

LUNG CENTER OF THE PHILIPPINES
Quezon Avenue, Quezon City

APPENDIX a-2

PURCHASE ORDER

Supplier: <u>RESPICARE ENTERPRISES, INC.</u>	P.O. No.: <u>24855</u>
Address: <u>Narciso Bldg., II, 23 Fisheries St.,</u>	Date: <u>11-12-2021</u>
<u>Brgy., Vasra, Quezon City</u>	Mode of Procurement:
E-mail Address: <u>Tel. 7216-5398</u>	<u>BIDDING</u>
Telephone No: <u>Email. sales@respicare.ph</u>	PURPOSE:
TIN: _____	<u>For MICU 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: _____

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
Unit	<p>Patient Monitor with Capnograph Mindray uMEC12</p> <p>Description:</p> <ul style="list-style-type: none"> • Must be Compatible to Present Telemetry System • Display: at least 12-13" color LED or TFT screen • Less than 3.5 kg weight • Water Ingress protection: IPX1 • at least 0.75m drop protection • Arrhythmia, S-T Analysis, Vital Signs, Large Font Display • Electric Shock protection • Data Storage: trend data of at least 120 hours with interval of 1 minute • NIBP measurement review: at least 1500 measurements • Arrhythmia Review : at least 100 events • with Standard 3/5-lead ECG, NIBP, SpO2, 1-Channel • Built in chargeable Lithium-ion battery with at least 4 hours run time • Power requirements 100 to 240 VAC • with Thermal array recorder - optional • Must be Network Ready 	2	220,000.00	440,000.00

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

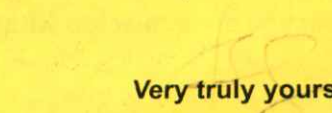
Place of Delivery: LUNG CENTER OF THE PHILIPPINES Delivery Term: 60 DAYS TERM
 Date of Delivery: _____ Payment Term: _____

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
	<p>Inclusions:</p> <ul style="list-style-type: none"> • (1) Patient Monitor unit • (1) NIBP Reusable Cuff, adult • (1) NIBP Tube • (1) 3-Lead ECG Cable • (1) 1m adult reusable SpO2 sensor • (1) SpO2 Extension Cable • (1) Power Cord • (1) ETCO2 Accessory kit • User Manual • Optional: 12 lead ECG is optional IBP is optional Touchscreen is optional <p>Warranty: Two (2) years comprehensive on parts and service plus one (1) year extension on</p>			

Total Amount in Words: ^{service} **FOUR HUNDRED FORTY 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: 
DANIKA ADIAZ
 Signature over printed name of Supplier

Very truly yours,

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

Date: 11/24/2021

Funds Available: _____ ALOBS No.: HFLP 2021-11-003
 Amount: ₱ 440,000.00

1/24/22 Purn 11/11/22

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. 24855, "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.

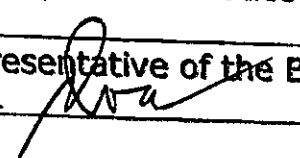
Very truly yours,


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	Cardiac Monitor 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	Infusion Pump	11	55,000.00	605,000.00
TOTAL				2,577,000.00

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).

TYRONE R. DE LEON
 BAC Secretariat Office


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%)
d) Performance Securing Declaration	

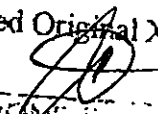
The original NOA with signature on "Conforme" shall be returned within two (2) working days upon receipt.

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: 
DAKIK 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. LEON
 BAC Secretariat Office