



PURCHASE ORDER

Supplier: **BIOSITE MEDICAL INSTRUMENTS**

P.O. Number: **2024124653**

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



O20241246539DE1B211B

TIN: **186-612-653-000**
PhilGEPS Registration No.: **200711175241926171339**
Tel./Mobile/Fax No.: **09255585758**
Registration Certificate: **DTI**

Date: **Dec 05, 2024**
P.R. No.: **2024106480**
Procurement mode: **Competitive Bidding**

Req. Office: **PEEDO - DDN Hospital (IGCS Zone)**

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

Date of Delivery: _____ Payment Term: **ON ACCOUNT**

Delivery Term: **15 Calendar Days**
Partial delivery **NOT ALLOWED**

Place of Delivery: **DAVNOR PHARMACY**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	124.00 BOX	DENGUE COMBO RAPID TEST NS1 (25 TESTS/BOX) - ANTIGEN & IgG/IgM ANTIBODIES ACON	16,000.00	1,984,000.00

Remarks :

ADDITIONAL REQUIREMENTS:

1. ORIGINAL/CERTIFIED TRUE COPY OF VALID AND CURRENT LICENSE TO OPERATE AS MEDICAL SUPPLIES IMPORTER/WHOLESALE ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.
2. ORIGINAL/CERTIFIED TRUE COPY OF VALID AND CURRENT CERTIFICATE OF PRODUCT REGISTRATION (CPR) AND MUST CONFORM TO THE ITEMS BID THAT TO BE SUBMITTED UPON DELIVERY.
3. IF THE PRODUCT ARE NON REGISTRABLE, THE BIDDER MUST SUBMIT A CERTIFICATE FROM THE FOOD AND DRUG ADMINISTRATION THAT THE ITEMS BEING OFFERED DOES NOT REQUIRE A CPR AND TO BE SUBMITTED UPON DELIVERY.

FAILURE TO SUBMIT ANY OF THE POST-QUALIFICATION REQUIREMENTS ON TIME, OR A FINDING AGAINST THE VERACITY THEREOF, SHALL DISQUALIFY THE BIDDER FOR AWARD.

TERMS AND CONDITIONS:

1. THE ITEM MUST CONFORM TO THE DESCRIPTION AS STATED IN THE BID DOCUMENT.
2. THE EXPIRATION DATE OF ITEMS TO BE OFFERED SHOULD NOT BE LESS THAN TWO (2) YEARS FROM THE DATE OF DELIVERY. IN CASE OF SHELF-LIFE OF ITEMS TO BE OFFERED IS LESS THAN TWO (2) YEARS, A GUARANTEE LETTER SHALL BE SUBMITTED.
3. 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.
4. THE ITEM MUST HAVE NO RECORD OF VIOLATION AND SHALL BE INCLUDED IN THE LIST OF ACCEPTABLE

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

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 :

Joanah R. Cabarel

Very truly yours,

(Signature over printed name)

EDWIN T. JUBAHIB
Provincial Governor

(Date)

(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. OMILA JR.



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- LABORATORY REAGENTS KIT BY THE HOSPITAL'S THERAPEUTIC COMMITTEE.
5. THE REQUISITIONING OFFICE HAVE A RIGHT TO DECLINE OR REJECT THE DELIVERY OF ITEMS/GOODS IF IT DOES NOT CONFORM TO THE SPECIFICATION STATED IN THE PURCHASE ORDER AND/OR THE ITEMS HAVE A RECORD OF VIOLATION OR COMPLAIN FROM THE END-USER.
6. PRODUCTS MUST BE APPROVED BY THE DEPARTMENT OF HEALTH (DOH).
7. TOTAL LOT AWARDING.
8. SUPPLIER MUST INFORM THE REQUISITIONING OFFICE FIVE (5) DAYS BEFORE DELIVERY OF THE ITEMS.

ITEM TO BE CHARGED TO DDNH-IGACOS ZONE MOOE UNDER MEDICAL, DENTAL AND LABORATORY SUPPLIES ACCOUNT.

The award is based on Abstract No. **1120244452** created on **November 26, 2024** and resolved on **December 05, 2024** under Quotation No. **B20245714** opened on **November 25, 2024**

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

Grand Total Amount in Words : **ONE MILLION NINE HUNDRED EIGHTY-FOUR THOUSAND AND XX / 100** GRAND TOTAL : **P 1,984,000.00**

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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 : **Joanah R. Cabaral**
(Signature over printed name)

Very truly yours,

EDWIN F. JUBAHIB
Provincial Governor

12/3/24
(Date)

(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. OMILA JR.