	STERILIZATION POUCH 40CM X 100M CUT - AUTOCLAVE POUCH ROLL - WITH GUSSET PAPER BACKED TRANSPARENT FILM <b>STERIPAK/ORMED</b>	1,400.00	4,200.00
12	1,000.00 PC	ECG PAPER 216MM X 20M <b>GENERIC</b>	280.00	280,000.00
13	10.00 PC	KELLY PAD - RUBBERIZED <b>RX.DR.CARE/GENERIC</b>	1,470.00	14,700.00
14	50.00 PC	ARMSLING (PEDIA) - MEDIUM SIZE <b>PROHEALTHCARE/GENERIC</b>	140.00	7,000.00
15	100.00 PC	NEBULIZING SET W/O MASK ADULT <b>SURGITECH/TOPCARE</b>	70.00	7,000.00
16	30.00 PC	ENDOTRACHEAL TUBE SIZE 2-0 WITH STYLET - UNCUFFED <b>TOPCARE/INDOPLAS</b>	55.00	1,650.00
17	30.00 PC	CRESCENT KNIFE/DISPOSABLE MICROSURGERY KNIFE <b>GENERIC</b>	625.00	18,750.00

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

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Very truly yours,  
  
**EDWIN T. JUBAHIB,**  
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ALEJANDRO R. OMILAJR.

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Place of Delivery: **DAVNOR PHARMACY**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
18	200.00 PC	wadding sheet 6x5 <b>SURGITECH/GENERIC</b>	72.00	14,400.00
19	3.00 PC	STERILIZATION POUCH 35CM X 100M CUT - AUTOCLAVE POUCH ROLL - WITH GUSSET PAPER BACKED TRANSPARENT FILM <b>STERIPAK/ORMED</b>	1,387.00	4,161.00

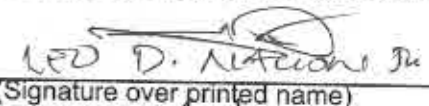
Remarks :  
 ADDITIONAL REQUIREMENTS:  
 1. ORIGINAL/CERTIFIED TRUE COPY OF A VALID AND CURRENT CERTIFICATE OF PRODUCT REGISTRATION (CPR) AND MUST CONFORM WITH THE ITEMS BID. THE BIDDER MUST SUBMIT A CERTIFICATION FROM FOOD AND DRUG ADMINISTRATION THAT THE ITEMS BEING OFFERED DOES NOT REQUIRE A CPR THAT TO BE SUBMITTED UPON DELIVERY.  
 2. ORIGINAL/CERTIFIED TRUE COPY OF VALID AND CURRENT LICENSE TO OPERATE AS MEDICAL DEVICE IMPORTER/WHOLESALEER 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 ITEM MUST BE CONFORM TO THE DESCRIPTION AS STATED IN THE BID DOCUMENT.  
 2. THE ITEM HAVE NO RECORD OF VIOLATION AND SHALL BE INCLUDED IN THE LIST OF ACCEPTABLE MEDICAL SUPPLIES 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

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS. 8

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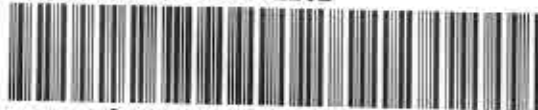
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- VIOLATION OR COMPLAIN FROM THE END-USER.
4. FOR NEWLY INTRODUCED MEDICAL SUPPLIES IN THE HOSPITAL, THE BIDDER MUST HAVE SUBMITTED TO THE DAVNOR PHARMACY ALL THE REQUIREMENTS (I. E. SAMPLES FOR EVALUATION AND BROCHURE OF THE PRODUCT OFFERED) AND WAS DECLARED ACCEPTABLE. DEADLINE FOR THE SUBMISSION OF SAMPLE AND BROCHURE IS FIVE (5) DAYS BEFORE THE OPENING OF BIDDING.
  5. 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.
  6. THE ITEM MUST HAVE A CERTIFICATE OF PRODUCT REGISTRATION (CPR) ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.
  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.

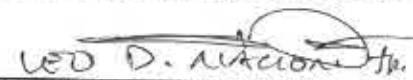
- TERMS AND CONDITIONS:
1. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
  2. TOTAL LOT AWARDING.
  3. THE EXPIRATION DATE OF ITEMS TO BE OFFERED SHOULD NOT BE LESS THAN TWO (2) YEARS FROM THE DATE OF DELIVERY. IN CASE THE SHELF-LIFE TO BE OFFERED IS LESS THAN TWO (2) YEARS, 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. PARTIAL DELIVERY ARE NOT ALLOWED.
  6. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM FIVE (5) DAYS BEFORE THE DELIVERY OF ITEMS.

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

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

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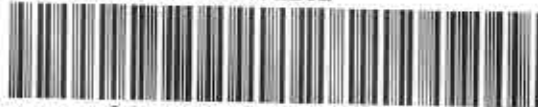
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The award is based on Abstract No. 0720242029 created on July 04, 2024 and resolved on July 25, 2024 under Quotation No. B20242458 opened on June 28, 2024

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

Grand Total Amount in Words : **ONE MILLION ONE HUNDRED NINETY-TWO THOUSAND EIGHT HUNDRED FIFTY-THREE AND XX / 100**

GRAND TOTAL : **₱ 1,192,853.00**

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