




PURCHASE ORDER

Supplier : LIFELINE DIAGNOSTICS SUPPLIES INC.	P.O. Number: 2023030826
Address : QUEZON CITY	 O2023030826C1AB053C8
PhilGEPS Registration No. : 2003101887196914976	Date : Mar 16, 2023
Tel./Fax No. : 632 83765917	P.R. No. : 2023010514
Registration Certificate : DTI	Procurement mode: Competitive Bidding
Req. Office : PEEDO - DDN Blood Center	

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

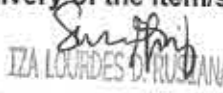
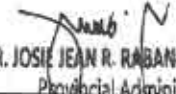
Date of Delivery : _____	Payment Term : ON ACCOUNT	Delivery Term: 15 Calendar Days
Place of Delivery : PEEDO DAVAO DEL NORTE BLOOD CENTER BLDG., I		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	5.00 KIT	MONOLISA HBsAg ULTRA;480T <ul style="list-style-type: none"> • Micro plate strips (Coated with monoclonal anti-HBs antibodies) • Concentrated washing solution • Negative control • Positive control • Conjugate diluent • Conjugate (Mouse monoclonal anti-HBs antibodies and goat polyclonal anti-HBs antibodies bound to the peroxidase. Lyophilized.) • Substrate buffer • Chromogen: TMB solution • Stopping solution 	40,600.00	203,000.00
2	5.00 KIT	MONOLISA HCV Ag/Ab ULTRA V2;480T <ul style="list-style-type: none"> • Micro plate strips (Coated with monoclonal anti-capsid antibody of the HCV, purified recombinant hepatitis C antigens NS3, NS4 and a HCV capsid peptide) • Concentrated washing solution • Negative control • Antibody Positive control (Human serum containing antibodies to HCV) • Antigen positive control (Antigen positive control synthetic containing a lyophilized capsid peptide) • Antigen diluent 	135,000.00	675,000.00

FOR USE OF PEEDO DAVAO DEL NORTE BLOOD CENTER LABORATORY

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,
	_____ (Signature over printed name)	By the Authority of the Governor:
	APRIL 25, 2023 (Date)	EDWIN I. JUBAHIB Governor
		 ENGR. JOSIE JEAN R. RABANOZ, CE, MPA, EnP Provincial Administrator

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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I.N.	Quantity/Unit	Item	Unit Cost	Amount
		<ul style="list-style-type: none"> • Conjugate 1 (Mouse biotinilated monoclonal antibodies against capsid HCV antigen) • Conjugate 2 (Mouse antibodies directed against human IgG/peroxidase and streptavidin/peroxidase) • Substrate buffer • Chromogen: TMB solution • Stopping solution 		
3	5.00 KIT	GENSCREEN ULTRA HIV Ag/Ab; 480T <ul style="list-style-type: none"> • Micro plate strips (coated with monoclonal antibodies to P24 HIV-1 (mouse) and purified HIV-1 and HIV-2 antigens) • Concentrated washing solution • Negative control • Antibody Positive control (Human plasma positive for anti-HIV-1 antibodies) • Antigen positive control (Purified HIV-1 antigen inactivated) • Conjugate 1 (Biotinylated polyclonal antibodies to P24 HIV-1 sheep) • Conjugate 2 (Lyophilised peroxidase labelled Streptavidin and purified HIV-1 and HIV-2 antigens) • Conjugate diluent • Substrate buffer • Chromogen: TMB solution • Stopping solution 	45,000.00	225,000.00

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 (Signature over printed name) _____ By the Authority of the Governor: **EDWIN I. JUBAHIB**
APRIL 25, 2023 _____ **Governor**
 (Date) _____ **ENGR. JOSIE JEAN R. RABANOZ, CE, MPA, EnP**
 Provincial Administrator

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Req. Office : PEEDO - DDN Blood Center	

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 : PEEDO DAVAO DEL NORTE BLOOD CENTER BLDG., I	Delivery Term: 15 Calendar Days
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
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- Remarks :
 Other Requirements
1. All reagents should be compatible with the tie-up EIA micro plate analyzer.
 2. Controls, Calibrators and other Accessories must be included.
 3. Must have proven good track records and have more than 30 installations to different major blood banks / blood centers nationwide.
 4. Must be included in the list of test kits as to the guidance for referral of blood sample for confirmatory set by NRL-NVBSP (Department Circular No. 2012-0198).
 5. Local Distributor must be ISO 9001>2008 Certified.
 6. Distributor must do repairs and routine maintenance of the EIA machine.
 7. All costs of parts and labor for wear and tear of the EIA machine will be on the account of the Distributor.
 8. The Distributor shall train the operator of the machine (medical technologists) on how to:
 - Operate the instrument on a daily basis
 - Set up an initiate an assay run
 - Handle / store kits
 - Operate the software
 - Properly maintain the machine
 - Result interpretation
 - Troubleshooting

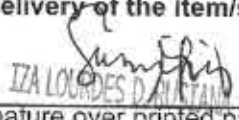
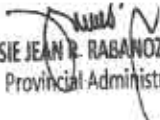
NOTE:
 - ALL DELIVERIES OF SUPPLIES MUST BE AT LEAST 1 YEAR OR MORE TO ITS EXPIRY DATE.
 -REAGENTS CLARIFICATION/SPECIFICATION REFER TO. R.O.

FOR USE OF PEEDO DAVAO DEL NORTE BLOOD CENTER LABORATORY

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Conforme :

 _____ (Signature over printed name) APRIL 25, 2023 _____ (Date)	Very truly yours, By the Authority of the Governor:  ENGR. JOSIE JEAN B. RABANOZ, CE, MPA, EnP Provincial Administrator	EDWIN I. JUBAHIB Governor
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The award is based on Abstract No. **0320230682** created on **March 09, 2023** and resolved on **March 16, 2023** under Quotation No. **B20230251** opened on **March 03, 2023**

FOR USE OF PEEDO DAVAO DEL NORTE BLOOD CENTER LABORATORY

Grand Total Amount in Words : ONE MILLION ONE HUNDRED THREE THOUSAND AND XX / 100

GRAND TOTAL : **₱ 1,103,000.00**

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Conforme :

IZA LOUDES D. SISON
(Signature over printed name)

Very truly yours,

By the Authority of the Governor:

EDWIN I. JUBAHIB
Governor

April 25, 2023
(Date)

ENGR. JOSIE JEAN R. RABANOZ, CE, MPA, EnP
Provincial Administrator

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