



# LUNG CENTER OF THE PHILIPPINES

Quezon Avenue Extension, Quezon City, Philippines 1100

ISO 9001:2015 CERTIFIED

## NOTICE TO PROCEED

September 8, 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. 24650 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 **ten (10) working 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

Signature Over Printed Name

Authorized Representative

Date: 9-13-2021

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

APPENDIX a-2

*Scanned  
at Philippines*

**PURCHASE ORDER**

<b>Supplier:</b> <u>MARSMAN DRYSDALE MEDICAL PRODUCTS, INC.</u> <b>Address:</b> <u>G/F Molave Building 2231 Chino Roces Avenue, Makati City, Philippines, 1233</u> <b>E-mail Address:</b> <u>mdmpi@marsmandrysdale.com</u> <b>Telephone No:</b> <u>(632) 751-9999</u> <b>TIN:</b> _____	<b>P.O. No.:</b> <u>24650</u> <b>Date:</b> <u>09/07/2021</u> <b>Mode of Procurement:</b> <u>DIRECT CONTRACTING</u> <b>PURPOSE:</b> _____ FOR IMMUNOLOGY USE
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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>10 WORKING DAYS</u>
<b>Date of Delivery:</b> <u>11</u>	<b>Payment Term:</b> <u>30 DAYS TERM</u>


UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
KIT	INTERLEUKIN-6 REAGENT	6	50,000.00	300,000.00
100	TEST / KIT			300,000.00
*****	NOTHING FOLLOWS *****			
	TOTAL :		PHP	300,000.00

**Total Amount in Words:** THREE HUNDRED 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:**

  
MARSMAN DRYSDALE MEDICAL PRODUCTS, INC.  
 Signature over printed name of Supplier

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

**Date:** 9/13/2021

**Funds Available:** \_\_\_\_\_

**ALOBS No.:** MO-21-09-2638  
**Amount:** ₱ 300,000.00

*alob  
dwb abt*



# LUNG CENTER OF THE PHILIPPINES

Quezon Avenue Extension, Quezon City, Philippines 1100

ISO 9001:2015 CERTIFIED

## NOTICE OF AWARD

September 6, 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 **THREE HUNDRED THOUSAND PESOS & 00/100 (300,000.00) only**.


Unit	Description	Qty	Unit Cost	Amount
KIT	INTERLEUKIN-6 REAGENT 100 TEST / KIT	6	50,000.00	300,000.00
	***** NOTHING FOLLOWS *****			300,000.00
<b>TOTAL</b>				<b>300,000.00</b>
<b>TOTAL AMOUNT IN WORDS THREE HUNDRED THOUSAND PESOS &amp; 00/100 (300,000.00) only.</b>				

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:

  
MAXIMO ORTADO S. TABLO  
Printed Name and Signature of Representative  
Name of Bidder/Supplier MAXIMO ORTADO MEDICAL PROF INC.  
Date: 9-7-2021