



PURCHASE ORDER

Supplier : **Biogenmeds Pharma Center**

P.O. Number: **2022062627**

Address : **fairview park, quezon city**



O20220626278385C1CC0

PhilGEPS Registration No. : **201202486531616947132**

Tel./Fax No. : **09392669988**

Registration Certificate : **DTI**

Date : **Jun 02, 2022**

P.R. No. : **2022032207**

Procurement mode: **Competitive Bidding**

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

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

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

Delivery Term: **10 Calendar Days**

Place of Delivery : **DAVNOR PHARMACY**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	3,000.00 TAB	ACETYLCYSTEINE 600MG EFFERVESCENT PNEUMOTIL	26.00	78,000.00
2	3,900.00 TAB	AMLODIPINE 10MG AMLOTHIX	2.50	9,750.00
3	2,000.00 CAP	AMOXICILLIN 500MG AMBIMOX	2.80	5,600.00
4	144.00 BOTT	AMOXICILLIN 250MG/5ML, 60ML SUSP AXMEL	23.00	3,312.00
5	300.00 TAB	ALLOPURINOL 300MG ALLUPREX	3.80	1,140.00
6	600.00 TAB	ASPIRIN 80MG PHILPRIN	1.50	900.00
7	300.00 TAB	BISACODYL 5MG DYLAX	3.00	900.00
8	1,000.00 TAB	BUTAMIRATE CITRATE 50MG ZIMRATE	12.00	12,000.00
9	980.00 NEB	BUDESONIDE 250MCG/ML, 2ML BUDESON	55.00	53,900.00
10	50.00 BOTT	CEFIXIME 100MG/5ML, 60ML SUSP ZYRINE	280.00	14,000.00
11	288.00 BOTT	CETIRIZINE 10MG/ML, 10ML DROPS	95.00	27,360.00

FOR THE CONSUMPTION OF THE THREE (3) DDN 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 :

(Signature over printed name)

July 14, 2022
(Date)

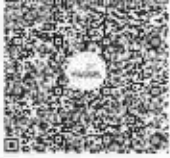
Very truly yours,
By the Authority of the Governor:

ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP
Provincial Administrator

EDWIN I. JUBAHIB
Governor

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ALEJANDRO R. OMILA JR.



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I.N.	Quantity/Unit	Item	Unit Cost	Amount
		ZYRINE		
12	288.00 BOTT	CETIRIZINE 1MG/ML, 60ML SYRUP ZYRINE	75.00	21,600.00
13	1,000.00 CAP	CEFIXIME 200MG ZEFIFARM	25.00	25,000.00
14	2,000.00 TAB	CLONIDINE 75MCG CLODINE	12.00	24,000.00
15	1,000.00 TAB	CLOPIDOGREL 75MG GLOGREL	1.90	1,900.00
16	3,000.00 TAB	CEFUROXIME 500MG OZAX	15.00	45,000.00
17	3,000.00 TAB	CLARITHROMYCIN 500MG KLARITHIX	15.00	45,000.00
18	3,000.00 CAP	CLINDAMYCIN 300MG CORSIN	9.50	28,500.00
19	2,000.00 TAB	CO-AMOXICLAV 1G RANICLAV	10.00	20,000.00
20	3,000.00 CAP	CEFALEXIN 500MG ZEPALEX	4.50	13,500.00
21	2,000.00 AMP	CLINDAMYCIN 150MG/ML, 4ML CLINGEN	120.00	240,000.00

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
32	2,000.00 CAP	FERROUS SULFATE + FOLIC ACID 60MG+400MCG AMECIRON	3.80	7,600.00
33	2,000.00 AMP	GENTAMICIN 40MG/ML, 2ML GENTACARE	12.00	24,000.00
34	600.00 TAB	GLICLAZIDE 30MG MR GLYCINERM	2.80	1,680.00
35	1,000.00 POLYAMPGLUCOSE (DEXTROSE) 50%, 50ML	EUROMED	75.00	75,000.00
36	600.00 TAB	HYOSCINE-N-BUTYLBROMIDE 10MG HYOPAN	5.00	3,000.00
37	10.00 BAG	HYDROXYETHYL STARCH 6%, 500ML ROXYTHYL	670.00	6,700.00
38	300.00 TAB	ISOSORBIDE-5-MONONITRATE 60MG MR ISODRIL	11.00	3,300.00
39	500.00 PREFILLEIMMUNOGLOBULIN, HUMAN TETANUS 250IU/ML, 1ML	SEROTEX	920.00	460,000.00
40	50.00 BOTT	LACTULOSE 3.35G/5ML, 120ML SYRUP ACCELAC	107.00	5,350.00
41	1,000.00 TAB	LAGUNDI 600MG ASFLEM	2.80	2,800.00

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
42	50.00 BOTT	LAGUNDI 300MG/5ML, 60ML SYRUP CAFGARD	40.00	2,000.00
43	3,000.00 TAB	LOSARTAN 50MG LOSAAR	2.80	8,400.00
44	2,000.00 TAB	LOSARTAN 100MG NOVASARTAN	3.50	7,000.00
45	500.00 TAB	LEVOFLOXACIN 500MG LEVEFLOX	8.50	4,250.00
46	300.00 CARPULE	LEIDOCAINE 2%, 1.8ML W/ EPINEPHRINE (BRANDED) ZEYCO	25.00	7,500.00
47	100.00 TAB	MEBENDAZOLE 500MG DAZOLE	3.50	350.00
48	1,000.00 AMP	METHYLERGOMETRINE MALEATE 200MCG/ML, 1ML ERGOMET	35.00	35,000.00
49	2,000.00 TAB	METRONIDAZOLE 500MG MEDIZOLE	3.00	6,000.00
50	600.00 TAB	METHYLPREDNISOLONE 4MG MEDROL	13.00	7,800.00
51	3,000.00 TAB	METFORMIN 500MG GLYCEMET	2.50	7,500.00

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
52	2,000.00 AMP	METOCLOPRAMIDE 5MG/ML, 2ML METOCSIL	12.00	24,000.00
53	500.00 TAB	METHYLDOPA 250MG DOPAMAINE	8.50	4,250.00
54	3,000.00 CAP	MEFENAMIC ACID 500MG MYRETEN	1.80	5,400.00
55	200.00 TUBE	MUPIROCIN 2% OINT 5G MUPIBAN	95.00	19,000.00
56	300.00 CAP	NIFEDIPINE 10MG CALCIGARD	4.00	1,200.00
57	3,000.00 VIAL	OMEPRAZOLE 40MG + DILUENT AFRICID	80.00	240,000.00
58	3,000.00 AMP	OXYTOCIN 10IU/ML, 1ML AMBTOCYN	20.00	60,000.00
59	2,000.00 CAP	OMEPRAZOLE 40MG FRANZOLE	8.00	16,000.00
60	432.00 BOTT	PARACETAMOL 250MG/5ML, 60ML SYRUP (BRANDED) AMCETAM	23.00	9,936.00
61	3,000.00 AMP	PARACETAMOL 150MG/ML, 2ML AMCETAM	10.00	30,000.00

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
62	300.00 TAB	POTASSIUM CITRATE 10mEq SAPHTRATE	10.00	3,000.00
63	300.00 TAB	POTASSIUM CHLORIDE 600MG KALIU SAPHRIDE	12.00	3,600.00
64	3,000.00 AMP	RANITIDINE 25MG/ML, 2ML RANIX	25.00	75,000.00
65	300.00 TAB	SIMVASTATIN 40MG ZIMVAST	5.50	1,650.00
66	3,000.00 NEB.	SALBUTAMOL 2MG/ML, 2.5ML AEROVENT	12.00	36,000.00
67	1,000.00 TAB	SODIUM BICARBONATE 650MG NODOSIS	3.00	3,000.00
68	3,000.00 AMP	TRANEXAMIC ACID 100MG/ML, 5ML TRANCE	50.00	150,000.00
69	150.00 VIAL	VACCINE, RABIES VERO CELL (PURIFIED) 2.5IU/0.5ML + DILUENT SPEEDA	1,200.00	180,000.00
70	2,000.00 TAB	VITAMIN B1, B6, B12 RAMAVIT	6.00	12,000.00
71	144.00 BOTT	ZINC SULFATE 27.5MG/ML, 15ML DROPS ZINLUM	70.00	10,080.00

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
72	288.00 BOTT	ZINC SULFATE 55MG/5ML, 60ML SYRUP ZINLUM	40.00	11,520.00
73	5.00 AMP	HALOPERIDOL 5MG/ML, 1ML HALDOL	700.00	3,500.00
74	2.00 CAP	PHENYTOIN 100MG FENTIN	30.00	60.00
75	2.00 AMP	PHENYTOIN 50MG/ML, 2ML FENTIN	450.00	900.00
76	10.00 AMP	TERBUTALINE 500MCG/ML, 1ML BRITANYL	97.00	970.00
77	15.00 AMP	VERAPAMIL 2.5MG/ML, 2ML CALAPTIN	180.00	2,700.00
78	10.00 AMP	VITAMIN B COMPLEX 100MG+100MG+1MG, 3ML COMBENERV	80.00	800.00
79	4.00 BOTT	LIDOCAINE 10MG/DOSE (10%), 50ML PUMP SPRAY XYLOCAINES	2,500.00	10,000.00
80	1,000.00 TAB	METHYLERGOMETRINE MALEATE 125MCG ERGOMET	18.00	18,000.00
81	500.00 TAB	ZINC GLUCONATE 100MG ZINLUM	8.00	4,000.00

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
82	18.00 PATCH	NITROGLYCERIN 5MG/24 HOUR FIDONAL	490.00	8,820.00
83	1.00 BOTT	ACTIVATED CHARCOAL 100G COAL	290.00	290.00
84	5.00 PATCH	NICOTINE 21MG NICODERM	950.00	4,750.00
85	10.00 BOTT	STERILE WATER FOR IRRIGATION 1L EUROMED	250.00	2,500.00
86	2.00 AMP	PYRIDOXINE (VITAMIN B6) 100MG/ML, 2ML BENADON	700.00	1,400.00

- Remarks :
- 10 CAL. DAYS1. ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE DATE OF DELIVERY.
 2. NO PARTIAL DELIVERIES.
 3. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
 4. TOTAL LOT AWARDEE.
 5. WINNING SUPPLIER MUST PROVIDE A COPY OF CERTIFICATE OF PRODUCT REGISTRATION (CPR) OF EACH ITEM UPON DELIVERY.
 6. ITEMS NO. 80 TO 86 ARE NON DPRI.

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
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7. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO PROVINCIAL HEALTH OFFICE (PHO) AND TO THE THREE (3) DDN HOSPITALS MOOE UNDER DRUGS AND MEDICINES ACCOUNT.
 *PROVINCIAL HEALTH OFFICE - P500,000.00
 *KAPALONG - P2,124,803.77
 *IGACOS - P2,124,803.76
 *CARMEN - P2,124,803.76

The award is based on Abstract No. **0520222540** created on **May 20, 2022** and resolved on **June 02, 2022** under Quotation No. **20222883B** opened on **May 19, 2022**

FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITALS	
Grand Total Amount in Words : <u>TWO MILLION FOUR HUNDRED FIFTY-TWO THOUSAND FIVE HUNDRED EIGHTEEN AND XX / 100</u>	GRAND TOTAL : ₱ 2,452,518.00

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