

**LUNG CENTER OF THE PHILIPPINES**  
Quezon Avenue, Quezon City

APPENDIX a-2

**PURCHASE ORDER**

HEP 21-016

<b>Supplier:</b>	<u>RESPICARE ENTERPRISES, INC.</u>	<b>P.O. No.:</b>	<u>24852</u>
	<u>Narciso Bldg., II, 23 Fisheries St.,</u>	<b>Date:</b>	<u>11-12-2021</u>
<b>Address:</b>	<u>Brgy., Vasra, Quezon City</u>	<b>Mode of Procurement:</b>	<u>BIDDING</u>
<b>E-mail Address:</b>	<u>Tel. 7216-5398</u>		
<b>Telephone No:</b>	<u>Email. sales@respicare.ph</u>		
<b>TIN:</b>	<u></u>	<b>PURPOSE:</b>	<u>For Nursing use</u>

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:

<b>UNIT</b>	<b>DESCRIPTION</b>	<b>QTY</b>	<b>UNIT COST</b>	<b>AMOUNT</b>
Unit	<b>INFUSION PUMP</b> <b>(Mindray Benefusion VP3)</b>  Screen: 3.0 – 4.3” LCD screen monochrome Infusion mode: Rate mode, Time mode, Body weight mode, (Sequential mode - optional) Flow rate range: 0.1-1500 ml/h VTBI: 0.1-9999 ml. Accumulated volume: 0.1- 9999 ml, increments: 0.1 ml Preset time: 00:00:01-99:59:59 (h:m:s) adjustable Increment: 0.1 ml/h Accuracy: $\leq \pm 5\%$ KVO rate: 0.1-5.0 ml/h, adjustable, step 0.1 ml/h, default: 1,0 ml/h Bolus rate: Automatic/Manual Bolus: 0.2-1500 ml/h, default: 800 ml/h Purge rate: 800 ml/h unadjustable Occlusion: Low: $150 \pm 113$ mmHg, Medium: $525 \pm 113$ mmHg, High: $900 \pm 180$ mmHg Air bubble detection: Minimum 50ul: 5 levels selectable: 50ul, 100ul, 250ul, 500ul, 800ul. Default: 100ul Titration Keypad lock Pause Anti-bolus	11	55,000.00	605,000.00

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Quezon Avenue, Quezon City

## PURCHASE ORDER

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	<u>Narciso Bldg., II, 23 Fisheries St.,</u>	<b>Date:</b>	<u>11-12-2021</u>
<b>Address:</b>	<u>Brgy., Vasra, Quezon City</u>	<b>Mode of Procurement:</b>	<u>BIDDING</u>
<b>E-mail Address:</b>	<u>Tel. 7216-5398</u>		
<b>Telephone No:</b>	<u>Email. sales@respicare.ph</u>		
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PURPOSE:  
For Nursing use

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Delivery Term: 60 DAYS TERM

Date of Delivery:

Payment Term:

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
	Self-test system Last Parameter configuration Drug library History record: 1500 events Alarm volume: 1-8 levels selectable Auto lock: ON and OFF, 1-5 min selectable Alarms: VTBI done, VTBI near done, KVO finish, air in line, door open, stand by time expired, occlusion, system error, system abnormal, battery low, battery empty, reminder, AC power disconnection Power Supply: 100-240 VAC, 50/60 Hz with lithium battery (operation 4 hrs at 25ml/h) Safety Requirement: IP Grade: IP34 Compatible with standard IV sets			
Unit	<b>CARDIAC MONITOR, PORTABLE (Mindray uMEC 10)</b> DISPLAY: 10.4 to 12.1 inch high resolution LED or TFT touchscreen PARAMETERS: ECG, NIBP, SpO2, Temp. Respiration ST analysis range: -2.0 to 2.0 mV Arr. Analysis: multi-lead, 24 classifications With QT analysis Heart Rate range: Adult: 15-300 bpm, Pedia/Neo: 15-350 bpm	4	115,000.00	460,000.00

Total Amount in Words: ONE HUNDRED SIXTY FIVE THOUSAND SEVEN HUNDRED

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Quezon Avenue, Quezon City

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**PURCHASE ORDER**

<b>Supplier:</b> <u>RESPICARE ENTERPRISES, INC.</u> <u>Narciso Bldg., II, 23 Fisheries St.,</u> <b>Address:</b> <u>Brgy., Vasra, Quezon City</u> <b>E-mail Address:</b> <u>Tel. 7216-5398</u> <b>Telephone No:</b> <u>Email. sales@respicare.ph</u> <b>TIN:</b> _____	<b>P.O. No.:</b> <u>24852</u> <b>Date:</b> <u>11-12-2021</u> <b>Mode of Procurement:</b> <u>BIDDING</u>  <b>PURPOSE:</b> <u>For Nursing use</u>
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**Gentlemen:**  
Please furnish this office the following articles subject to the terms and conditions contained herein:

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

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
	Respiration range: Adult: 0 to 120 rpm, Pediatric: 0 to 150 rpm SpO2 range: 0 to 100% Pulse Rate range: 20 to 300 bpm 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) Accessories: ECG cable, SpO2 probe, NIBP cuff, Temperature probe, Trolley  <i>Warranty: Two (2) years comprehensive on parts and service.</i>			

**Total Amount in Words:** **ONE MILLION 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.

<b>Conforme:</b>  <u>DANIKA ADIAZ</u> Signature over printed name of Supplier	Very truly yours,  <u>VINCENT M. BALANAG, JR., MD</u> DIRECTOR / OFFICER - IN - CHARGE
<b>Date:</b> <u>11/24/2021</u>	

<b>Funds Available:</b> _____	<b>ALOBS No.:</b> <u>HFTP 2021-11-004</u> <b>Amount:</b> <u>₱ 1,065,000.00</u>
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**LUNG CENTER OF THE PHILIPPINES**  
Quezon Avenue Extension, Quezon City, Philippines 1100  
ISO 9001:2015 CERTIFIED

**NOTICE TO PROCEED**

November 15, 2021

**MS. DANIKA O. ADIAZ**  
Sales Executive  
Respicare Enterprises, Inc.  
Narciso Bldg.II, 23 Fisheries St.  
Brgy. Vasra, Quezon City  
Tel#7216-5398  
Email Address: sales@respicare.ph

Dear **Ms. Adiaz**,

This is to inform you that Purchase Order No. 24852, "PROCUREMENT OF VARIOUS MEDICAL EQUIPMENT FOR (O.R., SRS, Nursing, Critical Nursing, Hospitainer, STU, RICU and Interventional Pulmonary)" 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 :

11/24/2021

Name of the Representative of the Bidder :

DANIKA ADIAZ 

**NOTICE OF AWARD**

November 5, 2021

**MS. DANIKA O. ADIAZ**  
 Sales Executive  
 Respicare Enterprises, Inc.  
 Narciso Bldg.II, 23 Fisheries St.  
 Brgy. Vasra, Quezon City  
 Tel#7216-5398  
 Email Address: sales@respicare.ph

Dear **Ms. Adiaz,**

Please be informed that after the evaluation of the bid proposal for the **"PROCUREMENT OF VARIOUS MEDICAL EQUIPMENT (O.R., SRS, Nursing, Critical Nursing, Hospitainer, STU, RICU and Interventional Pulmonary)"**, the LCP Bids and Awards Committee (BAC) has recommended the acceptance of your bid price of **TWO MILLION FIVE HUNDRED SEVENTY SEVEN THOUSAND PESOS (Php2,577,000.00)** only.

Item No.	Description	Quantity	Unit price	Total Amount
3	Vital Signs Monitor	4	138,000.00	552,000.00
6	<del>Cardiac Monitor</del> Portable	4	115,000.00	460,000.00
9	Patient Monitor with Capnograph	2	220,000.00	440,000.00
10	Impedance Cardiography	1	520,000.00	520,000.00
12	<del>Infusion Pump</del>	11	55,000.00	605,000.00
<b>TOTAL</b>				<b>2,577,000.00</b>

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).


Certified Original


**TYRONE R. DE LEON**  
 BAC Secretariat Office

<b>Form of Performance Security</b>	<b>Amount of Performance Security (Equal to Percentage of the Total Contract Price)</b>
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%)
d) Performance Securing Declaration	

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

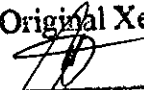
Failure to provide the performance security shall constitute sufficient ground for recession of the award.

Very truly yours,  
  
**VINCENT M. BALANAG, JR., M.D.**  
 Executive Director

Conforme:   
DAXIK A. ADIAZ  
 Printed Name and Signature of Representative

Name of Bidder/Supplier RESPIARE ENT. INC.

Date: 11/10/2021

Certified Original Xerox Copy  
  
TYRONE R. DE LEON  
 BAC Secretariat Office