



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

NOTICE TO PROCEED

OCTAPHARMA CORPORATION
 Cebu City

Dear Sir / Madame:

The attached Contract Agreement having been approved, notice is hereby given **OCTAPHARMA CORPORATION** that the CONTRACT of the City Government of Muntinlupa for the **"Supply & Delivery of Hematology & Coagulation 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 11 , 2024

Name of the Bidder or Representative PETECOS VILLALCIBO

Authorized signature 

Contract Agreement

MAY 09 2024

THIS AGREEMENT made the _____ day of _____ 20____ between **CITY GOVERNMENT OF MUNTINLUPA** of the Philippines (hereinafter called "the Entity") of the one part and **OCTAPHARMA CORPORATION** 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 Hematology & Coagulation 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 **Six Million Seven Hundred Seventy Eight Thousand One Hundred Ninety Pesos (P6,778,190.00)** (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 **Six Million Seven Hundred Seventy Eight Thousand One Hundred Ninety Pesos (P6,778,190.00)** or such other sums as may be ascertained, **OCTAPharma CORPORATION** agrees to the **Supply & Delivery of Hematology & Coagulation 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


RAYNOLD G. ROSALES
 Supplier

for:
CITY GOVERNMENT OF MUNTINLUPA

for:
OCTAPharma CORPORATION


IRENE MARGARITA

Signed in the presence of: 
Belinda Blossie Macacog

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
Hon. ROZZANO RUFINO B. BIAZON
RAYNOLD ROSALES

GOVERNMENT ISSUED ID NO.
 Driver's License N03-86-030998
DRM. LIC. NO. D06-97-124511

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. 213;
 Page No. 56;
 Book No. XIII;
 Series of 2024.


NOTARY PUBLIC R. JOE

Notary Public for Muntinlupa City
 Notarial Commission No. 23-009
 Until December 31, 2024
 PTR No. 10474121 / Jan. 02, 2024- Muntinlupa City
 IRP Lifetime No. 014640 / Jan. 04, 2016
 Roll No. 49785 / PPLM
 MCLE Compliance No. VII-0016417 / April 26, 2022
 2731-C Bruger Street, Bruger Subdivision,
 Putatan, Muntinlupa City

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



Last Name, First Name, Middle Name
ROSALES, RAYNOLD GEVERO

Nationality	Sex	Date of Birth	Weight (kg)	Height(m)
PHL	M	1980/01/26	75	1.70

Address
**119 1ST REYVILLE SUBD HABAY II BACOR
CAVITE**

License No.	Expiration Date	Agency Code
006-97-184511	2033/01/26	029

Blood Type	Eyes-Color
O+	BLACK

DL Codes	Conditions
A, A1, B, B1, B2	NONE

Signature of Licensee

[Signature]
ATTY. JOSE ARIFURO M. TUGADE
Asst. Dir. Secretary

PURCHASE ORDER
City Government of Muntinlupa

Supplier : **OCTAPHARMA CORPORATION**
Address : **Lapu-Lapu City Cebu**

P.O. No.: **31905**
Date : **May 28, 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
			<p>LOT 6 : HEMATOLOGY & COAGULATION 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 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. WITH VALID BFAD CPR FOR ALL REAGENTS TEST KITS AND LTC. 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>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

Conforme: **OCTAPHARMA CORPORATION**
Signature over printed name
[Signature]
Date **June 11 2024**

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 purchased thru Negotiated Purchase per Sangguniang Res. No.: _____ Certified Correct: _____ Secretary of the Sanggunian	Requesting Office/Dept. _____	Funds Available : _____ Amount: _____
	Authorized Official _____	R.O. No.: _____ Chief Account _____

PURCHASE ORDER
City Government of Muntinlupa

Supplier : OCTAPHARMA CORPORATION

P.O. No. : 31905

Address : LAPU-LAPU CITY, CEBU

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>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>HEMATOLOGY ANALYZER MACHINE SPECIFICATIONS: FULLY-AUTOMATED 6 PARTS HEMATOLOGY ANALYZER, DIFFERENTIAL COUNT, INCLUDING IMMATURE GRANULOCYTES, BODY FLUIDS & EXTENDED WBC COUNT FOR LEUKOCYTOPENIC SAMPLES THROUGH AUTOMATED SAMPLER & MANUAL CLOSED TUBE, UNEXPOSED PROBE ANALYSIS. PRINCIPLES & TECHNOLOGIES: RBC/PLATELET- DIRECT CURRENT (DC) METHOD W/ HYDRODYNAMIC FOCUSING HEMOGLOBIN- CYNANIDE FREE SLS HEMOGLOBIN HCT: CUMULATIVE PULSE HEIGHT DETECTION (DIRECT MEASUREMENT WBC- FLUORESCENCE FLOW CYTOMETRY FULLY-AUTOMATED INSTRUMENT, WITH AT LEAST 33 STANDARD PARAMETERS. THROUGHPUT OF UP TO 70 SAMPLES /HOUR FOR WHOLE BLOOD AND 30 SAMPLES/HOUR FOR BODY FLUIDS SAMPLE ASPIRATION VOLUME OF 25UL FOR WHOLE BLOOD & <80UL FOR OTHER BODY FLUID ANALYSIS. CAPABLE FOR ANALYSIS OF WHOLE BLOOD , CAPILLARY BLOOD AND BODY FLUIDS (CSF, PERITONEAL, PLEURAL FLUIDS) WITH AUTO-LOADER MODE & MANUAL MODE. RANDOM ACCESS CAPABLE.</p> <p>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: OCTAPHARMA CORPORATION

Signature over printed name

June 11, 2024
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 : OCTAPHARMA CORPORATION P.O. No. : 31905
 Address : LAPU-LAPU CITY, CEBU 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
			CAN STORE AT LEAST 100,000 SAMPLES INCLUDING PATIENT INFORMATION AND REAGENT REPLACEMENT HISTORY UP TO 5,000 RECORDS. MUST BE EQUIPPED OF AUTOMATIC VALIDATION, AUTO-DILUTION & RE-RUN WHENEVER YIELDED RESULT IS BEYOND THE LINEARITY LIMIT. QUALITY CONTROL: TRI-LEVEL QC MATERIAL FOR ALL PARAMETERS. QUALITY CONTROL MANAGEMENT: AUTOMATIC QC, WITH LEVY-JENNINGS CHARTS & WESTGARD RULES APPLICATION. MUST YIELD EXCELLENT EQAS/RIQAS RESULTS. EQUIPPED WITH A MECHANICAL STOP SWITCH FOR USE IN THE EVENT OF EMERGENCY. WITH BUILT-IN PRINTER. THERMAL PAPER MUST BE PROVIDED. THE SYSTEM SHOULD BE SUPPLIED WITH SUITABLE EXTERNAL PRINTER FOR PATIENTS' RESULTS (PROGRAMMED ACCORDING TO LABORATORY FORMAT) SYSTEM SHOULD HAVE SEPARATE DEDICATED PC SYSTEM, SYSTEM COMPATIBLE, WINDOWS BASED SOFTWARE INTERFACE, BI-DIRECTIONAL CONNECTION TO HOST INTERFACE CAPABILITY. THE SYSTEM SHOULD BE SUPPLIED WITH SUITABLE UPS WITH 30 MINUTES BATTERY BACKUP. SERVICE UNIT MUST BE PROVIDED WITHIN 24 HOURS, IN CASE OF MACHINE BREAKDOWN.		
xxxxxxxxx Page 3 xxxxxxxxxxxx					=====

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: OCTAPHARMA CORPORATION Very Truly yours Mayor ROZZANO RUFINO B. BIAZON
 Signature over printed name Authorized Official
June 11, 2024 Date

(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 : OCTAPHARMA CORPORATION P.O. No. : 31905
 Address : LAPU-LAPU CITY, CEBU 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>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>CONTROL MATERIALS ARE GOOD FOR 6 MONTHS CONSUMPTION. SYSTEM SHOULD HAVE THE ABILITY TO PERFORM AUTOMATIC RE-RUNS WITH INCREASED, DECREASED OR DILUTED SAMPLE VOLUME.</p> <p>SYSTEM SHOULD HAVE AUTO START/SHUTDOWN FACILITY. IT SHOULD HAVE SAMPLE BARCODE READING FACILITY, IN PREPARATION TO LABORATORY INFORMATION SYSTEM (LIS).</p> <p>COAGULATION ANALYZER SPECIFICATIONS: FULLY AUTOMATED COAGULATION ANALYZER CAPABLE OF PERFORMING ANALYSIS OF THE FOLLOWING ASSAY: PROTHROMBIN TIME (PT), ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT), FIBRINOGEN (Fbg), THROMBIN TIME (TT), PROTEIN C COAGULOMETRIC (Pcc), BATROXOBIN TIME (BXT), LUPUS ANTICOAGULANT (LA1,LA2), FACTOR ASSAYS (II,V,VIII,IX,X,XI,XIII) ANALYSIS.</p> <p>SAMPLE THROUPT OF 60 TESTS/HOUR (PT) HAS A BUILT-IN THERMAL PRINTER THAT PRINTS OUT ANALYSIS DATA & GRAPHIC PRINTS.</p> <p>ANALYSIS PRINCIPLE SHOULD BE BASED ON PHOTO-OPTICAL CLOT DETECTION METHOD.</p> <p>xxxxxxxxxx Page 4 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: OCTAPHARMA CORPORATION Very Truly yours,
 Signature over printed name Mayor ROZZANO RUFINO B. BIAZON
June 11, 2024 Date 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 : _____ <p style="text-align: center;">Secretary of the Sanggunian</p>	Requesting Office/Dept. _____ <p style="text-align: center;">Authorized Official</p>	Funds Available : _____ Amount : _____ R.O. No. : _____ <p style="text-align: center;">Chief Account</p>
---	---	---

PURCHASE ORDER
City Government of Muntinlupa

Supplier : OCTAPHARMA CORPORATION

P.O. No. : 31905

Address : LAPU-LAPU CITY, CEBU

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>CAN SIMULTANEOUSLY PERFORM 5 DIFFERENT PARAMETERS AT THE SAME TIME. PREVIOUS RESULTS/STORED DATA MAY BE VIEWED WHILE ANALYSIS IS ON-GOING AND CAN STORE NOT LESS THAN 3000 ANALYSIS DATA. THE PROBE SHOULD BE EQUIPPED WITH LIQUID SURFACE SENSOR TO QUANTITATIVELY ASPIRATE PLASMA/REAGENTS. CAN ACCOMMODATE A MIXTURE OF DIFFERENT SAMPLE CONTAINERS (TUBES/SAMPLE CUPS) IN ONE RUN. THE PROTHROMBIN TIME REAGENT SHOULD BE HUMAN-ORIGIN THROMBOPLASTIN & WITH A ISI VALUE OF 1.0+/-0.05. ONLY ONE CUVETTE IS USED PER TEST AND CUVETTE SHOULD COME IN SINGLES TO ELIMINATE UNNECESSARY WASTAGE WHICH MAY BE ENCOUNTERED WHEN USING ROTORS AND CASSETTES. MAXIMUM SAMPLE VOLUME REQUIRED FOR PT,APTT AND TT SHOULD BE 50 UI, Fbg-30 UI, FACTOR ASSAYS- 10 UI. SYSTEM SHOULD HAVE SEPARATE DEDICATED PC SYSTEM, SYSTEM COMPATIBLE, WINDOWS BASED SOFTWARE INTERFACE, BI-DIRECTIONAL CONNECTION TO HOST INTERFACE CAPABILITY. 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>		

xxxxxxxx Page 5 xxxxxxxxxxxx

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: OCTAPHARMA CORPORATION

Signature over printed name

June 11, 2024

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 : OCTAPHARMA CORPORATION P.O. No. : 31905
 Address : LAPU-LAPU CITY, CEBU 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	60	BOX	IT SHOULD HAVE SAMPLE BARCODE READING FACILITY, IN PREPARATION TO LABORATORY INFORMATION SYSTEM (LIS), DIFFERENTIAL COUNT LYZER, (LYSERCELL WDF) 2L	18,500.00	1,110,000.00
2	24	BOX	DIFFERENTIAL STAIN REAGENT, (FLUROCELL WDF) 22ML X 2	25,000.00	600,000.00
3	60	BOX	DILUENT, 20L, (CELLPACK DCL)	22,970.00	1,378,200.00
4	2	BOT	WASHING SOLUTION HEMA (CELL CLEAN) 120 ML	4,300.00	8,600.00
5	24	BOX	SULFOLYSER, 500 ML X 3	30,200.00	724,800.00
6	36	BOX	PROTIME RGT (THROMBOREL S), 3,000TESTS/BOX	21,760.00	783,360.00
7	12	BOX	HEMATOLOGY CONTROL TRI LEVEL	21,760.00	261,120.00
8	15	BOX	ABNORMAL CONTROL (COAGULATION TEST), AT LEAST 200 TESTS/BOX	13,000.00	195,000.00
9	15	BOX	NORMAL CONTROL (COAGULATION) AT LEAST 200 TEST/BOX	13,060.00	195,900.00
10	48	BOT	CA CLEANER I FOR COAGULATION, 50ML	5,440.00	216,120.00
11	4	BOT	CA CLEANER II FOR COAGULATION, 50ML	7,600.00	30,400.00
12	36	BOX	PTT RGT (ACTIN FSL), 400 TESTS/BOX	20,680.00	744,480.00
13	6	BOX	REACTION TUBES (COAGULATION TEST), 3000/PK,	39,300.00	235,800.00
14	22	BOX	CALCIUM CHLORIDE	10,850.00	238,700.00
15	2	BOX	REAGENT CUPS	4,200.00	8,400.00
16	1	BOT	OWRENS VERONAL BUFFER	560.00	560.00
17	1	BOT	STANDARD HUMAN PLASMA	1,750.00	1,750.00
xxxxxxxxxx Page 6 xxxxxxxxxxxxxx					=====
Supply & Delivery of Hematology & Coagulation Reagent Tie-up to be used by OSMUN.					6,778,190.00

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: OCTAPHARMA CORPORATION
 Signature over printed name
Jun 11, 2024
 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
--	--	--