



# PURCHASE ORDER

Supplier : **BIOSITE MEDICAL INSTRUMENTS**

P.O. Number: **2021121126**

Address : **512, Manga St., Juna Subdivision**



**2021100964351D8**

PhilGEPS Registration No. : **20071117524994836634**

Tel./Fax No. : **(082)2969485**

Registration Certificate : **DTI**

Date : **Dec 20, 2021**

Mode of Procurement : **Bidding**

P.R. No. : **2021100964**

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	11.00 SETS	HEMA TRI-LEVEL CONTROL	15,000.00	165,000.00
2	6.00 BOTTLES	PROBE CLEANER 50ML * the preparation shall be in accordance to the specified quality assurance protocol. * the products shall pass through the compulsory licensing bodies. * all reagents are DOH approved and are environment friendly products.	10,000.00	60,000.00
		MACHINE TECHNICAL SPECIFICATIONS  HEMATOLOGY ANALYZER * CBC with 3-part differential, 16 parameters plus histogram. * Close tube sampling. * Built in touchscreen with all in one CBC result screen display at a glance. * Hemoglobin analysis is performed at least 60 samples per hour and could store results with histogram. * With LIS connectivity which enables seamless sample data transmission. * One maintenance reagent only. * Uploadable QC files to ensure accuracy and time efficiency.		
3	13.00 SETS	PROBE RINSE (5ML X 10 BOTTTS)	14,000.00	182,000.00
			Sub-Total :	407,000.00

FOR THE USED OF DDNH-KAPALONG ZONE AND DDNH-IGACOS ZONE

GRAND TOTAL : **₱ 1,417,200.00**

Grand Total Amount in Words : **ONE MILLION FOUR HUNDRED SEVENTEEN THOUSAND TWO 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.

Conforme :

Joselito Cabral  
(Signature over printed name)

Very truly yours,

By the Authority of the Governor:

**EDWIN I. JUBAHIB**  
Governor

12/22  
(Date)

Josie Jean R. Rabanoz  
ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP  
Provincial Administrator

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ALEJANDRO R. OMILA JR.



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I.N.	Quantity/Unit	Item	Unit Cost	Amount
4	4.00 SETS	ACID CUVETTE CLEANER (100ML X 10 BOTT)	18,000.00	72,000.00
5	1.00 SET	REFERRIL G (3ML X 2 BOTT)	16,000.00	16,000.00
6	5.00 SETS	HDL CALIBRATOR (3ML X 2 BOTT)	35,000.00	175,000.00
7	29.00 BOTT	ELECTROLYTE REAGENT 480ML	18,000.00	522,000.00
8	9.00 BOTT	CONTROL SOLUTION 50ML	6,500.00	58,500.00
9	10.00 BOTT	CLEANING SOLUTION 250ML	7,500.00	75,000.00
10	1.00 SET	DEPROTEIN SOLUTION (3ML X 6 BOTT)	11,000.00	11,000.00
11	1.00 PACK	FLUID PACK	20,700.00	20,700.00
12	1.00 BOTT	DEPROTEINIZER SOLUTION 100ML	5,500.00	5,500.00
13	1.00 BOTT	CLEANING SOLUTION 100ML	5,500.00	5,500.00
14	1.00 BOTT	ELECTRODE CONDITIONING SOLUTION 100ML	5,500.00	5,500.00
15	1.00 SET	CONTROL 1, 2 AND 3 (1ML X 30 BOTT)	7,500.00	7,500.00
16	2.00 SETS	CUVETTE CLEANING (100ML X 10 BOTT)	18,000.00	36,000.00

\* the preparation shall be in accordance to the specified quality assurance protocol.  
\* the products shall pass through the compulsory licensing bodies.  
\* all reagents are DOH approved and are environment friendly products.

Sub-Total : 1,010,200.00

FOR THE USED OF DDNH-KAPALONG ZONE AND DDNH-IGACOS ZONE

GRAND TOTAL : **₱ 1,417,200.00**

Grand Total Amount in Words : **ONE MILLION FOUR HUNDRED SEVENTEEN THOUSAND TWO HUNDRED AND XX / 100**

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Conforme :

\_\_\_\_\_  
(Signature over printed name)

11/19/22  
\_\_\_\_\_  
(Date)

Very truly yours,

By the Authority of the Governor:

**EDWIN I. JUBAHIB**  
Governor

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

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ALEJANDRO R. OMILA JR.

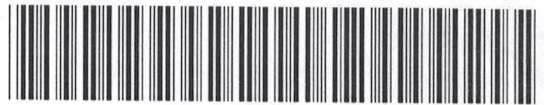


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MACHINE TECHNICAL SPECIFICATION

CLINICAL CHEMISTRY ANALYZER

1. Fully automated analyzer.
2. Continuous loading samples during work sessions (STAT samples).
3. Functional robustness.
4. Low water consumption.
5. Real prozone detection function.
6. Primary tubes and pediatric vials in any position.
7. Maximum flexibility in the positioning of samples and reagents.
8. Minimum reading volume of 200 uL.
9. Throughout of at least 150 tests/hour.
10. Programmable to 5 kinds of samples (serum, plasma, urine, CSF and whole blood)

Sub-Total : 0.00

FOR THE USED OF DDNH-KAPALONG ZONE AND DDNH-IGACOS ZONE


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Delivery Term: **10 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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Remarks :

10 CAL. DAYS1. ALL REAGENTS MUST BE COMPATIBLE TO SMARTLYTE PLUS AND ILAB ARIES MACHINE.

2. ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE DATE OF DELIVERY.

3. NO PARTIAL DELIVERIES.

4. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.

5. TOTAL LOT AWARDING.

6. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

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

\*KAPALONG - P713,875.00

\*IGACOS - P713,875.00

The award is based on Abstract No. **1220211120** dated **December 16, 2021** under Quotation No. **20217999B** opened on **December 02, 2021**

Sub-Total : 0.00

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