



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

NOTICE TO PROCEED

June 30, 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. 24445, "**PROCUREMENT OF MEDICAL EQUIPMENT (INFUSION PUMP AND BIOLOGICAL REFRIGERATOR)**" 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 :

7-15-21

Name of the Representative of the Bidder :

Adrian Paul Eitem

LUNG CENTER OF THE PHILIPPINES
Quezon Avenue, Quezon City

APPENDIX a-2

PURCHASE ORDER

Supplier: RESPI CARE ENTERPRISES, INC.
Address: Narciso Bldg., II, 23 Fisheries St.,
Brgy., Vasra, Quezon City
E-mail Address: Tel. 7216-5398
Telephone No: Email. sales@respicare.ph
TIN: _____

P.O. No.: 24445
Date: 06-29-2021
Mode of Procurement: BIDDING

PURPOSE:
For Nursing 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: 60 DAYS TERM

Date of Delivery: _____

Payment Term: _____

| UNIT | DESCRIPTION | QTY | UNIT COST | AMOUNT |
|------|---|-----|-----------|--------------|
| Unit | INFUSION PUMP Mindray VP3 Screen: 3.0 or higher" 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 or adjustable Occlusion: Low: 150 ± 113 mmHg, Medium: 525 ± 113 mmHg, High: 900 ± 180 mmHg Air bubble detection: Minimum 50ul: 3 to 5 levels selectable: 50ul, 100ul, 250ul, 500ul, 800ul. Default: 100ul Titration Keypad lock Pause Anti-bolus Self-test system | 21 | 55,000.00 | 1,155,000.00 |

LUNG CENTER OF THE PHILIPPINES
Quezon Avenue, Quezon City

PURCHASE ORDER

EBI-01

Supplier: RESPICARE ENTERPRISES, INC. P.O. No.: 24445
 Address: Narciso Bldg., II, 23 Fisheries St., Brgy., Vasra, Quezon City Date: 06-29-2021
 E-mail Address: Tel. 7216-5398 Mode of Procurement: BIDDING
 Telephone No: Email. sales@respicare.ph PURPOSE: For Nursing use
 TIN: _____

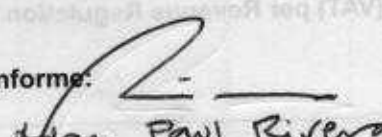
Gentlemen: Please furnish this office the following articles subject to the terms and conditions contained herein:

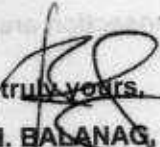
Place of Delivery: LUNG CENTER OF THE PHILIPPINES Delivery Term: 60 DAYS TERM
 Date of Delivery: _____ Payment Term: _____

| UNIT | DESCRIPTION | QTY | UNIT COST | AMOUNT |
|------|--|-----|-----------|--------|
| | 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 With IV Poles without wheels Warranty: One (1) year comprehensive on parts and service plus two (2) years extension on service only. | | | |

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

Conforms: 
Adam Paul Rivera
 Signature over printed name of Supplier

Very truly yours,

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

Date: 7-13-21

BAYANI HANI

Funds Available: _____

ALOBS No.: 21-06-001
 Amount: ₱ 1,155,000.00



LUNG CENTER OF THE PHILIPPINES
 Quezon Avenue Extension, Quezon City, Philippines 1100
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NOTICE OF AWARD

June 28, 2021

MS. DANIKA O. ADIAZ
 Sales Executive
 RESPICARE ENTERPRISES, INC.
 Narciso Bldg., II, 23 Fisheries St.,
 Brgy. Vasra, Quezon City
 Tel.# 7216-5398
 Email. sales@respicare.ph

Dear **Ms. Adiaz**,

Please be informed that after the evaluation of the bid proposal for the **"PROCUREMENT OF VARIOUS MEDICAL EQUIPMENT (INFUSION PUMP AND BIOLOGICAL REFRIGERATOR)"**, the LCP Bids and Awards Committee (BAC) has recommended the acceptance of your bid price of **ONE MILLION ONE HUNDRED FIFTY FIVE THOUSAND PESOS (Php1,155,000.00)** only.

| Item No. | Description | Quantity | Unit price | Total Amount |
|--------------|---------------|----------|------------|---------------------|
| 1 | Infusion pump | 21 units | 55,000.00 | 1,155,000.00 |
| TOTAL | | | | 1,155,000.00 |

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).

| 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 | Five Percent (5%) |

Five Percent (5%)
 Certified Original Xerox Copy

TYRONE R. DE LEON
 BAC Secretariat Office

PO # 24445



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| | |
|--|----------------------|
| 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%) |
| 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-I

Conforme: 
DANIKA ADIAZ
Printed Name and Signature of Representative
Name of Bidder/Supplier RESPI CARE ENT. INC.
Date : June 28, 2021

Certified Original Xerox Copy

TYRONE R. DE LEON
BAC Secretariat Office