



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

NOTICE TO PROCEED

EASA PHARMA DISTRIBUTION
Cebu City

Dear Sir / Madame:

The attached Contract Agreement having been approved, notice is hereby given **EASA PHARMA DISTRIBUTION** that the CONTRACT of the City Government of Muntinlupa for the **"Supply & Delivery of Clinical Chemistry & Electrolytes Reagent Tie-Up to be used by OSMUN"**, 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.

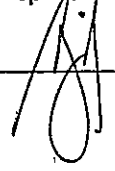
Please acknowledge receipt and acceptance of this notice by signing both copies on the space provided below. Kindly keep one (1) copy and return the other copy to the Bids and Awards Committee Secretariat.

Very truly yours,


Hon. ROZZANO RUFINO B. BIAZON
City Mayor

I acknowledge receipt of this Notice on June 5, 2024

Name of the Bidder or Representative BINKY JOY DUMDUM

Authorized signature 

Contract Agreement

THIS AGREEMENT made the MAY 09 2024 day of _____ 20____ between **CITY GOVERNMENT OF MUNTINLUPA** of the Philippines (hereinafter called "the Entity") of the one part and **EASA PHARMA DISTRIBUTION** with address at Cebu City (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 Clinical Chemistry & Electrolytes Reagent Tie-Up to be used by OSMUN** and has accepted a Bid by the Supplier for the supply of those goods and services in the sum of **Five Million Six Hundred Fifty Six Thousand Eight Hundred Forty Pesos (P5,656,840.00)** (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;

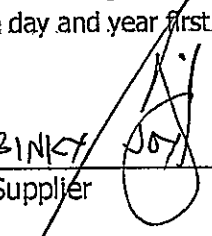
Bid form, including all the documents/statements contained in the Bidder's bidding envelopes, as annexes, and all other documents submitted (*e.g.*, Bidder's response to request for clarifications on the bid), including corrections to the bid, if any, resulting from the Procuring Entity's bid evaluation;

- 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 **Five Million Six Hundred Fifty Six Thousand Eight Hundred Forty Pesos (P5,656,840.00)** or such other sums as may be ascertained, **EASA PHARMA DISTRIBUTION** agrees to the **Supply & Delivery of Clinical Chemistry & Electrolytes Reagent Tie-Up** to be used by **OSMUN** 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

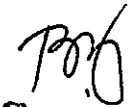

BINKY JOY DUMDUM
 Supplier

for:
CITY GOVERNMENT OF MUNTINLUPA

for:
EASA PHARMA DISTRIBUTION


IRENE MAGANDA

Signed in the presence of:


Belinda Blessie Macaga

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
 CITY OF MUNTINLUPA)

MAY 09 2024

BEFORE ME, a Notary Public for and in Muntinlupa City, this ___ day of _____ 2024, personally appeared:

NAME

GOVERNMENT ISSUED ID NO.

Hon. ROZZANO RUFINO B. BIAZON
Binky Joy Dumdum

Driver's License N03-86-030998
PRC LIC NO, 0284067

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. 274
 Page No. 54
 Book No. XVIII
 Series of 2024.


MEYNARD R. JOB

Notary Public for Muntinlupa City
 Notarial Commission No. 23-009
 Until December 31, 2024

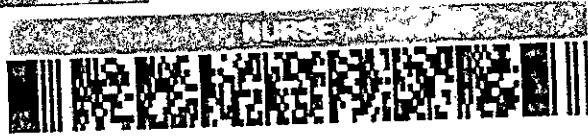
PTR No. 10474121 / Jan. 02, 2024- Muntinlupa City
 IBP Lifetime No. 014640 / Jan. 04, 2016
 Roll No. 49786 / PPLM
 MCLE Compliance No. VII-0016417 / April 26, 2022
 2731-C Bruger Street, Bruger Subdivision,
 Putatan, Muntinlupa City



Republic of the Philippines
PROFESSIONAL REGULATION COMMISSION
PROFESSIONAL IDENTIFICATION CARD



LAST NAME ▶ DUMDUM
FIRST NAME ▶ BINKY JOY
MIDDLE NAME ▶ ILALTO
REGISTRATION NO. ▶ 0284067
REGISTRATION DATE ▶ 10/09/1995
VALID UNTIL ▶ 12/05/2026



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



Last Name, First Name, Middle Name
BIAZON, ROZZANO RUFINO BUNOAN

Nationality Sex Date of Birth Weight (kg) Height(m)
 PHIL M 1949-03/20 103 1.77

Address
 219 TAAL ST AYALA ALABANG VILLAGE,
 MINTHILUPA CITY

Image No. Expiration Date Agency Code
 NPS-04-030998 2023/03/20 140

Number of Eyes Color
 2 BROWN

Number of Limbs Condition
 2 A

Signature: *[Signature]*
 EDGAR C. SALVANTE
 Assistant Secretary

[Signature]
 Secretary of License

IN ORDER TO OBTAIN THIS LICENSE, YOU MUST:

1. BE AT LEAST 18 YEARS OLD
2. BE A NATURAL-BORN CITIZEN OF THE PHILIPPINES
3. BE A RESIDENT OF THE PHILIPPINES
4. BE A MEMBER OF THE NATIONAL POLICE TRAINING CENTER (NPTC)
5. BE A MEMBER OF THE NATIONAL POLICE TRAINING CENTER (NPTC)
6. BE A MEMBER OF THE NATIONAL POLICE TRAINING CENTER (NPTC)
7. BE A MEMBER OF THE NATIONAL POLICE TRAINING CENTER (NPTC)
8. BE A MEMBER OF THE NATIONAL POLICE TRAINING CENTER (NPTC)

IN ORDER TO OBTAIN THIS LICENSE, YOU MUST:

1. BE AT LEAST 18 YEARS OLD
2. BE A NATURAL-BORN CITIZEN OF THE PHILIPPINES
3. BE A RESIDENT OF THE PHILIPPINES
4. BE A MEMBER OF THE NATIONAL POLICE TRAINING CENTER (NPTC)
5. BE A MEMBER OF THE NATIONAL POLICE TRAINING CENTER (NPTC)
6. BE A MEMBER OF THE NATIONAL POLICE TRAINING CENTER (NPTC)
7. BE A MEMBER OF THE NATIONAL POLICE TRAINING CENTER (NPTC)
8. BE A MEMBER OF THE NATIONAL POLICE TRAINING CENTER (NPTC)

Serial Number
 057281296

IN ORDER TO OBTAIN THIS LICENSE, YOU MUST:

1. BE AT LEAST 18 YEARS OLD
2. BE A NATURAL-BORN CITIZEN OF THE PHILIPPINES
3. BE A RESIDENT OF THE PHILIPPINES
4. BE A MEMBER OF THE NATIONAL POLICE TRAINING CENTER (NPTC)
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7. BE A MEMBER OF THE NATIONAL POLICE TRAINING CENTER (NPTC)
8. BE A MEMBER OF THE NATIONAL POLICE TRAINING CENTER (NPTC)

[Handwritten Signature]

[Handwritten Signature]

[Handwritten Signature]

PURCHASE ORDER
City Government of Muntinlupa

EASA PHARMA DISTRIBUTION

Supplier Cebu City

P.O. No.: 31903
May 28, 2024

Address : _____

Date : _____ Public Bidding

Mode of Procurement : _____

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
			<p>CLINICAL CHEMISTRY AND ELECTROLYTES REAGENT TIE-UP TERMS/ CONDITIONS: 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 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. WITH VALID BFAD 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. ALL SUPPLEMENTARY REAGENTS AND CONSUMABLES NEEDED TO PERFORM THE REQUIRED NUMBER OF TESTS REQUESTED MUST BE PROVIDED FREE OF CHARGE FOR THE ENTIRE CONTRACT. SERVICE UNIT MUST BE PROVIDED WITHIN 24 HOURS IN CASE OF MACHINE BREAKDOWN.</p> <p>xxxxxxxxxx Page 1 xxxxxxxxxxxxxx</p>		=====

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

EASA PHARMA DISTRIBUTION

Conforme: BING SOBBUM BUM
Signature/over printed name

Very Truly Yours,
Mayor **ROZZANO RUFINO B. BIAZON**

Authorized Official

6-5-24
Date

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

Requesting Office/Dept.

Funds Available : _____
Amount: _____

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

R.O. No.: _____

Certified Correct: _____
Secretary of the Sanggunian

Authorized Official

Chief Account

PURCHASE ORDER
City Government of Muntinlupa

Supplier : EASA PHARMA DISTRIBUTION P.O. No. : 31902
 Address : CEBU CITY Date : May 28, 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
			CLINICAL CHEMISTRY ANALYZER SPECIFICATIONS: THE EQUIPMENT MUST BE A RANDOM ACCESS COMPACT SYSTEM. THE INSTRUMENT SHOULD BE CAPABLE OF ALL ROUTINE, STAT, SPECIAL BIOCHEMICAL TESTS AND USER DEFINABLE APPLICATIONS. IT SHOULD BE AN OPEN SYSTEM ANALYZER, WITH OPTIONS OF BARCODED REAGENTS FOR AUTOMATED REAGENT INVENTORY, STABILITY & EXPIRY CHECKS. IT SHOULD BE AN OPEN SYSTEM ANALYZER, WITH OPTIONS OF BARCODED REAGENTS FOR AUTOMATED REAGENT INVENTORY, STABILITY & EXPIRY CHECKS. CONSTANT THROUGHPUT OF 600 TEST/HR- 770/T FOR ISE MUST HAVE 80 REAGENT POSITIONS AVAILABLE; 90 SAMPLE POSITIONS AVAILABLE MUST HAVE 2 SAMPLE PROBES AND 2 REAGENT PROBES LIQUID LEVEL DETECTION AND INVENTORY, BUBBLE & CLOT DETECTION, TRACKING OF VERTICAL & HORIZONTAL PROBES FOR COLLISION, HIG PRESSURE WASH IN INTERIOR, SMART SAMPLING OF HBA1C AND ELECTROLYTES MUST HAVE INTEGRATED 8 STEP WASHING SYSTEM WITH PREHEATED DETERGENT AND WATER REACTION CUVETTES: 124 POSITIONS, REUSABLE EASY MAINTENANCE & EASY ACCESS OF CONTAINERS & PARTS FOR REPLACEMENT, ROUTINE MAINTENANCE OR TROUBLESHOOTING USER FRIENDLY INTERFACE, NON STOP COOLING, AUTOSLEEP OF LAMP WHEN MACHINE IS ON STANDBY REVERSED GRATING SYSTEM WITH 12 WAVELENGTHS, BUILT IN BAR-CODE SCANNER IT CAN CARRY OVER OF LESS THAN 0.05% TO ENSURE TEST ACCURACY xxxxxxxxxxx Page 2 xxxxxxxxxxx		

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: BINLEY JOY Dumbum
EASA PHARMA DISTRIBUTION
 Signature over printed name
 Date 5-28-24

Very Truly yours,
Mayor ROZZANO RUFINO B. BIAZON
 Authorized Official

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA7160 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 : EASA PHARMA DISTRIBUTION P.O. No. : 31902
 Address : CEBU CITY Date : May 28, 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
			MUST HAVE FLOOR STANDING, DISCRETE AND RANDOM ACCESS WITH AUTOMATIC SAMPLE DILUTION, PRE-SAMPLE TRAY: 90 POSITIONS FOR PRIMARY OR SECONDARY TUBES AND SAMPLE CUPS. CLINICAL CHEMISTRY AND ELECTROLYTES REAGENT TIE-UP SAMPLE VOLUME: 1.5-45 U, step by 0.1 ul REACTION ROTOR: ROTATING TRAY, 124 CUVETTES WITH AUTOMATIC WASHING CUVETTES: OPTICAL LENGTH 5 MM; REACTION VOLUME : 100-300 , WITH 2 INDEPENDENT MIXERS OPERATION SYSTEM: WINDOW XP PROFESSIONAL OR WINDOWS OR 7 PROFESSIONALS OR WINDOWS 8 MACHINE DIMENSION: 1190 mm(W), 1155 mm(H), 720mm (D), WEIGHT 300 Kg MUST HAVE SELF-DIAGNOSTIC TESTING, CAPABLE OF PROMPTING ERROR MESSAGE/S. ANALYZER MUST BE FLEXIBLE ENOUGH TO ENABLE LOADING VARIETY OF SAMPLE TUBES & CUPS. MUST HAVE CONTINUOUS LOADING OF SAMPLES FACILITY. CALIBRATION OPTIONS MUST BE LINEAR, 2-POINT, POINT TO POINT AND MULTIPOINT MUST HAVE AN OPTION OF AUTOMATIC & SCHEDULED CALIBRATION INTERVAL. SHOULD HAVE BOTH INTERNAL & EXTERNAL PROBE CLEANING/WASHING FACILITY. SAMPLE TYPE & CAPACITY MUST BE SERUM, PLASMA, URINE, CSF & OTHER SUPERNATANT/BODY FLUIDS WITH CAPACITY OF AT LEAST 50 SAMPLES POSITION FOR ROUTINE & STAT SAMPLES. xxxxxxxxxxx Page 3 xxxxxxxxxxx		

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: BINKY JOY PLUM DUND
EASA PHARMA DISTRIBUTION
 Signature over printed name
 Date 6-5-24

Very Truly yours,
Mayor ROZZANO RUFINO B. BIAZON
 Authorized Official

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA7160 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 : EASA PHARMA DISTRIBUTION P.O. No. : 31902
 Address : CEBU CITY Date : May 28, 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>SAMPLE DEAD VOLUME & PIPETTING MUST BE NOT MORE THAN 100UL IN PRIMARY TUBE & 50UL IN PEDIATRIC CUPS. MUST HAVE DEDICATED MICROPIPETTE WITH LIQUID LEVEL SENSOR, CRASH DETECTION, BUBBLE DETECTION & CLOT DETECTION.</p> <p>MUST HAVE INVENTORY MANAGEMENT SYSTEM. PROVISION OF AUTOMATIC CHECKING OF SERUM INDICES (HAEMOLYTIC, ICTERIC, LIPEMIC/TURBID) SHOULD BE AVAILABLE.</p> <p>SYSTEM SHOULD HAVE PROVISION TO STORE MULTIPLE REFERENCE RANGES.</p> <p>SYSTEM SHOULD HAVE SEPARATE DEDICATED PC SYSTEM, SYSTEM COMPATIBLE, WINDOWS BASED SOFTWARE INTERFACE, BI-DIRECTIONAL CONNECTION TO HOST INTERFACE CAPABILITY.</p> <p>SYSTEM SHOULD HAVE THE ABILITY TO PERFORM AUTOMATIC RE-RUNS WITH INCREASED, DECREASED OR DILUTED SAMPLE VOLUME.</p> <p>SYSTEM SHOULD ALLOW PROGRAMMING OF UP TO 15 DIFFERENT SET PANELS OF TESTS.</p> <p>SYSTEM SHOULD HAVE AUTO START/SHUTDOWN FACILITY. IT SHOULD HAVE SAMPLE BARCODE READING FACILITY, IN PREPARATION TO LABORATORY INFORMATION SYSTEM (LIS). IT SHOULD HAVE HALOGEN TUNGSTEN LIGHT SOURCE WITH MINIMUM 1000 HOURS SERVICE LIFE.</p> <p>QUALITY CONTROL MANAGEMENT: AUTOMATIC QC, WITH LEVY-JENNINGS CHARTS & WESTGARD RULES APPLICATION. MUST YIELD EXCELLENT EQAS/RIQAS RESULTS.</p> <p>CLINICAL CHEMISTRY AND ELECTROLYTES REAGENT TIE-UP CONT.</p> <p>xxxxxxxxx Page 4 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: BINCY J. DUMDUM
EASA PHARMA DISTRIBUTION
 Signature over printed name
 Date: 6-5-24

Very Truly yours,
Mayor ROZZANO RUFINO B. BIAZON
 Authorized Official

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA7160 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
	_____ Authorized Official	_____ Chief Account

PURCHASE ORDER
City Government of Muntinlupa

Supplier : EASA PHARMA DISTRIBUTION

P.O. No. : 31902

Address : CEBU CITY

Date : May 28, 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>THE ANALYZER/MACHINE SHOULD BE ABLE TO PERFORM SERIAL DILUTION FOR CALIBRATION. THE SOFTWARE SHOULD HAVE PROVISION TO STORE REACTION & CALIBRATION CURVES. RAW DATA CAN BE VIEWED & PRINTED IN TABLE OR GRAPH FORMAT. LOGS: REAGENT, YIELDED VALUES FOR QC, CALIBRATIONS, MAINTENANCE, SEQUENCING, FLAGS & ALARMS. SHOULD HAVE AT LEAST 20,000 PATIENT RESULTS STORAGE. COMPLETE BACK UP OF THE SYSTEM DATABASE MUST BE AVAILABLE, FOR CALIBRATION CONTROL & PATIENT SAMPLE RESULTS. THE SYSTEM SHOULD BE SUPPLIED WITH SUITABLE UPS WITH 30 MINUTES BATTERY BACKUP. THE SYSTEM SHOULD BE SUPPLIED WITH SUITABLE EXTERNAL PRINTER FOR PATIENTS' RESULTS (PROGRAMMED ACCORDING TO LABORATORY FORMAT) SYSTEM MUST BE LABORATORY INFORMATION SYSTEM (LIS) READY. THE SYSTEM MUST BE INSTALLED IN AT LEAST 5-10 WELL-KNOWN INSTITUTION. ELECTROLYTES MACHINE SPECIFICATIONS AUTOMATED INSTRUMENT FOR ELECTROLYTE ANALYSIS (Na, K, Cl, iCA). METHOD MUST BE DIRECT MEASUREMENT ION SELECTIVE ELECTRODE. MUST YIELD EXCELLENT EQAS/RIQAS RESULTS. WITH BUILT-IN PRINTER. THERMAL PAPER MUST BE PROVIDED. CAN PROCESS WHOLE BLOOD, SERUM, PLASMA OR URINE SAMPLES. SAMPLE MUST BE 100 UI OR LESS FOR BLOOD & 400 UI FOR DILUTED URINE.</p> <p>xxxxxxxxxx Page 5 xxxxxxxxxxxxxx</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:

EASA PHARMA DISTRIBUTION

Signature over printed name

16-5-24
Date

Very Truly yours,

Mayor ROZZANO RUFINO B. BIAZON

Authorized Official

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA7160 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 : EASA PHARMA DISTRIBUTION P.O. No. : 31902
 Address : CEBU CITY Date : May 28, 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>MUST HAVE AN AUTO PROBE WIPING FACILITY AND HAS CAPILLARY & SYRINGE SAMPLING FACILITY. CAN PERFORM AUTOMATIC OR ON-DEMAND CALIBRATION AND DOES 2 POINT AS WELL AS 1 POINT CALIBRATION. SYSTEM SHOULD HAVE SEPARATE DEDICATED PC SYSTEM, SYSTEM COMPATIBLE, WINDOWS BASED SOFTWARE INTERFACE, BI-DIRECTIONAL CONNECTION TO HOST INTERFACE CAPABILITY.</p> <p>QUALITY CONTROL MANAGEMENT: AUTOMATIC QC, WITH LEVY-JENNINGS CHARTS & WESTGARD RULES APPLICATION. LOGS: REAGENTS, YIELDED VALUES FOR QC, CALIBRATIONS, MAINTENANCE, SEQUENCING, FLAGS & ALARMS SHOULD HAVE AT LEAST 20,000 PATIENT RESULTS STORAGE, COMPLETE BACK-UP OF THE SYSTEM DATABASE MUST BE POSSIBLE FOR CALIBRATION, CONTROL & PATIENT SAMPLE RESULTS.</p> <p>THE SYSTEM SHOULD BE SUPPLIED WITH SUITABLE UPS, WITH 30 MINUTES BATTERY BACK-UP.</p> <p>THE SYSTEM SHOULD BE SUPPLIED WITH SUITABLE EXTERNAL PRINTER FOR PATIENTS' RESULTS. (PROGRAMMED ACCORDING TO LABORATORY FORMAT.</p> <p>SERVICE UNIT MUST BE PROVIDED WITHIN 24 HOURS IN CASE OF MACHINE BREAKDOWN.</p> <p>WITH GOOD AFTER SALES SERVICE: ON-CALL SERVICE, PERFORMS SCHEDULED PREVENTIVE MAINTENANCE OF MACHINE.</p> <p>MUST YIELD EXCELLENT QUALITY CONTROL RESULTS AND EQAS/RIQAS RESULTS.</p> <p>THE SYSTEM MUST BE INSTALLED IN AT LEAST 5-10 WELL-KNOWN INSTITUTIONS.</p> <p align="center">xxxxxxxxxxx Page 6 xxxxxxxxxxxxxx</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: BINKY JAY BUMBUNO
EASA PHARMA DISTRIBUTION
 Signature over printed name
 Date 6-5-24

Very Truly yours,
ROZZANO RUFINO B. BIAZON
 Mayor, ROZZANO RUFINO B. BIAZON
 Authorized Official

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA7160 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 : EASA PHARMA DISTRIBUTION P.O. No. : 31902
 Address : CEBU CITY Date : May 28, 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
1	12	BOX	CLEANING SOLUTION/DAILY RINSE	14,840.00	178,080.00
2	12	BOX	ELECTROLYTES QUALITY CONTROL REAGENTS	15,940.00	191,280.00
3	20	PACK	ELECTROLYTES SOLUTION PACK, 800ML	30,790.00	615,800.00
4	2	BOT	URINE DILUENT, ELECTROLYTES, 500ML	14,290.00	28,580.00
5	1	BOT	SODIUM ELECTRODE CONDITIONER	14,290.00	14,290.00
6	1	PC	SODIUM ELECTRODE CONDITIONER	29,135.00	29,135.00
7	1	PC	POTASSIUM ELECTRODE	28,040.00	28,040.00
			CLINICAL CHEMISTRY AND ELECTROLYTES		
			REAGENT TIE-UP CONT.		
8	1	PC	CALCIUM ELECTRODE	29,135.00	29,135.00
9	1	PC	CHLORIDE ELECTRODE	29,135.00	29,135.00
10	1	PC	REFERENCE ELECTRODE	28,035.00	28,035.00
11	1	PC	REFERENCE HOUSING ELECTRODE	30,785.00	30,785.00
12	1	PC	HARNESSTUBING	18,685.00	18,685.00
13	1	PC	ELECTROLYTES SAMPLE DETECTOR	21,985.00	21,985.00
14	12	BOX	ALBUMIN RGT, AT LEAST 1000 TESTS/BOX	5,160.00	61,920.00
15	12	BOX	ALKALINE PHOSPHATASE RGT, AT LEAST 1000 TESTS/BOX	7,670.00	92,040.00
16	20	BOX	ALT RGT, AT LEAST 1000 TESTS/BOX	11,100.00	222,000.00
17	20	BOX	AST RGT, AT LEAST 1000 TESTS/BOX	11,100.00	222,000.00
18	24	BOX	BUN RGT, AT LEAST 1000 TESTS/BOX	9,000.00	216,000.00
19	24	VIAL	MULTI-SERA CALIBRATOR RGT, 10X3ML	3,450.00	82,800.00
20	24	BOX	CREATININE, ENZYMATIC RGT, AT LEAST 900 TESTS/BOX	44,575.00	1,069,800.00
21	5	BOX	DIRECT BILIRUBIN RGT, AT LEAST 800 TESTS/BOX	10,475.00	52,375.00
22	500	GAL	DISTILLED WATER, 5GAL	383.00	191,500.00
23	20	BOX	GLUCOSE RGT, AT LEAST 800 TESTS/BOX	9,340.00	186,800.00
24	6	BOX	LIPASE RGT, AT LEAST 200 TESTS/BOX	57,830.00	346,980.00
25	15	BOX	MAGNESIUM RGT, AT LEAST 1000 TESTS/BOX	10,900.00	163,500.00
26	30	VIAL	NORMAL CONTROL FOR CHEMISTRY 5 mL	6,620.00	198,600.00
27	30	VIAL	ABNORMAL CONTROL FOR CHEMISTRY 5 mL	7,360.00	220,800.00

xxxxxxxxxx Page 7 xxxxxxxxxxxxxx

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: BENNY SOY DUMDUP
EASA PHARMA DISTRIBUTION
 Signature over printed name
 Date: _____

Very Truly yours,
MayoR ROZZANO RUFINO B. BIAZON
 Authorized Official

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA7160 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 : EASA PHARMA DISTRIBUTION P.O. No. : 31902
 Address : CEBU CITY Date : May 28, 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
26	12	BOX	PHOSPHOROUS RGT, AT LEAST 1000 TESTS/BOX	5,950.00	71,400.00
27	5	BOX	TOTAL BILIRUBIN RGT, AT LEAST 800 TESTS/BOX	10,400.00	52,000.00
28	12	BOX	TOTAL PROTEIN RGT, AT LEAST 1000 TESTS/BOX	4,780.00	57,360.00
29	150	BOX	MACHINE DETERGENT, 2L	6,040.00	906,000.00
xxxxxxxxxx Page 8 xxxxxxxxxxxxxx					
Supply & Delivery of Clinical Chemistry & Electroytes Reagent Tie-up to be used by OSMUN. /					=====
					5,656,840.00 /

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: BINICY A. DUMDUM
EASA PHARMA DISTRIBUTION
 Signature over printed name
6-5-24
 Date

Very Truly yours, [Signature]
 Mayor ROZZANO RUFINO B. BIAZON
 Authorized Official

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA7160 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
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