

LUNG CENTER OF THE PHILIPPINES
Quezon Avenue, Quezon City

APPENDIX a-2

PURCHASE ORDER

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22-0020

X

Supplier: MARSMAN DRYSDALE MEDICAL PRODUCTS, INC. P.O. No.: 24894
 Address: G/F Molave Building 2231 Chino Roces Avenue, Makati City, Philippines, 1233 Date: 11/19/2021
 E-mail Address: mdmpi@marsmandrysdale.com Mode of Procurement: DIRECT CONTRACTING
 Telephone No: (632) 751-9999 PURPOSE: _____
 TIN: _____ FOR IMMUNOLOGY USE

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: 30 - 60 DAYS
 Date of Delivery: 11 Payment Term: 30 DAYS TERM

| UNIT | DESCRIPTION | QTY | UNIT COST | AMOUNT |
|------|-----------------------------|-----|-----------|------------|
| KIT | INTERLEUKIN-6 REAGENT | 9 | 50,000.00 | 450,000.00 |
| | 100 TEST / KIT | | | 450,000.00 |
| | ***** NOTHING FOLLOWS ***** | | | |
| | TOTAL : | | PHP | 450,000.00 |

Total Amount in Words: FOUR HUNDRED FIFTY THOUSAND and 00/100 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: *[Signature]*
ROGER A. MACABENTA
 Signature over printed name of Supplier


Very truly yours,
[Signature]
VINCENT M. BALANAG JR., M.D.
 DIRECTOR / OFFICER - IN - CHARGE

Date: 12-22-21

Funds Available: _____ ALOBS No.: MO-21-12-3742
 Amount: ₱ 450,000.00

1/3/22

paid 11/1/22


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

NOTICE OF AWARD

November 18, 2021

MARSMAN DRYSDALE MEDICAL PRODUCTS, INC.
G/F Molave Building 2231 Chino Roces Avenue,
Makati City, Philippines, 1233
Tel. No: 751-99-99

Dear Sir/Madam:

This is to inform you that as an **Exclusive Distributor**, we are directly contracting with you the **LABORATORY SUPPLIES FOR IMMUNOLOGY SECTION USE** in the amount of **FOUR HUNDRED FIFTY THOUSAND PESOS & 00/100 (450,000.00)** only.

| Unit | Description | Qty | Unit Cost | Amount |
|--------------|---|-----|-----------|-------------------|
| KIT | INTERLEUKIN-6 REAGENT 100 TEST / KIT | 9 | 50,000.00 | 450,000.00 |
| | ***** NOTHING FOLLOWS ***** | | | 450,000.00 |
| TOTAL | | | | 450,000.00 |

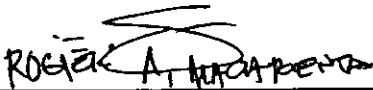
TOTAL AMOUNT IN WORDS FOUR HUNDRED FIFTY THOUSAND PESOS & 00/100 (450,000.00) only.

The original NOA with signature on "Conforme" shall be returned within ten (10) working days upon receipt.

Very truly yours,


VINCENT M. BALANAG JR., MD
Executive Director

Conforme:



Printed Name and Signature of Representative
Name of Bidder/Supplier _____
Date: 12-22-21



LUNG CENTER OF THE PHILIPPINES

Quezon Avenue Extension, Quezon City, Philippines 1100

ISO 9001:2015 CERTIFIED

NOTICE TO PROCEED

November 22, 2021

MARSMAN DRYSDALE MEDICAL PRODUCTS, INC.

G/F Molave Building 2231 Chino Roces Avenue,

Makati City, Philippines, 1233

Tel. No: 751-99-99

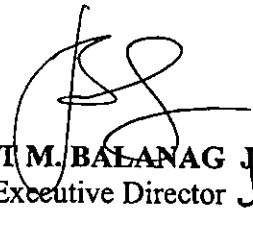
Dear Sir/Madam:

This is to inform you that **Purchase Order No. 24894 LABORATORY SUPPLIES FOR IMMUNOLOGY SECTION USE** has been approved. You may now proceed with delivery of the item listed in the said Purchase Order

Delivery should be completed within **thirty to sixty (30-60) days** from receipt of this notice.

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

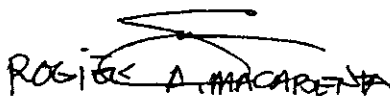
Very truly yours,



VINCENT M. BALANAG JR., MD
Executive Director

CONFORME:

Received Original



ROGIE A. MACARENA

Signature Over Printed Name

Authorized Representative

Date: 12-22-21