




## PURCHASE ORDER

Supplier : <b><u>NIPCON DISTRIBUTORS</u></b>  Address : <b><u>N. ARROYO CORNER, R. CASTILLO ST., AGDAO, DAVAO CITY</u></b>  PhilGEPS Registration No. : <b><u>2004053978146502141</u></b> Tel./Mobile/Fax No. : <b><u>09338245316</u></b> Registration Certificate : <b><u>DTI</u></b>	P.O. Number: <b>2024072133</b>  <b>O20240721330EFF04301</b> Date : <b>Jul 11, 2024</b> P.R. No. : <b>2024010955</b> Procurement mode: <b>Competitive Bidding</b>
Req. Office : <b>PEEDO - DavNor Pharmacy</b>	

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

Date of Delivery : _____ Payment Term : <b>ON ACCOUNT</b> Place of Delivery : <b>DAVNOR PHARMACY</b>	Delivery Term: <b>End-user shall require the delivery of items in such quantity depending on actual needs</b> <b>Partial delivery NOT ALLOWED</b>
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	200.00 PCS	IV CANNULA G16 - PORTED, FEP TEFLONS CANNULA MATERIAL WITH PASSIVE SAFETY CLIP AND BACK CUT BEVEL. <b>INTROCAN SAFETY</b>	135.00	27,000.00
2	5,000.00 PCS	HEPLOCK IN-STOPPER - SEAL WITH ADDITIONAL INJECTION PORTS FOR DEVICE WITH LUER LOCK. <b>IN-STOPPER</b>	48.00	240,000.00
3	180.00 PCS	MID-TERM MONOFILAMENT ABSORBABLE GLYCONATE SIZE 2.0 - 1/2 CIRCLE ROUND BODIED 37MM HEAVY NEEDLE, 90CM, VIOLET, 36'S <b>MONOSYN 2/0 HR37S</b>	698.00	125,640.00
4	540.00 PCS	MID-TERM BRAIDED ABSORBABLE POLYGLACTIN 910 SIZE 1.0 - 1/2 CIRCLE ROUND BODIED 40MM HEAVY NEEDLE, 90CM, 36'S <b>NOVOSYN 1 HR40S</b>	590.00	318,600.00
5	120.00 PCS	SUTURES BRAIDED SILK 2.0 - PRE CUT 15 X 60CM LENGTH SIZE, 24'S <b>SILKAM 2/0 15X60CM</b>	285.00	34,200.00
6	552.00 PCS	SUTURES BRAIDED SILK 3.0	285.00	157,320.00

**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 : \_\_\_\_\_ Very truly yours, \_\_\_\_\_

  
 (Signature over printed name)  
  
 (Date)


  
**EDWINA JUBAHIB**  
 Governor

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**ALEJANDRO R. OMILAJR.**



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Req. Office : <b>PEEDO - DavNor Pharmacy</b>	

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Place of Delivery : <b>DAVNOR PHARMACY</b>		<b>Partial delivery NOT ALLOWED</b>

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		- PRE CUT 15 X 60CM LENGTH SIZE, 24"S <b>SILKAM 3/0 15X60CM</b>		
7	540.00 PCS	SUTURES BRAIDED SILK 4.0 - CUTTING NEEDLE 3/8 CIRCLE 19MM, 45CM, 36"S <b>SILKAM 4/0 DS19</b>	250.00	135,000.00

Remarks :  
 Additional Requirements:  
 1. Original/Certified true copy of a Certificate of Product Compliance/Approval from an International Products Standard Accreditation Body or Organization (such as U. S. FDA, ISO/IEC) or its equivalent.  
 2. Original/Certified true copy of valid and current Certificate of Product Registration (CPR) and must conform with the items bid, and to be submitted upon delivery. The bidder must submit a certification from the Food and Drug Administration that the items being offered does not require a CPR.  
 3. Original/Certified true copy of valid and current License to Operate as Medical Device Importer/Wholesaler issued by the Philippine Food and Drug Administration.

Failure to submit any of the post-qualification requirements on time, or a finding against the veracity thereof, shall disqualify the bidder for award.

Technical Specifications:  
 1. The item must conform to the description as stated in the bid document.  
 2. The item must have no record of violation and shall be included in the list of acceptable surgical sutures and supplies by the hospital's Therapeutic Committee.  
 3. For newly introduced surgical sutures and supplies in the hospital, the bidder must have submitted to the DavNor Pharmacy all the requirements (i. e. samples for evaluation and brochure of the product offered) and was declared acceptable. Deadline for the

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 (Signature over printed name)  
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 (Date)

  
**EDWIN T. JUBAHIB**  
 Governor

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ALEJANDRO R. OMILAJR.





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Supplier : **NIPCON DISTRIBUTORS**

P.O. Number: **2024072133**

Address : **N. ARROYO CORNER, R. CASTILLO ST., AGDAO, DAVAO CITY**



**O20240721330EFF04301**

PhilGEPS Registration No. : **2004053978146502141**

Tel./Mobile/Fax No. : **09338245316**

Registration Certificate : **DTI**

Date : **Jul 11, 2024**

P.R. No. : **2024010955**

Procurement mode: **Competitive Bidding**

Req. Office : **PEEDO - DavNor Pharmacy**

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Place of Delivery : **DAVNOR PHARMACY**

**Partial delivery NOT ALLOWED**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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submission of sample is five (5) days before the opening of bidding.

4. The supplier must offered only one (1) brand of every item in the bid document and the same item to be submitted for product evaluation.

5. The item must have a Certificate of Product Registration (CPR) issued by the Philippine Food and Drug Administration that to be submitted upon delivery.

6. The supplier must have a valid and current License to Operate as Medical Device Importer/Wholesaler issued by the Philippine Food and Drug Administration.

**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 nt be less than two (2) years from the date of manufacture and not less than one and a half (1 1/2) years from the date of delivery. In case the shelf-life of items to be offered is less than two (2) years, a Guarantee Letter shall be submitted.
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.
6. 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.
8. The issuance of sales/charge invoice must be every 1st week of the succeeding month.
9. Supplier must inform the R.O. inspectory team five (5) days before the delivery of items.

All items to be charged to the three (3) Davao del Norte hospitals MOOE under medical, dental and laboratory supplies account:

\*DDNH-Kapalong Zone - P351,408.00

\*DDNH-Carmen Zone - P351,408.00

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Conforme :

(Signature over printed name)

(Date)

Very truly yours,


Governor

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**ALEJANDRO R. OMILAJR.**



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I.N.	Quantity/Unit	Item	Unit Cost	Amount
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\*DDNH-IGACOS Zone - P351,408.00


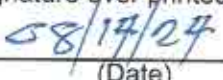
The award is based on Abstract No. **0620241944** created on **June 24, 2024** and resolved on **July 11, 2024** under Quotation No. **B20242287** opened on **June 21, 2024**


<b>FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS.</b>	
Grand Total Amount in Words : <b>ONE MILLION THIRTY-SEVEN THOUSAND SEVEN HUNDRED SIXTY AND XX / 100</b>	GRAND TOTAL : <b>₱ 1,037,760.00</b>

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