

PURCHASE ORDER

Supplier:	<u>RESPICARE ENTERPRISES, INC.</u>	P.O. No.:	<u>23941</u>
	<u>Narciso Bldg., 2 23 Fisheries St.</u>	Date:	<u>01-20-2021</u>
Address:	<u>Brgy. Vasra, Quezon City</u>	Mode of Procurement:	<u>BIDDING</u>
			<u>Bayanihan 2</u>
E-mail Address:	<u>Tel. 920-7646/455-1052</u>		
Telephone No:	<u>Fax. 455-7065</u>		
TIN:			PURPOSE:
			For Nursing & OPD Dept.

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: LUNG CENTER OF THE PHILIPPINES

Delivery Term: 60 DAYS TERM

Date of Delivery: _____

Payment Term: _____

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
Units	VITAL SIGNS PATIENT MONITOR	7	95,000.00	665,000.00
Power Supply	➤ 100- 240 Vac, 50 / 60 Hz			
Battery	➤ Lithium- Ion battery, rechargeable, 10.8 V DC, 6,600mAh			
	➤ Charging time to a 100% , 4-6 hours Operating time approx. 11hours(new and fully charged battery)			
	➤ at 25 celsius ambient temperature with connected Spo2, Temp, and Temp, and NIBP mode (15 minutes interval)			
	➤ charging battery indicator.			
Dimension Monitor	➤ High – sensitivity 7-8” TFT colour touch screen with self – explanatory user interface and integrated help function			
	➤ Display, SYS, DIA, MAP, Pulse, Temp, Plethysmogram.			
	➤ LxHxW: 305x 230x 110 mm (11.93 x 9.06 x 4.33 in)			
Weight	➤ 3600g, (7.94lb)including temp module, printer or lower			

LUNG CENTER OF THE PHILIPPINES
Quezon Avenue, Quezon City

APPENDIX a-2

PURCHASE ORDER

Supplier: <u>RESPICARE ENTERPRISES, INC.</u> <u>Narciso Bldg., 223 Fisheries St.</u> Address: <u>Brgy. Vasra, Quezon City</u> E-mail Address: <u>Tel. 920-7646/455-1052</u> Telephone No: <u>Fax. 455-7065</u> TIN: _____	P.O. No.: <u>23941</u> Date: <u>01-20-2021</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: LUNG CENTER OF THE PHILIPPINES **Delivery Term:** 60 DAYS TERM
Date of Delivery: _____ **Payment Term:** _____

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
Dimension Basket	➤ LxHxW: 270x225x200mm (10.63X8.86x7.87in)			
Alarm	➤ Visible LEDs (Yellow, Red, blue, Green, Orange) ➤ Audible Speaker ➤ Gives Audible alarm, QRS tone ➤ Support Pitch Tone and multi-Level volume ➤ Alarm Pressure: 45dB to 85 dB test distance is 1 meter from tone.			
Ports	➤ 1xAC power inlet ➤ 1x standard R45 interferes, 100 BASE – TX, IEEE 802.3 ➤ 4x USB ports (optional) ➤ 1x Equipotential grounding point ➤ 1x RJII connector for nurse call ➤ D/C out port 15V/ 1.2 A Warranty: Two (2) years comprehensive on parts and service plus two (2) years extension on service only.			

Total Amount in Words: SIX HUNDRED SIXTY FIVE THOUSAND PESOS ONLY

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:  <u>DANILO G. ADIA</u> Signature over printed name of Supplier Date: <u>2-3-2021</u>	Very truly yours,  <u>VINCENT M. BALANAG, JR., MD</u> DIRECTOR / OFFICER - IN - CHARGE <u>Bayanihan 4</u>
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Funds Available: _____	ALOBS No.: <u>21-01-014</u> Amount: <u>₱ 665,000.00</u>
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5/11/21

Posted 5/21

LUNG CENTER OF THE PHILIPPINES

Quezon Avenue Extension, Quezon City, Philippines 1100

ISO 9001:2015 CERTIFIED

NOTICE TO PROCEED

January 21, 2021

MS. DANIKA O. ADIAZ

Sales Executive

RESPICARE ENTERPRISES

NARCISO BLDG., 2 23 FISHERIES ST.

BRGY. VASRA, QUEZON City

Tel. # 920-7646/455-1052

Fax. # 455-1052/455-7065

Dear **Ms. Adiaz**,

This is to inform you that Purchase Order No. 23941, "**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 :

1-2-2021

Name of the Representative of the Bidder :

DANILA G ADIAZ

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

NOTICE OF AWARD

December 17, 2020

PO NO. 23941

MS. DANIKA O. ADIAZ
 Sales Executive
 RESPICARE ENTERPRISES
 NARCISO BLDG., 2 23 FISHERIES ST.
 BRGY. VASRA, QUEZON CITY
 Tel. # 920-7646/455-1052
 Fax. # 455-1052/455-7065


Dear **Ms. Adiaz**,

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 **ELEVEN MILLION ONE HUNDRED SEVENTEEN THOUSAND FIVE HUNDRED PESOS (Php11,117,500.00)** only.

Item No.	Description	Quantity	Unit price	Total Amount
4	Cardiac Monitor with Central Monitor	1 lot	2,490,000.00	2,490,000.00
5	Cardiac Monitor	4 units	140,000.00	560,000.00
6	Infusion Pump	75 units	57,500.00	4,312,500.00
11	Vital Sign Monitor	7 units	92,000.00	644,000.00
12	Cardiac Monitor Portable	6 units	135,000.00	810,000.00
16	Ultrasound Machine	1 unit	2,280,000.00	2,280,000.00
		TOTAL		11,117,500.00

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

Certified Original Xerox Copy


TYRONE R. DE LEON
 BAC Secretariat Office

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).

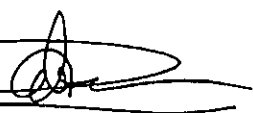
Form of Performance Security	Amount of Performance Security (Equal to Percentage of the Total Contract Price)
a) Cash, Cashier's Check, Manager's Check, Bank Draft/Guarantee confirmed by a Universal or Commercial Bank duly licensed in the Philippines	Five Percent (5%)
B) Irrevocable Letter of Credit issued by a Universal of 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.

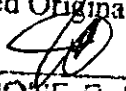
Very truly yours,

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

Conforme: 
DANILO G ADIAZ
 Printed Name and Signature of Representative

Name of Bidder/Supplier RESPONSE INT. INC

Date: DEC. 18, 2020

Certified Original Xerox Copy

TYRONE R. DE LEON
 BAC Secretariat Office