



Republic of the Philippines
CITY GOVERNMENT OF MUNTINLUPA
Bids and Awards Committee

NOTICE TO PROCEED

FIA MEDICAL SUPPLY INC.
United Paranaque Subd.

Dear Sir / Madame:

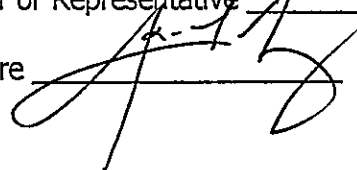
The attached Contract Agreement having been approved, notice is hereby given **FIA MEDICAL SUPPLY INC.** that the CONTRACT of the City Government of Muntinlupa for the "**Supply & Delivery of Cardiac Marker Analyzer Reagent Tie-Up & Pre-Transfusion Compatibility Testing Reagent Tie-Up**", shall commence effective FIVE (5) DAYS after acknowledging receipt hereof.

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement and Schedule of Delivery.

Please acknowledge receipt and acceptance of this notice by signing both copies on the space provided below. Kindly keep one (1) copy and return the other copy to the Bids and Awards Committee Secretariat.

Very truly yours,


Hon. **ROZZANO RUFINO B. BIAZON**
City Mayor

I acknowledge receipt of this Notice on May 15, 2024
Name of the Bidder or Representative Krista Lyn C. Alvarez
Authorized signature 

Contract Agreement

THIS AGREEMENT made the ____ day of APR 01 2024 between **CITY GOVERNMENT OF MUNTINLUPA** of the Philippines (hereinafter called "the Entity") of the one part and **FIA MEDICAL SUPPLY INC.** with address at United Paranaque Subd. (hereinafter called "the Supplier") of the other part;

WHEREAS, the Entity invited Bids for certain goods and ancillary services, particularly for the **Supply & Delivery of Cardiac Marker Analyzer Reagent Tie-Up & Pre-Transfusion Compatibility Testing Reagent Tie-Up** and has accepted a Bid by the Supplier for the supply of those goods and services in the sum of **One Million Three Hundred Sixty Thousand Pesos (P1,360,000.00)** (hereinafter called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

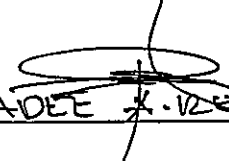
1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents as required by the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184 shall be deemed to form and be read and construed as *integral part of this Agreement, viz:*
 - i. Philippine Bidding Documents (PBDs);
 - i. Schedule of Requirements;
 - ii. Technical Specifications;
 - iii. General and Special Conditions of Contract; and
 - iv. Supplemental or Bid Bulletins, if any
 - ii. Winning bidder's bid, including the Eligibility requirements, Technical and Financial Proposals, and all other documents or statements submitted;

Bid form, including all the documents/statements contained in the Bidder's bidding envelopes, as annexes, and all other documents submitted (*e.g.*, Bidder's response to request for clarifications on the bid), including corrections to the bid, if any, resulting from the Procuring Entity's bid evaluation;
 - iii. Performance Security;
 - iv. Notice of Award of Contract; and the Bidder's conforme thereto; and
 - v. Other contract documents that may be required by existing laws and/or the Procuring Entity concerned in the PBDs. **Winning bidder agrees that additional contract documents or information prescribed by the GPPB that are subsequently required for submission after the contract execution, such as the Notice to Proceed, Variation Orders, and Warranty Security, shall likewise form part of the Contract.**

3. In consideration for the sum of **One Million Three Hundred Sixty Thousand Pesos (P1,360,000.00)** or such other sums as may be ascertained, **FIA MEDICAL SUPPLY INC.** agrees to the **Supply & Delivery of Cardiac Marker Analyzer Reagent Tie-Up & Pre-Transfusion Compatibility Testing Reagent Tie-Up** in accordance with his/her/its Bid.
4. The City Government of Muntinlupa agrees to pay the above-mentioned sum in accordance with the terms of the Bidding.

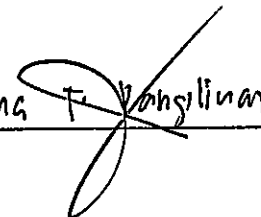
IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with the laws of the Republic of the Philippines on the day and year first above written.



Hon. ROZZANO RUFINO B. BIAZON
 City Mayor


CHIRADEE X. VIZCONDO
 Supplier

for:
CITY GOVERNMENT OF MUNTINLUPA

for:
FIA MEDICAL SUPPLY INC.



Signed in the presence of: 

 Belinda Blessie Macagua

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
 CITY OF MUNTINLUPA)

BEFORE ME, a Notary Public for and in Muntinlupa City, this APR 01 2024 day of 1 2024 2024, personally appeared:

NAME
 Hon. ROZZANO RUFINO B. BIAZON

GOVERNMENT ISSUED ID NO.
 Driver's License N03-86-030998

Known to me and to me known to be the same persons who executed the foregoing instrument and acknowledged to me that the same is their own voluntary act and deed.

WITNESS MY HAND SEAL.

Doc. No. 241;
 Page No. 21;
 Book No. 83;
 Series of 2024.

NOTARY PUBLIC
ATTY. CARLOS M. CARLOS
 NOTARY PUBLIC - PARANAQUE CITY
 COMM. NO. 242 - UNTIL DEC 31, 2024
 ROLL NO. 43869
 BP NO. 02068 - LIFETIME MEMBER
 PTR NO. 3488424 - 1/2/24 PQUE. CITY
 MGLE VII-00871198 - 2/13/23
 UNIT 155, VALLEY 1, BRGY. SAN ANTONIO
 BUGAT, PARANAQUE CITY

REPUBLIC OF THE PHILIPPINES
 DEPARTMENT OF TRANSPORTATION
 LAND TRANSPORTATION OFFICE
 NON-PROFESSIONAL DRIVER'S LICENSE



Applicant's Full Name, Alias Name
RIAZON, ROZANO RUFINO BUHOAN
 Nationality Sex Date of Birth Height and Weight
 PHIL M 1969-03-28 1 103 177

Address
 419 TAAL ST AYALA ALABANG VILLAGE,
 MARIKINA CITY

Specialty License
 2500-06-030998 2023/03/20 1149

Class of License
 7.2
 Condition
 A

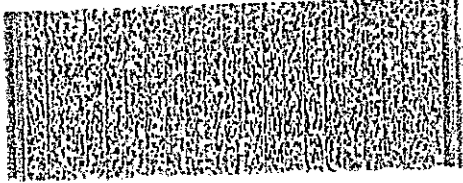
[Signature]
 EDUARDO GALVINO
 Assistant Secretary

[Signature]
 Superintendent of License

IN ORGAN DONATIONS
 I SHALL NOTICIFY AIR (MARR)
 IN CASE OF EMERGENCY (MARR)
 NAME (MARR) LAST NAME (MARR)
 ADDRESS (MARR) ADDRESS (MARR)
 TEL. NO. (MARR) TEL. NO. (MARR)

- 1. DRIVER'S LICENSE
- 2. DRIVER'S LICENSE
- 3. DRIVER'S LICENSE
- 4. DRIVER'S LICENSE
- 5. DRIVER'S LICENSE
- 6. DRIVER'S LICENSE
- 7. DRIVER'S LICENSE
- 8. DRIVER'S LICENSE
- 9. DRIVER'S LICENSE
- 10. DRIVER'S LICENSE

057291296



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PURCHASE ORDER
City Government of Muntinlupa

Supplier : FIA MEDICAL SUPPLY INC. P.O. No.: 31707
 Address : Parañaque City Date : May 10, 2024
 Mode of Procurement : Public Bidding

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

Place of delivery : _____ Delivery Term : _____
 Date of delivery : _____ Payment Term : _____

| Item No. | Quantity | Unit | Description | Unit Cost | Amount |
|----------|----------|------|--|-----------|--------|
| 1 | 1 | lot | CARDIAC MARKER ANALYZER REAGENT TIE-UP AND PRE TRANSFUSION COMPATIBILITY TESTING REAGENT TIE-UP Brand: WONDFO Model: FINECARE III Plus Origin: CHINA Brand: TULIPS Model: MATRIX Origin: INDIA TERMS/CONDITION: MUST BE ACCOMPANIED WITH FREE USE OF THE MACHINES COMPATIBLE WITH THE REAGENTS/COMSUMABLES TO BE PROCURED UNTIL ITEMS ARE FULLY CONSUMED OR WITHIN A YEAR, WHICHEVER COMES FIRST. INSTALLATION, PREVENTIVE MAINTENANCE, AND REPAIRS SHOULD BE SHOULDERS BY THE WINNING PARTY WINNING BIDDER MUST BE ABLE TO PRESENT PROPER MACHINE/EQUIPMENT EVALUATION THRU DEMONSTRATION WITHIN THREE (3) WORKING DAYS AFTER THE OPEN BID & MUST PASSED END-USER'S EVALUATION. EXPIRATION DATE OF EACH REAGENT MUST BE AT LEAST 10 MONTHS UPON DELIVERY AND MUST PROVIDE RETURN POLICY LETTER JUST IN CASE THE EXPIRATION ARE LESS THAN 12 MONTHS. WITH GOOD AFTER SALES SERVICE. ON-CALL SERVICE, PERFORMS SCHEDULED PREVENTIVE MAINTENANCE OF MACHINE. THE SYSTEM MUST BE INSTALLED IN AT LEAST 5-10 WELL- KNOWN INSTITUTION. MACHINE MUST BE LIS READY. | | |

xxxxxxxxxx Page 1 xxxxxxxxxxxxxx

Total Amounts 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.

Conformed: FIA MEDICAL SUPPLY INC.
 Signature over printed name
May 15, 2024
 Date

Very Truly Yours,
Mayor ROZANO RUBINO B. BIAZON
 Authorized Official

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA7160 this portion must be accomplished)

Approved to be purchased thru Negotiated Purchase per Sangguniang Res. No.: _____

Certified Correct: _____
 Secretary of the Sanggunian

Requesting Office/Dept.

Authorized Official

Funds Available : _____
 Amount: _____

R.O. No.: _____

Chief Account

02/16
2024

PURCHASE ORDER

City Government of Muntinlupa

Supplier : FIA MEDICAL SUPPLY

P.O. No. : 31707

Address : Paranaque City

Date : May 10, 2024

Mode of Procurement : Public Bidding

Gentlemen :

Please be furnish this office the following articles subject to the terms and condition contain herein:

Place of delivery : _____

Delivery Term : _____

Date of delivery : _____

Payment Term : _____

| Item No. | Quantity | Unit | Description | Unit Cost | Amount |
|----------|----------|------|--|-----------|--------|
| | | | <p>WITH VALID BEAD CPR FOR ALL REAGENTS TEST KITS AND LTO. TOTAL AMOUNT COVERS ALL REAGENTS, CONTROLS, CALIBRATORS, CONSUMABLES, DISTILLED WATER (ENTIRE MATERIALS NEEDED TO RUN ALL TESTS) & CONNECTIVITY FEE TO HOSPITAL INFORMATION SYSTEM (HIS) VIA LABORATORY INFORMATIN SYSTEM (LIS). EXTRA REAGENT STORAGE MUST BE PROVIDED. SUPPLIER MUST PROVIDE ADDITIONAL REAGENTS FOR FREE IN CASE THE REQUIRED NUMBER OF TESTS ARE NOT MET.</p> <p>SUPPLIER MUST PROVIDE ADDITIONAL REAGENTS FOR FREE IN CASE THE REQUIRED NUMBER OF TESTS ARE NOT MET. SERVICE UNIT MUST BE PROVIDED WITHIN 24 HOURS IN CASE OF MACHINE BREAKDOWN.</p> <p>SPECIFICATION OF CARDIAC/COVID PANEL ANALYZER AND PRE TRANSFUSION COMPATIBILITY TESTING MUST YIELD ACCURATE QUANTITATIVE TROPONIN I RESULTS. WITH BUILT-IN PRINTER. THERMAL PAPER MUST BE PROVIDED. CAN PROCESS WHOLE BLOOD, SERUM & PLASMA SAMPLES. THE SYSTEM SHOULD BE SUPPLIED WITH SUITABLE UPS, WITH 30 MINUTES BATTERY BACK-UP.</p> <p>FULLY AUTOMATED WALK-AWAY/SEMI-AUTOMATED INSTRUMENTS/MACHINE.</p> <p>MUST ACCURATELY PROCESS THE DIFFERENT TECHNIQUES OF PRE-TRANSFUSION COMPATIBILITY TESTING.</p> <p>ENSURE POSITIVE IDENTIFICATION OF SAMPLES AND REAGENTS CAPABLE OF CHECKING THE INTEGRITY OF MATERIALS & REAGENTS. VERIFICATION OF REAGENTS' BATCH COMPATIBILITY & EXPIRY CONTROL</p> <p style="text-align: center;">xxxxxxxxx Page 2. xxxxxxxxxxxxx</p> | | ===== |

Total Amounts in words: _____

In case of failure to make the full delivery within the the specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Conforme:

FIA MEDICAL SUPPLY INC.

Signature over printed name

May 11, 2024

Date

Very Truly yours,

Mayor ROZZANO RUFINO B. BIAZON

Authorized Official

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160 this portion must be accomplished.)

Approved to be purchase thru Negotiated

Purchase per Sangguniang Res. No. : _____

Certified Correct : _____

Secretary of the Sanggunian

Requesting Office/Dept.

Authorized Official

Funds Available : _____

Amount : _____

R.O. No. : _____

Chief Account

PURCHASE ORDER

City Government of Muntinlupa

Supplier: FIA MEDICAL SUPPLY P.O. No. : 31707
 Address: Parañaque City Date : May 10, 2024
 Mode of Procurement: Public Bidding

Gentlemen :
 Please be furnish this office the following articles subject to the terms and condition contain herein:

Place of delivery : _____ Delivery Term : _____
 Date of delivery : _____ Payment Term : _____

| Item No. | Quantity | Unit | Description | Unit Cost | Amount |
|----------|----------|-------|---|-----------|------------|
| 2 | 50 | boxes | CAN PERFORM DIRECT CARD PIERCING TO PREVENT CROSS CONTAMINATION; CONTINUOUS MONITORING OF LEVELS OF REAGENTS (INVENTORY); SYSTEM SHOULD HAVE SEPARATE DEDICATED PC SYSTEM, SYSTEM COMPATIBLE; WINDOWS-BASED SOFTWARE INTERFACE; BI-DIRECTIONAL CONNECTION TO HOST INTERFACE CAPABILITY; OPERATING MODES: BY BATCH, BY SAMPLE & STAT FLEXIBLE MANAGEMENT OF EMERGENCY SAMPLES; INTEGRATED QUALITY CONTROL PROGRAM APPLICATION. SERVICE UNIT MUST BE PROVIDED WITHIN 24 HOURS IN CASE OF MACHINE BREAKDOWN. CARDIAC MARKER ANALYZER REAGENT TIE-UP AND PRE TRANSFUSION COMPATIBILITY TESTING REAGENT TIE-UP TROPONIN I CARTRIDGE, 25S BRAND: Wondfo MODEL: Finecare Reagents ORIGIN: China | 8,850.00 | 442,500.00 |
| 3 | 30 | boxes | HIGH SENSITIVITY C-REACTIVE PROTEIN, 25S. BRAND: Wondfo MODEL: Finecare Reagents ORIGIN: China | 6,000.00 | 180,000.00 |
| 4 | 48 | boxes | GEL CROSSMATCHING CARD - AHG, 144S BRAND: TULIPS MODEL: MATRIX ORIGIN: INDIA | 11,125.00 | 534,000.00 |

xxxxxxxxxx Page 3 :xxxxxxxxxxxxx

Total Amounts in words: _____

In case of failure to make the full delivery within the the specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Conforme:
 FIA MEDICAL SUPPLY INC.
 Signature over printed name
May 15, 2024
 Date

Very Truly yours,

 Mayor GZANONG RUFINO B. BIAZON
 Authorized Official

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)
 Approved to be purchase thru Negotiated Purchase per Sangguniang Res. No. : _____
 Certified Correct : _____
 Secretary of the Sanggunian

Requesting Office/Dept. _____
 Authorized Official _____

Funds Available : _____
 Amount : _____
 R.O. No. : _____
 Chief Account: _____

PURCHASE ORDER
City Government of Muntinlupa

Supplier : FIA MEDICAL SUPPLY P.O. No. : 31707
 Address : Parañaque City Date : May 10, 2024
 Mode of Procurement : Public Bidding

Gentlemen:
Please be furnish this office the following articles subject to the terms and condition contain herein:

Place of delivery : _____ Delivery Term : _____
 Date of delivery : _____ Payment Term : _____

| Item No. | Quantity | Unit | Description | Unit Cost | Amount |
|---|----------|------|---|-----------|--------------|
| 5 | 3 | BOX | GEL CROSSMATCHING NEUTRAL 144S BRAND: Tulips MODEL: Matrix ORIGIN: India | 12,500.00 | 37,500.00 |
| 6 | 20 | BOX | LISS GEL SOLUTION - CROSSMATCHING (250 ml) BRAND: Tulips MODEL: Matrix ORIGIN: India | 7,650.00 | 153,000.00 |
| 7 | 10 | BOT | NORMAL SALINE SOLUTION BRAND: Euromed MODEL: Saline Sol. ORIGIN: Philippines | 150.00 | 1,500.00 |
| 8 | 1 | BOX | CK-MB POC 25S BRAND: Wondfo MODEL: Finicare Reagents ORIGIN: China | 11,500.00 | 11,500.00 |
| xxxxxxxxxx Page 4 xxxxxxxxxxxxxx | | | | | ===== |
| Supply and Delivery of Cardiac Marker Analyzer Reagent Tie-Up and Pre-Transfusion Compatibility Testing Reagent Tie-UP for OSMUN. | | | | | 1,360,000.00 |

Total Amounts in words: _____

In case of failure to make the full delivery within the the specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Conforme:
 FIA MEDICAL SUPPLY INC.
 Signature over printed name
May 15, 2024
 Date

Very Truly yours,

 Mayor RUFFALO RUFINO B. BIAZON
 Authorized Official

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160 this portion must be accomplished.)
 Approved to be purchase thru Negotiated Purchase per Sangguniang Res. No. : _____
 Certified Correct : _____
 Secretary of the Sanggunian

Requesting Office/Dept. _____

 Authorized Official

Funds Available : _____
 Amount : _____
 R.O. No. : _____

 Chief Account