



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)

## NOTICE TO PROCEED

**DAYANARA LORAINÉ PARIS**  
Authorized Representative  
**LABMATE PHARMA, INC.**  
3<sup>RD</sup> Floor Jafer Bldg., 118  
West Avenue, Quezon City

Sir:

The attached Contract Agreement having been approved, notice is hereby given to **LABMATE PHARMA, INC.** that delivery/implementation may proceed on the **SUPPLY AND DELIVERY OF VARIOUS HOSPITAL MATERIALS AND SUPPLIES UNDER OAL: LABORATORY / NMSP REAGENTS SUPPLIES** for CY 2020 with Bid Ref. No. 03-2020, under Invitation to Bid (IB) No. 1 s, 2020, effective immediately.

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement and in accordance with the Implementation Schedule as prescribed in the 2019 Revised IRR of RA 9184.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one copy and return the other to the REGION 1 MEDICAL CENTER.

Very truly yours,

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

I acknowledge receipt of this Notice on \_\_\_\_\_

Name of the Representative of the Supplier: DAYANARA LORAINÉ G. PARIS

Authorized Signature: \_\_\_\_\_  
