



Arellano Street, Dagupan City  
BAC Office  
Tel No.: (075) 523-18-65  
Telefax.: (075) 523-41-03  
region1mc2003@yahoo.com



## NOTICE OF AWARD

April 22, 2020, 2020

**ANNABELLE P. VILLACORTA**

Authorized Representative

**DUOMEDICS ENTERPRISES**

No. 467 Malindong, Binmaley, Pangasinan

Dear Ma'am:

This is to inform you that the **Procurement of Equipment** per **BAC Resolution No. EC-NP-015A s, (4) 2020** through the use of Alternative Mode of Procurement, specifically **Emergency Cases** is hereby awarded to you at a Contract Price equivalent to **Six Million Five Hundred Eighty-Five Thousand Pesos (₱ 6,585,000.00)**.

ITEM NO.	ITEM & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
1	<b>CENTRAL STATION WITH PATIENT MONITOR</b> , 4 units for CCU, ICU, central monitor (220 VAC 60 Hz, AVR compatible to the unit, at least D=22" LCD/ LED monitor, upgradable to at least ten (10) patient monitor, display maximum 32 patients information(at least with BP, cardiac rate, RR, ECG tracing, oxygen saturation, optional CO2 capnograph) or better; CPU: at least Core i7 Series 2 GHz, ITB, 4GB RAM, Optical drive (system software: WINDOW 7 or Higher, cable for installation, table top, printer: laser jet, UPS compatible to the unit that can stand for 1 hour), Patient Monitor:(220 ACV60 Hz with compatible DC supply (Chargeable batteries), At least 12" LCD/LED or better, monitor, table top, cart with lockable wheel casters), standard accessories (Patient Cable, Chest Electrodes (displaceable 50 pcs. per box), Ground Cable, Power Cable, Dust Cover, Battery Pack, Pedia And Adult Non-Invasive B.P. Cuff, Pedia And Adult Finger Probe Pulse Oximeter, Temperature Sensor); Has standard TCP/IP network interface. Capable with bi-directional communication function Standard Requirement [Current and Valid Certificate of Manufacturer's compliance with ISO, Certification to provide user's Manual in English Language (a. Operations Manual 2 copies, b. Service Manual 2 copies), Certification from the legal manufacturer that the supplier has the capability for the corrective and preventive maintenance of the unit, free preventive maintenance every six months for 5 years; Certification from the supplier that they will provide a backup unit in case of repair of equipment, Certificate of Commitment from the legal manufacturer of the unit that they will honor the warranty in case of change of distributor/supplier, Transportation to site, delivery, installation and testing expenses on the site (health facility) for the account of the supplier and notification of the supplier to the recipient and respective regional offices prior to the delivery, The manufacturers certificate that the brand must be in the local market for at least five (5) years and 10 years in the international market; Training Requirements [The supplier must provide training; orientation and product demonstration for users and maintenance personnel of the health facility, Certificate of training must be noted/signed by the head of Facility]; After Sales [Bidder's certificate that parts shall be available at the authorized Philippine service center/s for a period of five (5) years after the cessation of production of the same model, List of service centers in major cities where equipment is installed and supplies/ reagent outlet with contact landline numbers should be available, Minimum of one (1) year on parts and two (2) years on service Warranty Certificate upon delivery, inspection and acceptance and after the provision of the required training of the end-user, Expenses to be incurred during the assessment and repair of equipment within the warranty period including the transportation, accommodation, per diem of the service staff/technician shall be shouldered by the supplier	3	Unit	2,195,000.00	6,585,000.00
				<b>GRAND TOTAL</b>	<b>₱ 6,585,000.00</b>

You are therefore required to deliver the above items within the period stated in the Request for Quotation



Republic of the Philippines  
**REGION 1 MEDICAL CENTER**  
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You have submitted, Failure to comply shall constitute a sufficient ground for **cancellation of this award.**

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)

\_\_\_\_\_  
 (Date)