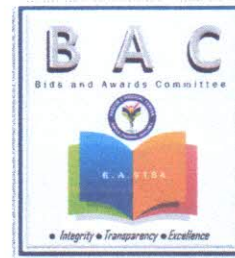




Republic of the Philippines  
Department of Health  
**REGION 1 MEDICAL CENTER**  
Arellano Street, Dagupan City  
**BAC Office**  
Tel No.: (075) 523-18-65  
Telefax: (075) 523-41-03  
[r1mcsbac2012@gmail.com](mailto:r1mcsbac2012@gmail.com)



## NOTICE OF AWARD

January 28, 2020

**LOWELLINE M. LUDAS**

*District Sales Manager*

**ENDURE MEDICAL, INC.**

*Unit 17A, Belvedere Tower, San Miguel Ave.,  
Ortigas Center, Pasig City*

Ma'am:

We are informing you that your Bid dated **January 23, 2020** for the **SUPPLY AND DELIVERY OF VARIOUS HOSPITAL MATERIALS AND SUPPLIES UNDER OAL: LABORATORY / NVBSP Reagents and Supplies WITH BID REFERENCE NO. 03-2020**, is **AWARDED** to you for an amount equivalent to One Peso (Php1.00) as consideration for the option granted to the Region 1 Medical Center to buy the items (listed as Annex "A") pursuant to the Revised Guidelines on the Use of Ordering Agreement, in accordance to the Revised IRR of RA 9184.

You are therefore required to provide within ten (10) calendar days the performance security in an amount equivalent to the prescribed percentage of the total contract price in accordance with ITB Clause No. 32 of Section II – Instruction to Bidders. Failure to provide the performance security shall constitute sufficient ground for cancellation of the award and forfeiture of the bid security.

Approved By:

  
**JOSEPH ROLAND O. MEJIA, MD, FPSMS, MBAH, MPA, DHSM, DCDM, CESE**  
*Medical Center Chief II*

**Conforme:**

\_\_\_\_\_  
*(Name of Representative of Bidder)*

\_\_\_\_\_  
*(Authorized Signature)*

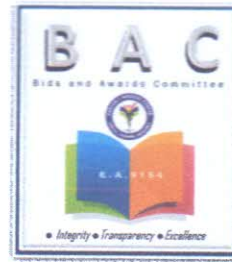
**Performance Security:**

Form of PS: \_\_\_\_\_

Amount: \_\_\_\_\_



Republic of the Philippines  
Department of Health  
**REGION 1 MEDICAL CENTER**  
Arellano Street, Dagupan City  
**BAC Office**  
Tel No.: (075) 523-18-65  
Telefax: (075) 523-41-03  
[r1mesbac2012@gmail.com](mailto:r1mesbac2012@gmail.com)



**ANNEX "A"**

**SUPPLY AND DELIVERY OF VARIOUS HOSPITAL MATERIALS AND SUPPLIES UNDER OAL:  
LABORATORY / NVBSP Reagents and Supplies FOR CY 2020 (IB No. 1 s, 2020)**

Bid Reference No.: **03-20**

No.	Item / Description	QTY.	Unit	Unit Price	Total	Remarks
<b>Lot 6 Specimen Container</b>						
1	SPECIMEN CUPS, for stool, disposable	35000	Piece	4.15	145,250.00	
2	SPECIMEN CUPS, for urine, disposal	68000	Piece	3.84	261,120.00	
3	SPECIMEN CUPS, sterile screw cap, disposable, 60ml 2500	5	Pack	12,918.32	64,591.63	
<b>Lot 11</b>						
	MALARIA, RAPID TEST, Malaria Ag, Pf and Pv, TTIS	20,100	Piece	54.72	1,099,872.00	
<b>Line 5</b>	GLASS SLIDES, Plain	1551	Box	51.00	79,101.00	
<b>Line 6</b>	PIPETTOR TIP, BLUE, 1 ml	67	Pack	355.35	23,808.45	
<b>Line 7</b>	PIPETTOR TIP YELLOW, 200ul	170	Pack	267.00	45,390.00	
<b>Line 8</b>	SLIDES, frosted end	800	Box	51.00	40,800.00	
<b>Total Bid Price</b>					<b>₱ 1,759,933.08</b>	
Total Bid Price (Amount in Words):		<b>One Million Seven Hundred Fifty Nine Thousand Nine Hundred Thirty-three Pesos and eight centavos.</b>				
Name & Address of the Bidder:		<b>ENDURE MEDICAL, INC.</b> Unit 17A, Belvedere Tower, San Miguel Ave., Ortigas Center, Pasig City				

Terms & Conditions of OAL:

**Notes:**

- (a) This ordering agreement shall not state or imply any agreement by the Region 1 Medical Center to place future contracts or make orders with the supplier/service provider.
- (b) The contract price indicated per item shall be fixed within the duration specified for this agreement.
- (c) This ordering agreement shall be valid for six (6) months, and/or if extended, shall not exceed one (1) year from the time the contract was entered into and executed by parties.
- (d) All rules and guidelines governing implementation of procurement contracts under RA 9184 and its Revised IRR shall be applicable.
- (e) The delivery order contracts/purchase order may be executed or issued as often as the need arises for every item within the validity of the contract. However, the aggregate amount or quantity executed shall not exceed the total contract price or quantity of items.

Approved by:

  
**JOSEPH ROLAND D. MEJIA, MD, FPSMS, MBAH, MPA, DHSM, CESE**  
Medical Center Chief II

**Conforme:**

**Performance Security:**

\_\_\_\_\_  
(Name of Representative of Bidder)

Form of PS: \_\_\_\_\_

\_\_\_\_\_  
(Authorized Signature)

Amount: \_\_\_\_\_

Date: \_\_\_\_\_