

Province of Davao del Norte Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier: BIOSITE MEDICAL INSTRUMENTS P.O. Number: 2022125839 Address 512, Manga St., Juna Subdivision PhilGEPS Registration No. : 20071117524994836634 Tel./Fax No.: (082)296-9485/082-295-6420 Date: Dec 28, 2022 P.R. No.: 2022095988 Registration Certificate: DTI Procurement mode: Competitive Bidding Req. Office : PEEDO - Administrative Services Gentlemen: Please furnish this office the following articles subject to terms and conditions contained herein: Date of Delivery : Payment Term : ON ACCOUNT Place of Delivery : ONSITE Delivery Term: 30 Calendar Days I.N. Quantity/Unit Item Unit Cost Amount 1 1.00 UNIT COAGULATION MACHINE (4 CHANNEL) 72,000.00 Specification: 5-inch touch screen and keypad 4 72,000.00 independent channels Parameters: PT, APTT, TT, FIB, etc. Principle: Clotting, optical methodMicro volumes Disposable cuvette, no carry-over Precise electronic pipette Thermal printer, auto & manual print Display: 5-inch LCD touch screen Testing channels: 4 Cuvette incubation positions: 24 Reagent incubation positions: 6 Wavelength; LED 470nm Sample type: Plasma Memory: 10,000 results storage Sample volume: 20-40µL Reagent volume: 20-40µL Eletronic pipette: 20-200µL Clotting factors are able to expressed in the form of time(Seconds), ratio, %, g/L Support LIS Incubation temperature: 37.0±1.0°C Relative humidity: =85% Deviation between channels: = 5% Power supply; AC 100-240V 50/60Hz Size: 375mm×335mm×175mm 1.00 UNIT IMMUNOASSAY AND HBA1C ANALYZER 58,000.00 58,000.00 Features: • FinecareTM FIA Meter is a fluorescence immunochromatographic analysing system which can help diagnose conditions such as infection, diabetes, cardiovascular diseases, renal injury and cancers, etc. • The FinecareTM platform provides reliable and quantitative results of various kinds of • analytes in human blood or urine FOR THE USE OF DDNH-KAPALONG ZONE 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, By the Authority of the Governor: (Signature over printed name) **EDWIN I. JUBAHIB** 2-3-23 Wata -Governor ENGR. JOSIE JEAN R. RABANOZ, CE, MPA, ENP (Date) Provincial Administrator 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. GLOBERT M. GREGORIO



Province of Davao del Norte Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier : BIOSITE MEDICAL INSTRUMENTS

Address: 512, Manga St., Juna Subdivision

PhilGEPS Registration No. : 20071117524994836634

Tel./Fax No.: (082)296-9485/082-295-6420

Registration Certificate: DTI

Req. Office PEEDO - Administrative Services

P.O. Number: 2022125839



O2022125839BE853392B

Date : <u>Dec 28, 2022</u> P.R. No. : <u>2022095988</u>

Procurement mode: Competitive Bidding

Date of Delivery : Payment Te			Payment Term : ON ACCOUNT	Delivery Term: 30 Calendar Days	
I.N.	Quanti	ity/Unit	Item	Unit Cost	Amount
			within several minutes. • Application: Laboratory, ER, Cardiology, ICU, Respiratory, Pediatrics, etc.		19-
3	1.00	UNIT	DRY BATH Specification: Display LED Temp. Range [°C] Room temp. +5~105 Range of temperature setting [°C] 25~105 Temperature uniformity at ±0.2 Work mode Timed/continuous Range of time setting 0~99h59min Power supply 110/220V, 50/60Hz External dimension [mm] 290x210x120	42,300.00	42,300.00
4	1.00	UNIT	PLATELET AGITATOR POWER SUPPLY: 230 + 10%VAC 50Hz POWER CONSUMTION: 55W(MAX) PAUSE: 10+/1SEC FUSE RATING: 250V, 500mA, 5 x 20mm Cartridge Type of Agitation: movement Flatbed agitation Frequency of Oscillation: 65 +/* 7cycles/minute Agitating Mechanism: 230V AC	88,000.00	88,000.00

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

Induction motor controlled Alarm: Audible

Standards & Approvals CE mark , EURoHS Manufacturing Standards: ISO 9001: 2008, en iso 13485: 2012 capacity: 24 bags 4 tray External

Indication for blown fuse

Continuous

intermittent beeps for power failure LED Indication:

Interfaces: Agitator motion Interface Displacement: 36 =/* 3mm Classification: Protection against electrical shock: Conforms with Class I Operation:

FOR THE USE OF DDNH-KAPALONG ZONE

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Conforme:

(Signature over printed name)

Very truly yours, By the Authority of the Governor:

Simb

EDWIN I. JUBAHIB Governor

NOTE: This is an important paper a

ENGR. JOSIE JEANR. RABANOZ, CE, MPA, Enp Provincial Administrator

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GLOBERT M. GREGORIO



Province of Davao del Norte Government Center, Mankilam, Tagum City

PURCHASE ORDER

Address : 512, Manga	St., Juna Subdivision No.: 20071117524994836634 96-9485/082-295-6420	P.O. Number: 2022125 O2022125839 Date: Dec 28, 2022 P.R. No.: 2022095988 Procurement made: Compe	BE853392B
Req. Office: PEED) - Administrative Services		
Gentlemen: Please fu	rnish this office the following articles subject to terms and	d conditions contained here	n:
Date of Delivery :	Payment Term : ON ACCOUN	т	
Place of Delivery : 0		Delivery Term: 30 Calenda	r Days
I.N. Quantity/Uni	Item	Unit Cost	Amount
	Dimension (W x D x H) mm* : 440 x 390 x 290		OLEGEBERE, ST.
5 2.00 UNIT	CLINICAL CENTRIFUGE Max Speed 4000rpm Rotor Speed can be set in RPM/ RCF, with 3 programs storage capacity for routine application Max. Capacity 50mlx4, Adapt to different sizes of blood collection tubes and centrifuge tubes suitab for swing out rotor and angle rotor. Automatic internal diagnosis and self-detection, Maintenance-free brushless DC motor Speed Range: 500-400rpm increment:100rpm Max. RCF: 2500xg Speed Accuracy: +100rpm Rotor: Swing6x15ml Swing4x50ml Angle 24x15ml Angle 12x10ml/8x15ml Run time: 1-99min. hold Motor: Brushless DC motor Display: LCD Program: Blood: 3200rpm, 10 in. Urine: 1800rpm.5min. Faecal" 1300rpm.10min, Safety Devices: Automatic Internal Diagnosis Acceleration/Braking Time: 3 4 Power: Single phase, 100V-240v.50Hz/60Hz Dimention/WxDxH1: 364X440X268mm	82,300.00	164,600.0
FOR THE USE OF DON	H-KAPALONG ZONE		CH-
I hereby con days before the actu Conforme :	form that NOTICE TO DELIVER shall be served to the all delivery of the item/s covered by this Purchase Or By the Authority of the Signature over printed name)	PLACE OF DELIVERY st rder. ruly yours, he Governor: EDWIN I	direct seating as over the seating of

GLOBERT M. GREGORIO



Province of Davao del Norte Government Center, Mankilam, Tagum City

PURCHASE ORDER

Place of Delivery: ONSITE I.N. Quantity/Unit Item Unit Cost Amount	Address: 512, Manga S PhilGEPS Registration Tel./Fax No.: (082)296 Registration Certificate Req. Office: PEEDO	No.: 20071117524994836634 6-9485/082-295-6420	Date: Dec 28, 2022 P.R. No.: 202209598 Procurement mode: Com	9BE853392B 88 petitive Bidding
Weight: 14.5 kg Noise: 62Db(A) 6 1.00 UNIT Blood Bank Refrigerator SPECS: External Dimensions (WxDxH): 600 x 680 x 1835 mm Internal Dimensions (DxDxH): 520 x 490 x 1150 mm Volume: 302 litres Net Weight: 147 kg Capacity: 120 bags (400ml) Temperature Setting Range 4 °C +/-1.5 °C (At 35°C) Controller: Microprocessor Display: Digital LED Temperature Recorder: MTR-GO4 (Included) Temperature Sensor: 2 Bottles with thermistor sensor High & Low Temperature: Y Door Open: Y Power Supply: Local Interior Material: Baked-on acrylic finish galvanized steel Outer Doors: Insulated steel frame with double-layer glass windows Outer door lock: 1 Inner Doors: 2 Acrylic Shelves: 5 Stamless steel roll-out drawers Max. Load - Per Shell Drawer: 20 kg Access Port: 1 Access Port Position: Left FOR THE USE OF DDNH-KAPALONG ZONE In case of faillure 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) Left 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.	Place of Delivery : ON		Delivery Term: 30 Calend	dar Days
Noise: 62Db(A) 81.00 UNIT Blood Bank Refrigerator SPECS: External Dimensions (WxDxH): 600 x 680 x 1835 mm Internal Dimensions (DxDxH): 520 x 490 x 1150 mm Internal Dimentions (DxDxH): 520 x 490 x 1150 mm Volume: 302 litres Net Weight: 147 kg Capacity: 120 bags (400ml) Temporature Setting Range 4 °C +/-1.5 °C (At 35°C) Controller: Microprocessor Display: Digital LED Temperature Recorder: MTR-GO4 (Included) Temperature Sensor: 2 Bottles with thermistor sensor High & Low Temperature: Y Door Open: Y Power Supply: Local Interior Material: Baked-on acrylic finish galvanized steel Outer Doors: Insulated steel frame with double-layer glass windows Outer door lock: 1 Inner Doors: 2 Acrylic Shelves: 5 Stamless steel roll-out drawers Max. Load - Per Shell Drawer: 20 kg Access Port: 1 Access Port Position: Left FOR THE USE OF DDNH-KAPALONG ZONE In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent of the second of the covery 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 jitem/s covered by this Purchase Order. Conforme: Very truly yours, By the Authorby of the Governor (Signature over ponted name) (Signature over ponted name)	I.N. Quantity/Unit	L	Unit Cost	Amount
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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, By the Authority of the Governor: (Signature over pointed name) Value (Signature over pointed name) (Date) ENGR. JOSE MAN R. RABANOZ, CE, MPA, EnP Governor (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.	FOR THE USE OF DDNH-	KAPALONG ZONE		
Treasurer supported by this form to be attached to the voucher.	I hereby confor days before the actual Conforme :	m that NOTICE TO DELIVER shall be served to the P delivery of the item/s covered by this Purchase Orde Very truly By the Authority of the Inature over panted name) ENGR. JOSE MAN R. RARA ENGR. JOSE MAN R. RARA	LACE OF DELIVERY s r. yours, Governor: EDWIN	tated herein three (3)
CLOBERT M. CRECORIO	NOTE: This is an in Treasurer suppo	mportant paper and will cause great inconvenience if rted by this form to be attached to the voucher. GLOBERT M. GREGORIO	lost, Claim for paymer	nt from the Provincial



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The award is based on Abstract No. 1220225795 created on December 06, 2022 and resolved on December 06, 2022 under Quotation No. 20227988B opened on December 05, 2022

	OF DDNH-KAPALONG ZONE		3.0
Grand Total Amou	unt in Words : SEVEN HUNDRED EIGHTEEN THOUSA 100	AND AND XX / GRAND TOTAL:	₱ 718,000.00
In case for every day of	of failure to make the full delivery within the time s delay shall be imposed.	specified above, a penalty of one-t	enth (1/10) of one percent
I hereb days before th	y conform that NOTICE TO DELIVER shall be see actual delivery of the item/s covered by this P	erved to the PLACE OF DELIVER	RY stated herein three (3)
Conforme :	Joan deabard By	the Authority of the Governor:	1
_	(Signature over printed name) ENC	GR. JOSIE EAN R. RABANOZ, CE, MPA, Enf EDV Provincial Administrator	/IN I. JUBAHIB Governor

GLOBERT M. GREGORIO