

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.: 200711175241926171339

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

Registration Certificate: DTI

Req. Office: PEEDO - DavNor Pharmacy

P.O. Number: 2023020315



Date: Feb 09, 2023 P.R. No.: 2022117441

Procurement mode: Competitive Bidding

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

Date of Delivery: Place of Delivery : DAVNOR PHARMACY

Payment Term : ON ACCOUNT | Delivery Term: End-user shall require the delivery of items in such quantity depending on

actual needs

=			actual needs	
I.N.	Quantity/Unit	Item	Unit Cost	Amount
7	100.00 PACKS	DILUENT 20L DYMIND/CHINA	10,200.00	1,020,000.00
2	150.00 BOTTS	LYSE 1 200ML DYMIND/CHINA	9,300.00	1,395,000.00
3	150.00 BOTTS	LYSE 2 500ML DYMIND/CHINA	8,300.00	1,245,000.00
4	100.00 BOTTS	PROBE CLEANER 50ML DYMIND/CHINA	6,400.00	640,000.00
5	100.00 SETS	HEMA CONTROL TRI-LEVEL (3 BOTTS X 3ML) DYMIND/CHINA	10,300.00	1,030,000.00
6	3.00 BOTTS	WBC DILUTING FLUID 500ML TECHNICAL SPECIFICATIONS: HEMATOLOGY ANALYZER 1. CBC with 4 to 5 parts differential, 16 parameters plus histogram. 2. Close tube sampling. 3. Built in touchscreen with all in one CBC result screen display at a glance. 4. The analyzer processes at least 60 samples per hour and could store results with histogram. 5. Wth LIS connectivity which enables seamless sample data transmission. 6. One maintenance reagent only. 7. Uploadable QC files to ensure accuracy and time		12,600.00

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:

printed name)

Very truly yours,

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.



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

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

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Conforme:

(Signature over printed name)

(Date)

Very truly yours,

EDWIN I. JUBAHIE

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ALEJANDRO R. OMILA JR.

Monday, February 20, 2023



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.: 200711175241926171339

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

Registration Certificate: DTI

Req. Office: PEEDO - DavNor Pharmacy

Place of Delivery: DAVNOR PHARMACY

P.O. Number: 2023020315

O20230203158A241F18A

Date: Feb 09, 2023 P.R. No.: 2022117441

Procurement mode: Competitive Bidding

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LN Quantity/Unit Item Unit Cost Amount 11 1.00 BOTT FACTOR DILUENT 100ML 4,800.00 4,800.00 GENRUI/CHINA 12 1.00 PCK REACTION CUVETTE FOR CA SERIES 8,300.00 8,300.00 GENRUI/CHINA 13 THERMAL PRINTER PAPER (57MM X 35MM) 1.00 ROLL 500.00 500.00 BRUNER/CHINA

Remarks :

- 1. ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE DATE OF DELIVERY AND THE END-USERS SHALL MAKE A REQUEST IN TERMS OF BOX/PACK/SET AS THE UNIVERSAL UNIT TO BE USED.
- 2. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
- 3. TOTAL LOT AWARDING.
- 4. WINNING SUPPLIERS MUST BE FOLLOW THE PRODUCT CONFIGURATION OR PACKAGING AS STATED IN THE PURCHASE ORDER.
- 5. THE PREPARATION SHALL BE IN ACCORDANCE TO THE SPECIFIED QUALITY ASSURANCE PROTOCOL AND PASS THROUGH THE COMPULSORY LICENSING BODIES.
- 6. PREVENTIVE MAINTENANCE SHALL BE AT LEAST ONCE EVERY QUARTER OR PER MANUAL RECOMMENDATION -FREE OF CHARGE
- CORRECTIVE MAINTENANCE SHALL BE ACTED UPON IMMEDIATELY WITHOUT COST.
- 8. TECHNICAL SERVICES WITHIN 72 HOURS AFTER RECEIPT OF WRITTEN REQUEST. AND SUPPLIER SHALL PROVIDE COMPATIBLE AND FULLY FUNCTIONAL BACK-UP MACHINE IF STILL UNSERVICEABLE WITHIN 72 HOURS.
- 9. FAILURE TO ACT AFTER 72 HOURS, THE SUPPLIER SHALL BE LIABLE OF PAYMENY EQUIVALENT TO THE VALUE OF LOST REVENUES FROM LABORATORY PROCEDURES WHICH SHOULD HAVE BEEN GENERATED BY THE HOSPITAL, WHILE THE EQUIPMENT IS NON-FUNCTIONAL
- 10.INCOME RETENTION OF 5% SHALL BE REQUIRED FOR THIS PURPOSE.

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

11. THE END-USER AGREES THAT ONLY THE SUPPLIER APPOINTED PERSONNEL WHO SHALL BE AT LEAST AN ACCREDITED OR CERTIFIED BIOMED TECHNICIAN SHALL ONLY BE AUTHORIZED TO UNDERTAKE THE REPAIR,

In case of failure to make the full delivery within the time speci- for every day of delay shall be imposed.	ified above, a penalty of one-tenth (1/10) of one percent
I hereby conform that NOTICE TO DELIVER shall be served days before the actual delivery of the item/s covered by this Purch	d to the PLACE OF DELIVERY stated herein three (3) hase Order.

Conforme:

NOTE:

Very truly yours, 1. JUBAHIB

Governor

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ALEJANDRO R. OMILA JR.

Monday, February 20, 2023



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PURCHASE ORDER Supplier : BIOSITE MEDICAL INSTRUMENTS P.O. Number: 2023020315 Address : 512, Manga St., Juna Subdivision PhilGEPS Registration No.: 200711175241926171339 Date: Feb 09, 2023 Tel./Fax No.: (082)296-9485/082-295-6420 P.R. No.: 2022117441 Registration Certificate: DTI Procurement mode: Competitive Bidding Req. Office: PEEDO - DavNor Pharmacy Gentlemen: Please furnish this office the following articles subject to terms and conditions contained herein: Date of Delivery : Payment Term : ON ACCOUNT Delivery Term: End-user shall require the Place of Delivery: DAVNOR PHARMACY delivery of items in such quantity depending on actual needs Quantity/Unit Unit Cost Amount 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. 12. 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. 13. 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. 14. BIDDING FOR ONE (1) YEAR SUPPLY BUT DELIVERY SHALL BE ON A QUARTERLY BASIS OR THE END-USER MAY DEMAND EARLY DELIVERY DEPENDING UPON UTILIZATION, PROVIDED IT SHALL NOT BE EARLIER THAN FIFTEEN (15) DAYS FROM DELIVERY REQUEST. 15.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. THE PAYMENT SHALL BE PER PURCHASE ORDER, ON A QUARTERLY BASIS. 17. THE LOWEST BIDDER MUST BE ABLE TO DEMONSTRATE THE EQUIPMENT WITH THE END-USERS (HEAD MEDICAL TECHNOLOGIST OF THE THREE (3) DDN HOSPITALS) WITHIN SPECIFIED TIME LIMIT (DURING POST-QUALIFICATION). 18. 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. 19. SUPPLIER MUST INFORM THE R.O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS. *1 MACHINE PER HOSPITAL ALL ITEMS TO BE CHARGED TO THE THREE (3) DDN HOSPITALS MOOE UNDER MEDICAL, DENTAL AND LABORATORY SUPPLIES ACCOUNT. *KAPALONG ZONE - P2,520,793.34 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: Very truly yours, (Signature over pripted name) (Date)

ALEJANDRO R. OMILA JR.

Treasurer supported by this form to be attached to the voucher.

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Monday, February 20, 2023

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Item

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Amount

Unit Cost

Quantity/Unit CARMEN ZONE - P2,520,793.32 *IGACOS ZONE - P2,520,793.34

IN.

AS A RESPONSIVE BIDDER' THE TWG DOES, HOWEVER, ADVISE THAT ITEM NUMBER 10 IN THE ADDITIONAL REQUIREMENTS BE CHANGE TO: IN CASE OF NON-COMPLIANCE WITH ADDITIONAL REQUIREMENTS ITEM NUMBER 9, THE WINNING SUPPLIER SHALL BEAR THE COSTS OF SENT OUT SAMPLES WITH A 5% INCOME RETENTION.

> The award is based on Abstract No. 0120230051 created on January 31, 2023 and resolved on February 09, 2023 under Quotation No. 20228488B opened on January 26, 2023

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

Grand Total Amount in Words: FIVE MILLION THREE HUNDRED NINETY-THREE THOUSAND EIGHT HUNDRED AND XX / 100

GRAND TOTAL:

₱ 5,393,800.00

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