

Republic of the Philippines

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

PURCHASE ORDER

Supplier : BIOSITE MEDICAL INSTRUMENTS

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

PhilGEPS Registration No.: 200711175241926171339

Tel./Mobile/Fax No.: 09255585758

Registration Certificate: DTI

Req. Office: PEEDO - DDN Hospital (Carmen Zone)

Place of Delivery : DAVNOR PHARMACY

P.O. Number: 2024072266



O202407226684E46EF4D

Date: Jul 25, 2024 P.R. No.: 2024053050

Procurement mode: Competitive Bidding

12,000.00

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 delivery of items in such quantity depending on actual needs

Partial delivery NOT ALLOWED

3,000,000.00

Quantity/Unit Item Unit Cost Amount 45.00 3X3 ML HEMA CONTROL TRI-LEVEL 11,500.00 517.500.00 - 3 VIALS X 3ML DYMIND DF55 360.00 20L DILUENT 11,300.00 4,068,000.00 **DYMIND DF55** 100 00 50 MI PROBE CLEANER 7,700.00 770,000.00 **DYMIND DF55** 300.00 LTR LYSE II 10,150.00 3,045,000.00 - SHOULD BE 500ML PER BOTTLE

> - SHOULD BE 200ML PER BOTTLE DYMIND DF55

DYMIND DF55

Remarks:

I.N.

1

2

3

5

ADDITIONAL REQUIREMENTS:

250.00 LTR

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.

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 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

FOR THE CONS	UMPTION OF THE THREE (3) DAVAO DEL NORTE	HOSPITALS.
		8
	of failure to make the full delivery within the tin delay shall be imposed.	ne specified above, a penalty of one-tenth (1/10) of one percent
	y conform that NOTICE TO DELIVER shall b	e served to the PLACE OF DELIVERY stated herein three (3)
days before th	e actual delivery of the item/s covered by th	
days before the Conforme :	e actual delivery of the item/s covered by th	

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

ALEJANDRO R. OMILAJR.



Republic of the Philippines

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

PURCHASE ORDER Supplier: BIOSITE MEDICAL INSTRUMENTS P.O. Number: 2024072266 Address: GROUND FLOOR 555 MANGA STREET CORNER LUISA STREET JUNA SUBD MATINA CROSSING TALOMO DISTRICT 8000 DAV O202407226684E46EF4D PhilGEPS Registration No.: 200711175241926171339 Date: Jul 25, 2024 P.R. No.: 2024053050 Tel./Mobile/Fax No.: 09255585758 Registration Certificate: DTI Procurement mode: Competitive Bidding Req. Office: PEEDO - DDN Hospital (Carmen Zone) Gentlemen: Please furnish this office the following articles subject to terms and conditions contained herein: Payment Term : ON ACCOUNT Date of Delivery: Delivery Term: End-user shall require the delivery of items in such quantity depending on Place of Delivery: DAVNOR PHARMACY actual needs Partial delivery NOT ALLOWED I.N. Quantity/Unit Unit Cost Item Amount FAILURE TO SUBMIT ANY OF THE POST-QUALIFICATION ON TIME, OR A FINDING AGAINST THE VERACITY THEREOF, SHALL DISQUALIFY THE BIDDER FOR AWARD. TECHNICAL SPICIFATIONS: FOR NEWLY INTRODUCED LABORATORY REAGENTS IN THE HOSPITALS, THE BIDDER MUST CONDUCT A PRODUCT DEMO AND SUBMIT A COPY OF BROCHURE OF THE MACHINE IN THE HOSPITAL'S LABORATORY. 2. SUPPLIER MUST BE FOLLOW THE PRODUCT CONFIGURATION OR PACKAGING AS STATED IN THE PURCHASE ORDER. 3. THE PREPARATION SHALL BE IN ACCORDANCE TO THE SPECIFIED QUALITY ASSURANCE PROTOCOL AND PASS THROUGH THE COMPULSORY LICENSING BODIES. 4. ALL REAGENTS MUST BE DOH APPROVED AND ARE ENVIRONMENT FRIENDLY PRODUCTS. 5. MATERIALS AND PACKAGING SHALL BE STRICTLY CHECKED BY THE AUTHORIZED REPRESENTATIVE/S AND OR MEMBERS/S OF THE OFFICE'S INSPECTORATE TEAM. ALL MATERIALS ARE SUBJECT TO SECURITY CHECK. THE SUPPLIER MUST BE THE AUTHORIZED DEALER BY THE PRINCIPAL OR MANUFACTURER. THE SUPPLIER MUST HAVE A VALID AND CURRENT LICENSE TO OPERATE AS MEDICAL DEVICE. IMPORTER/WHOLESALER ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION. 8. 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. MACHINE TECHNICAL SPECIFICATIONS: 5-PARTS HEMATOLOGY ANALYZER. 2. FLOW CYTOMETRY (FCM) + TRI-ANGLE LASER SCATTER + CHEMICAL STAINING METHOD FOR WBC DIFFERENTION IMPEDANCE METHOD FOR RBC AND PLT TEST. 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, MORE CREATE THIMP WIM

(Signature over printed name)

(Date)

JUBAHIB

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.

Wednesday, July 31, 2024



Republic of the Philippines

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

PURCHASE ORDER

P.O. Number: 2024072266 Supplier: BIOSITE MEDICAL INSTRUMENTS Address: GROUND FLOOR 555 MANGA STREET CORNER LUISA STREET JUNA SUBD MATINA CROSSING TALOMO DISTRICT 8000 DAV O202407226684E46EF4D Date: Jul 25, 2024 PhilGEPS Registration No.: 200711175241926171339 P.R. No.: 2024053050 Tel./Mobile/Fax No.: 09255585758 Registration Certificate: DTI Procurement mode: Competitive Bidding Reg. Office: PEEDO - DDN Hospital (Carmen Zone) Gentlemen: Please furnish this office the following articles subject to terms and conditions contained herein: Delivery Term: End-user shall require the Date of Delivery: Payment Term: ON ACCOUNT delivery of items in such quantity depending on Place of Delivery: DAVNOR PHARMACY actual needs Partial delivery NOT ALLOWED Unit Cost Amount Quantity/Unit 4. CYANIDE FREE COLORIMETRY FOR HGB TEST. 5. 25 REPORTABLE PARAMETERS, 6 RESEARCH PARAMETERS AND 3 HISTOGRAMS FOR WBC, RBC AND PLT. THREE DIFF SCATTERGRAMS AND ONE BASO SCATTERGRAM FOR WBC DIFFERENTION. SAMPLE MODE: WHOLE BLOOD, CAPILLARY WHOLE BLOOD AND PRE-DILUTED MODES. 8. UP TO 60 TESTS PER HOUR. 9. 10.4 INCHES TFT TOUCH SCREEN. 10. INTERNAL PRINTER: 57 MM THERMAL PAPER WITH VARIOUS FORMATS. EXTERNAL PRINTER: COMPATIBLE WITH MULTIPLY LASER/INKJET PRINTERS, COMPATIBLE WITH VARIOUS FORMATS AND USER-DEFINED FORMATS. 11. STORAGE: UP TO 100,000 RECORDS. 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. THE END-USER SHALL MAKE A REQUEST IN TERMS OF BOX/PACK/SET AS THE UNIVERSAL UNIT TO BE USED. 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. 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. THE ISSUANCE OF SALES/CHARGE INVOICE MUST BE EVERY 1ST WEEK OF THE SUCCEEDING MONTH. 9. PREVENTIVE MAINTENANCE SHALL BE ATLEAST ONCE EVERY QUARTER OR PER MANUAL RECOMMENDATION -FREE OF CHARGE. 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. Very truly yours, Conforme: MORE CHAIN ASTUMBAND (Signature over printed name) -JUBAHIB Governor (Date)

ALEJANDRO R. OMILAJR.

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

This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial

NOTE:



Tel./Mobile/Fax No.: 09255585758

Registration Certificate: DTI

Quantity/Unit

I.N.

Republic of the Philippines

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

PURCHASE ORDER

Supplier : BIOSITE MEDICAL INSTRUMENTS P.O. Number: 2024072266 Address: GROUND FLOOR 555 MANGA STREET CORNER LUISA STREET JUNA SUBD MATINA CROSSING TALOMO DISTRICT 8000 DAY PhilGEPS Registration No. : 200711175241926171339 Date: Jul 25, 2024

Amount

P.R. No.: 2024053050

Unit Cost

Procurement mode: Competitive Bidding

PEEDO - DDN Hospital (Carmen Zone)

Gentlemen: Please furnish this office the following articles subject to terms and conditions contained herein: Payment Term: ON ACCOUNT Delivery Term: End-user shall require the Date of Delivery : _ delivery of items in such quantity depending on Place of Delivery: DAVNOR PHARMACY actual needs Partial delivery NOT ALLOWED

Item 10. CORRECTIVE MAINTENANCE SHALL BE ACTED UPON IMMEDIATELY WITHOUT COST.

11. TECHNICAL SERVICES WITHIN 72 HOURS AFTER RECEIPT OF WRITTEN REQUEST, SUPPLIER SHALL PROVIDE COMPATIBLE AND FULLY FUNCTIONAL BACK-UP MACHINE IF STILL UNSERVICEABLE WITHIN 72 HOURS.

12. FAILURE TO ACT AFTER 72 HOURS, THE SUPPLIER SHALL BE LIABLE OF PAYMENT EQUIVALENT TO THE VALUE OF LOST REVENUES FROM LABORATORY PROCEDURES WHICH SHOULD HAVE BEEN GENERATED BY THE HOSPITAL, WHILE THE EQUIPMENT IS NON-FUNCTIONAL.

13. IN CASE OF NON-COMPLAINCE WITH ADDITIONAL REQUIREMENTS IN ITEM NUMBER 12, THE WINNING SUPPLIER SHALL BEAR THE COSTS OF SENT OUT SAMPLES WITH A 5% INCOME RETENTION.

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

15. 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.

16, 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.

17. 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. 18. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM FIVE (5) DAYS BEFORE THE DELIVERY OF ITEMS.

* 2 MACHINES PER HOSPITAL (1 MACHINE AS BACK-UP)

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

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

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, NUEL ORUM TUM/AVIM (Signature over printed name) JUBAHIB / W (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.

ALEJANDRO R. OMILAJR.

Wednesday, July 31, 2024 Page 4 of 5



Quantity/Unit

LABORATORY SUPPLIES

Republic of the Philippines

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

PURCHASE ORDER

P.O. Number: 2024072266 Supplier: BIOSITE MEDICAL INSTRUMENTS Address: GROUND FLOOR 555 MANGA STREET CORNER LUISA STREET JUNA SUBD MATINA CROSSING TALOMO DISTRICT 8000 DAV O202407226684E46EF4D Jul 25, 2024 PhilGEPS Registration No.: 200711175241926171339 Date: Tel./Mobile/Fax No.: 09255585758 P.R. No.: 2024053050 Procurement mode: Competitive Bidding Registration Certificate: DTI Req. Office: PEEDO - DDN Hospital (Carmen Zone) Gentlemen: Please furnish this office the following articles subject to terms and conditions contained herein: Date of Delivery : _ Delivery Term: End-user shall require the Payment Term: ON ACCOUNT delivery of items in such quantity depending on Place of Delivery: DAVNOR PHARMACY actual needs Partial delivery NOT ALLOWED

> The award is based on Abstract No. 0720242036 created on July 04, 2024 and resolved on July 19, 2024 under Quotation No. B20242463 opened on June 28, 2024

Item

Unit Cost

Amount

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS. P 11,400,500.00 Grand Total Amount in Words : ELEVEN MILLION FOUR HUNDRED THOUSAND GRAND TOTAL: FIVE HUNDRED AND XX / 100 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. Very truly yours, Conforme: ORM JUMPWAM (Signature over printed name) This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial

ALEJANDRO R. OMILAJR.

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

NOTE: