

Republic of the Philippines
Province of Davao del Norte
 Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier : <u>LIFELINE DIAGNOSTICS SUPPLIES, INC.</u> PhilGEPS Registration No. : Address : <u>UNIT 101/102, Z. EXECUTIVE SUITE, 1132 QUEZON AVE QC</u> Tel / Fax #: Registration Certificate : <u>DTI</u>	P.O. No. : <u>2020041494</u> Date : <u>April 02, 2020</u> Mode of Procurement : <u>Shopping</u> P.R. No. : <u>20021741</u>
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Req. Off.: PEEDO - BLOOD BANKING

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

Place of Delivery: <u>PEEDO DAVAO DEL NORTE BLOOD CENTER,</u> Date of Delivery: <u>CAPITOL COMP., MANKILAM, TAGUM CITY 8/12/2020</u>	Delivery Term: <u>30 Calendar Day/s</u> Payment Term : <u>ON ACCOUNT</u>
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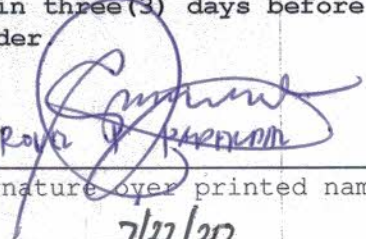
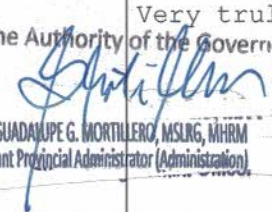
Item No.	Quantity/Unit	Description	Unit Cost	Amount
1	1 KIT	MONOLISA HBsAg;480 T " Micro plate strips (Coated with monoclonal anti-HBs antibodies) " Concentrated washing solution " Negative control " Positive control " Conjugate diluent " Conjugate (Mouse monoclonal anti-HBs antibodies and goat polyclonal anti-HBs antibodies bound to the peroxidase. Lyophilized.) " Substrate buffer " Chromogen: TMB solution " Stopping solution	39,600.00	39,600.00
2	1 KIT	GENSCREEN HIV Ag-Ab ULTRA,480T " Micro plate strips (coated with monoclonal antibodies to P24 HIV-1 (mouse) and purified HIV-1 and HIV-2 antigens) " Concentrated washing solution " Negative control " Antibody Positive control (Human plasma positive for anti-HIV-1 antibodies) " Antigen positive control (Purified HIV-1 antigen inactivated) " Conjugate 1 (Biotinylated polyclonal antibodies to P24 HIV-1 sheep)	44,000.00	44,000.00

FOR USE OF PEEDO DAVAO DEL NORTE BLOOD CENTER LABORATORY	SUB TOTAL : P 83,600.00
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Grand Total Amount in Words :

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:  _____ (Signature over printed name) _____ 7/22/20 (Date)	Very truly yours, By the Authority of the Governor:  _____ EDWIN I. JUBAHIB Governor _____ GALE GUADALUPE G. MORTILERO, MSLSG, MHRM Assistant Provincial Administrator (Administration)
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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.

Republic of the Philippines
Province of Davao del Norte
 Government Center, Mankilam, Tagum City
PURCHASE ORDER

Supplier : <u>LIFELINE DIAGNOSTICS SUPPLIES, INC.</u>	P.O. No. : <u>2020041494</u>
PhilGEPS Registration No. :	Date : <u>April 02, 2020</u>
Address : <u>UNIT 101/102,Z. EXECUTIVE SUITE,1132 QUEZON AVE QC</u>	Mode of Procurement : <u>Shopping</u>
Tel / Fax #:	P.R. No. : <u>20021741</u>
Registration Certificate : <u>DTI</u>	

Req. Off.: PEEDO - BLOOD BANKING

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

Place of Delivery <u>PEEDO DAVAO DEL NORTE BLOOD CENTER,</u>	Delivery Term: <u>30Calendar Day/s</u>
Date of Delivery: <u>CAPITOL COMP.,MANKILAM,TAGUM CITY 8/12/2020</u>	Payment Term : <u>ON ACCOUNT</u>

Item No.	Quantity/Unit	Description	Unit Cost	Amount
		" Conjugate 2 (Lyophilised peroxidase labelled Streptavidin and purified HIV-1 and HIV-2 antigens)		
		" Conjugate diluent		
		" Substrate buffer		
		" Chromogen: TMB solution		
		" Stopping solution		
3	1 KIT	MONOLISA HCV Ag-Ab ULTRA V2,480T	133,800.00	133,800.00
		" Micro plate strips (Coated with monoclonal anti-capsid antibody of the HCV, purified recombinant hepatitis C antigens NS3, NS4 and a HCV capsid peptide)		
		" Concentrated washing solution		
		" Negative control		
		" Antibody Positive control (Human serum containing antibodies to HCV)		
		" Antigen positive control (Antigen positive control synthetic containing a lyophilized capsid peptide)		
		" Antigen diluent		
		" Conjugate 1 (Mouse biotinilated monoclonal antibodies against capsid HCV antigen)		
		" Conjugate 2 (Mouse antibodies directed against human IgG/peroxidase and streptavidin/peroxidase)		

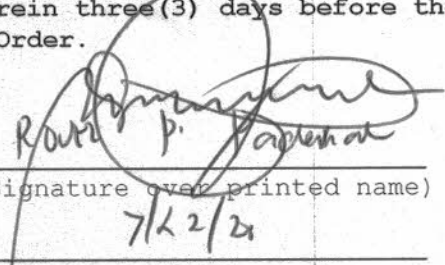
FOR USE OF PEEDO DAVAO DEL NORTE BLOOD CENTER LABORATORY	SUB TOTAL :P 133,800.00
	GRAND TOTAL :P 217,400.00

Grand Total Amount in Words : TWO HUNDRED SEVENTEEN THOUSAND FOUR HUNDRED and 0/100

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.

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Conforme:


 (Signature over printed name)

7/22/20
 (Date)

By the Authority of the Governor:


 GALE GUADALUPE G. MORTILLERO, MSLRG, MHRM
 Assistant Provincial Administrator (Administration)

EDWIN I. JUBAHIB
 Governor

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Province of Davao del Norte
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Req. Off.: PEEDO - BLOOD BANKING

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

Place of Delivery <u>PEEDO DAVAO DEL NORTE BLOOD CENTER,</u> Date of Delivery: <u>CAPITOL COMP.,MANKILAM,TAGUM CITY</u> <u>8/12/2020</u>	Delivery Term: <u>30Calendar Day/s</u> Payment Term : <u>ON ACCOUNT</u>
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Item No.	Quantity/Unit	Description	Unit Cost	Amount
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- " Substrate buffer
- " Chromogen: TMB solution
- " Stopping solution

Other Requirements

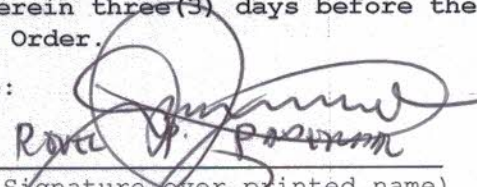

1. All reagents should be compatible with the tie-up EIA micro plate analyzer.
2. Controls, Calibrators and other Accessories must be included.
3. Must have proven good track records and have more than 30 installations to different major blood banks / blood centers nationwide.
4. Must be included in the list of test kits as to the guidance for referral of blood sample for confirmatory set by NRL-NVBSP (Department Circular No. 2012-0198).
5. Local Distributor must be ISO 9001>2008 Certified.
6. Distributor must do repairs and routine maintenance of the EIA machine.
7. All costs of parts and labor for wear and tear of the EIA machine will be on the account of the Distributor.

FOR USE OF PEEDO DAVAO DEL NORTE BLOOD CENTER LABORATORY	SUB TOTAL :P _____ GRAND TOTAL :P <u>217,400.00</u>
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Grand Total Amount in Words : TWO HUNDRED SEVENTEEN THOUSAND FOUR HUNDRED and 0/100

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Conforme:  _____ (Signature over printed name) <u>7/21/20</u> _____ (Date)	Very truly yours, By the Authority of the Governor:  _____ GALE GUADALUPE G. MORTILERO, MSLSG, MHRM Assistant Provincial Administrator (Administration)
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EDWIN I. JUBAHIB
Governor

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Item No.	Quantity/Unit	Description	Unit Cost	Amount
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8. The Distributor shall train the operator of the machine (medical technologists) on how to:
- Operate the instrument on a daily basis
 - Set up an initiate an assay run
 - Handle / store kits
 - Operate the software
 - Properly maintain the machine
 - Result interpretation
 - Troubleshooting

NOTE:

- Delivery 15-30 days upon receipt of confirmed order
- All deliveries of supplies must be at least 1 year or more to its expiry date

The award is based on Abstract No. 0320201274
 dated March 24, 2020 under Quotation No. C20201240
 opened on March 05, 2020

FOR USE OF PEEDO DAVAO DEL NORTE BLOOD CENTER LABORATORY	SUB TOTAL :P GRAND TOTAL :P 217,400.00
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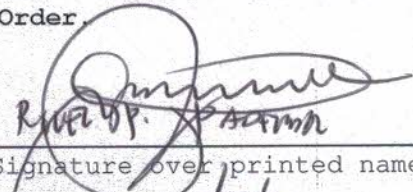
Grand Total Amount in Words : **TWO HUNDRED SEVENTEEN THOUSAND FOUR HUNDRED and 0/100**

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Conforme:



 (Signature over printed name)
 7/22/20

 (Date)

By the Authority of the Governor:



 GALE GUADALUPE C. MORTILERO, MSLAG, MHRM
 Assistant Provincial Administrator (Administration)

EDWIN I. JUBAHIB
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