

LUNG CENTER OF THE PHILIPPINES
Quezon Avenue, Quezon City

APPENDIX a-2

PURCHASE ORDER

Supplier: <u>PROGRESSIVE MEDICAL CORPORATION</u> <u>200 C. Raymundo Avenue,</u> Address: <u>Caniogan, Pasig City</u> E-mail Address: <u>Tel. 656-6888</u> Telephone No: <u>Fax. 656-4981</u> TIN: _____	P.O. No.: <u>23932</u> Date: <u>01-15-2021</u> Mode of Procurement: <u>BIDDING</u> <u>Bayanihan 2</u> PURPOSE: <u>For Nursing & OPD Dept.</u>
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Gentlemen:
Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: <u>LUNG CENTER OF THE PHILIPPINES</u>	Delivery Term: <u>60 DAYS TERM</u>
Date of Delivery: _____	Payment Term: _____

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
Unit	SYRINGE PUMP Syringe size: 5, 10, 20, 30, 50/60 ml. Infusion mode: Rate mode, Time mode, Body weight mode Flow rate range: 5ml syringe (0.1-150 ml/h), 10 ml syringe (0.1-300 ml/h), 20 ml syringe (0.1-600 ml/h), 30 ml syringe (0.1-900 ml/h), 50/60 ml syringe (0.1-1500 ml/h) Accumulated volume: 0.1-9999 ml VTBI: 0.1-9999 ml KVO rate: 0.1-5.0 ml/h, adjustable Bolus/Purge rate: 0.10-1500 ml/h (depending on syringe size) Occlusion: Low: 100 ± 75 mmHg, Medium: 500 ± 75 mmHg, High: 800 ± 135 mmHg Screen: 3.0" LCD monochrome or higher Titration Keypad lock Pause Automatic recognition of syringe size Self-test system Last Parameter configuration Drug library History record: 1500 events	59	48,333.00	2,851,647.00

PURCHASE ORDER

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 Date of Delivery: _____ Payment Term: _____

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
	Impedance range: 300 to 3000Ω NIBP: Automatic Oscillometric TEMP range: 0 to 50° With 24 hours HR/BP analysis Data Storage: 1200 hrs trend, 1800 alarms, 1600 NIBP measurements, 48 hours full disclosure With unique accessory cabinet Safety: 0.75 M drop protection and IPX1 water resistance Power Requirement: 100 to 240 VAC, 50/60 Hz with Lithium-ion battery (4 hours run time) Additional Requirement: Accessories should be compatible with the existing Cardiac monitor Should be compatible with existing Central Monitor Accessories: ECG cable, SpO2 probe, NIBP cuff, Temperature probe, Trolley Wireless system (WIFI) Warranty: Two (2) years comprehensive on parts and service plus two (2) years extension on service.			

Total Amount in Words: THREE MILLION FIVE HUNDRED FORTY THREE THOUSAND FIVE HUNDRED EIGHTY SEVEN PES

In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for everyday of delay shall be imposed for the undelivered portion.

Conforme:
PAUL SYMON SANTOS
 Signature over printed name of Supplier

Date: JANUARY 29, 2021

Funds Available: _____

Very truly yours,
VINCENT M. BALANAG, JR., MD
 DIRECTOR / OFFICER - IN - CHARGE

Bayanihan II
21-01-010
₱ 3,573,587.00

Alt No:
Amt:

3/19/21

Posted 4/21



LUNG CENTER OF THE PHILIPPINES
Quezon Avenue Extension, Quezon City, Philippines 1100
ISO 9001:2015 CERTIFIED

NOTICE TO PROCEED

January 18, 2021

MR. BION LENDL T. BERGANTIN
Progressive Medical Corporation
200 C. Raymundo Avenue,
Caniogan, Pasig City
Tel no. 656-6888/656-4981

Dear **Mr. Bergantin**,

This is to inform you that Purchase Order No. 23932, "**PROCUREMENT OF VARIOUS MEDICAL EQUIPMENT (HOSPITAL BEDS, STRETCHERS, CARDIAC MONITOR INVASIVE, CENTRAL MONITOR, INFUSION PUMP, SYRINGE PUMP, BLOOD WARMER, DEFIBRILLATOR MONITOR, EMERGENCY CART, VITAL SIGN MONITOR, CARIAC MONITOR PORTABLE, BIOLOGICAL REFRIGERATOR, PORTABLE VENTILATOR, ULTRASOUND MACHINE, CARDIAC MONITOR AND LARYNGOSCOPE VIDEO-ASSISTED)**" has been approved. You may now proceed with the delivery of the item listed in the said Purchase Order.

Delivery should be completed within (60) calendar days from receipt of this notice.

Enclosed in the original Purchase Order for your ready reference in the execution of this transaction.

Very truly yours,


VINCENT M. BALANAG, JR., MD
Executive Director

I acknowledge receipt of this Notice on :

Name of the Representative of the Bidder :

PAUL ANTON CANTOS 01-29-2021



LUNG CENTER OF THE PHILIPPINES
Quezon Avenue Extension, Quezon City, Philippines 1100
ISO 9001:2015 CERTIFIED

NOTICE OF AWARD

December 17, 2020

POKD. 23932

MR. BION LENDL T. BERGANTIN
Progressive Medical Corporation
200 C. Raymundo Avenue,
Caniogan, Pasig City
Tel no. 656-6888/656-4981

Dear **Mr. Bergantin,**

Please be informed that after the evaluation of the bid proposal for the **"PROCUREMENT OF VARIOUS MEDICAL EQUIPMENT (HOSPITAL BEDS, STRETCHERS, CARDIAC MONITOR INVASIVE, CENTRAL MONITOR, INFUSION PUMP, SYRINGE PUMP, BLOOD WARMER, DEFIBRILLATOR MONITOR, EMERGENCY CART, VITAL SIGN MONITOR, CARIAC MONITOR PORTABLE, BIOLOGICAL REFRIGERATOR, PORTABLE VENTILATOR, ULTRASOUND MACHINE, CARDIAC MONITOR AND LARYNGOSCOPE VIDEO-ASSISTED)",** the LCP Bids and Awards Committee (BAC) has recommended the acceptance of your bid price of **THREE MILLION FIVE HUNDRED FORTY THREE THOUSAND FIVE HUNDRED EIGHTY SEVEN PESOS (Php3,543,587.00)** only.

Item No.	Description	Quantity	Unit price	Total Amount
7	Syringe Pump	59 units	48,333.00	2,851,647.00
17	Cardiac Monitor	5 units	138,388.00	691,940.00
			TOTAL	3,543,587.00

After reviewing the result of the bidding, the undersigned agrees with the recommendation of the BAC to award the above particular equipment.

You are hereby requested to post your Performance Security equivalent to the percentage of the total Contract Price of the acceptable forms as listed below within ten (10) calendar days from receipt of this Notice of Award (NOA).

[Handwritten signature and stamp]

Form of Performance Security	Amount of Performance Security (Equal to Percentage of the Total Contract Price)
a) Cash, Cashier's Check, Manager's Check, Bank Draft/Guarantee confirmed by a Universal or Commercial Bank duly licensed in the Philippines	Five Percent (5%)
B) Irrevocable Letter of Credit issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank duly licensed in the Philippines if used by a foreign bank.	Five Percent (5%)
c) Surety Bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security.	Thirty Percent (30%)


The original NOA with signature on "Conforme" shall be returned within two (2) working days upon receipt.

Failure to provide the performance security shall constitute sufficient ground for recession of the award.

Very truly yours,


VINCENT M. BALANAG, JR., M.D.
 Executive Director

Conforme:


HAIDEE UZA C. ARMADO
 Printed Name and Signature of Representative

Name of Bidder/Supplier PROGRESSIVE MEDICAL CORPORATION

Date: DEC. 18, 2020

Certified Original Return Copy
