

Republic of the Philippines Department of Budget and Management PROCUREMENT SERVICE -PHILIPPINE GOVERNMENT ELECTRONIC PROCUREMENT SYSTEM



NOTICE TO PROCEED

27 July 2021

PO No.: PO21-00369-CSE

NOA No.: 2021-PSNOA051-SBACPS

JAYSON TARAPE

Authorized Representative

BIOSITE MEDICAL INSTRUMENTS

512-A, Manga St. Juna Subd., Matina, Brgy. Matina Crossing Talomo District

Davao City

CERTIFIED COPY ON FILE

Dear Mr. Tarape:

The attached Purchase Order having been approved, notice is hereby given to **BIOSITE** MEDICAL INSTRUMENTS that performance on Supply and Delivery of COVID-19 Testing Extraction Kit-Genolution NX-48S Viral NA Kit VN143 (96 reactions/24x4) for the Procurement Service (PS) for Lot No. 1 under Alternative Mode of Procurement (AMP) No. 21-037-9, shall commence effective on the date of receipt of this Notice.

Lot No.	ITEM DESCRIPTION	QUANTITY	UOM	UNIT PRICE	AMOUNT
1	COVID-19 Testing Extraction Kit- Genolution NX- 48S Viral NA Kit VN143 (96 reactions/24x4)	6,120	kits	₱ 29,300.00/	₱ 179,316,000.00

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions provided in the Purchase Order and in accordance with the Delivery Schedule.

Please acknowledge receipt of this notice by signing on the space provided below.

Very truly yours,

SIGNATURE REDACTED

ATTY. JASONMER L. UAYAN

OIC-Executive Director

Date of receipt of this notice:

Name of Authorized Representative:

Signature of Authorized Representative:

JULT 28, 2021 JAISON TARAPE

SIGNATURE REDACTED



PS-DBM Complex Cristobal St., Paco Metro Manila Tel. Nos 563-93-61

689-7750 loc. 4020

CONTRACT/PURCHASE ORDER

PO21-00369-CSE

No.

DIOCETE MEDICAL INCUDITMENTS

To	BIUSHE MEDICAL INSTRUMENTS	Date <u>July 27, 2021</u>						
512-A Manga St. Juna Subd., Matina,			Reference: PUBLIC					
Brgy. Matina Crossing Talomo District				BIDDING No. AMP 21-03				
	Nation (in the contract of the				Date of PB:	06/28/21		
	Davao							
	Davao							
	Please deliver the article(s)/product(s)/sup	plies/mater	ials listed b	elow pric	ced in accordance	with your Quotation		
No	The second secon					ions enumerated at		
the b	pack hereof:					iono onameratos at		
	T				T			
Item	ITEM and DESCRIPTION/SPECIFICATIONS/STO	CK No.	QTY	UNIT	UNIT	AMOUNT		
No.					PRICE			
1	COVID-19 Testing Extraction Kit-Genolution NX-48S		6,120	kit	29,300.0000	179,316,000.00		
	Viral NA leit VNI142 (06 reactions/24v4)				1			
	Viral NA kit VN143 (96 reactions/24x4)							
	For complete and detailed specifications, please re	for to the						
	following attached documents:	ner w the						
	Total and the state of the stat							
	a. Technical Evaluation Report							
	b.Contract Negotiation Matrix							
	~			nat come enter to com				
	The following documents shall be deemed to form	and be read	C	=RIII	IED COPY	DN FILE		
	and construed as part of this Purchase Order:				11			
					dt.			
	a)The Supplier's Bid, including the Technical and				\$ 10/20V	The same of the sa		
	Proposals, and all other documents/Statements sul				# 1'			
	bidder's response to clarifications on the bid), incl				•			
	corrections to the bid resulting from the Procuring	Entity's bid						
	evaluation;							
	DOM: D	17011						
	b)Bidding Documents, including the Supplements	n Bid						
				-	TOTAL AMOUNT	₱		
						179,316,000.00		
PL/	ACE OF DELIVERY:		DELIVERY	INSTRUC	CTIONS:			
	45							
Please see instructions above					uctions above			
			ricast	see msu	uctions above			
FUNDS AVAILABILITY CERTIFIED BY:			AUTHORIZ		A .			
SI	GNATURE REDACTED	1	SIGN	IATURE	REDACTED			
	2/3 3/3	7, 2021			MER LIAVAN	28-JULY-7021		
_	ACCOUNTANT DA		-AILY	DIREC	JOR	DATE		
	Purchase Order received and accepted authors to the Towns of Control of of Cont							
	Purchase Order received and accepted subject to the Terms and Conditions enumerated at the back hereof:							

BIOSITE MEDICAL INSTRUMENTS NAME OF SUPPLIER

ATSOM TIAKAPT AUTHORIZED REPRESENTATIVE (SIGNATURE OVER PRINTED NAME)

DUE DATE



PS-DBM Complex Cristobal St., Paco Metro Manila Tel. Nos 563-93-61

689-7750 loc. 4020

CONTRACT/PURCHASE ORDER

No. PO21-00369-CSE

NAME OF TAXABLE PARTY.					
	BIOSITE MEDICAL INSTRUMENTS 512-A Manga St. Juna Subd., Matina, Brgy. Matina Crossing Talomo District Davao Please deliver the article(s)/product(s)/supplies/materi -XXX- dated -XXX- ack hereof:			Date of PB:	No. AMP 21-037-9 06/28/21 with your Quotation
Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
	Bulletins issued / Request for Offer and; c)The Procuring Entity's Notice of Award; Progress payment shall be made after acceptance of each delivery. Amount of Payment shall be based on actual quantities delivered, inspected, and accepted. Provided that all necessary documents required are complied with. As a precondition for payment, submit authenticated Import documents per DOF Order No. 87-91, if applicable. Subject to Expanded Withholding Tax, Final Withholding Tax and Other Percentage Taxes Reference: R.A. 9337, Revenue Regulation Nos. 16-05, 14-02, 12-01 & 2-98. In order to assure that manufacturing defects shall be corrected by the Supplier, a warranty shall be covered by either retention money in an amount equivalent to at least one percent (1%) of every progress payment, or a special bank guarantee equivalent	i	ERTI	FIED COPY	ON FILE
				TOTAL AMOUNT	₱ 179.316.000.00
	ACE OF DELIVERY:	DELIVER\ Pleas		CTIONS: ructions above	
_	S AVAILABILITY CERTIFIED BY: GNATURE REDACTED AMY T TISTA CRUZ ACCOUNTANT DATE		ATURE	REDACTED MEDI LIAYAN CTOR	28-JULY-1021 DATE
BIO	Purchase Order received and accession at the REDAC SITE MEDICAL INSTRUMENTS NAME OF SUPPLIER Purchase Order received and accession at the REDAC SIGNATURE REDAC SIGNATURE REPRESE (SIGNATURE OVER PRINT)	ENTATIVE TED NAME)	nditions enu	imerated at the back here MT18, 2021 DATE RECEIVED	eof: DUE DATE



PS-DBM Complex Cristobal St., Paco Metro Manila Tel. Nos 563-93-61

689-7750 loc. 4020

CONTRACT/PURCHASE ORDER No. PO21-00369-CSE					
No	512-A Manga St. Juna Subd., Matina, Brgy. Matina Crossing Talomo District Davao Please deliver the article(s)/product(s)/supplies/materi			Date of PB:	IC AMP 21-037-9 06/28/21 with your Quotation
Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
	to at least one percent (1%) of the total contract price. The said amounts shall only be released after the lapse of the warranty period of three (3) months or, in the case of Expendable Supplies, after consumption thereof: Provided, however, that the supplies delivered are free from patent and latent defects and all the conditions imposed under the contract have been fully met. Please submit Delivery Receipt and Copy of P.O to the Warehousing and Delivery Division after delivery of the item. Delivery Place: DOH Warehouse/s and other Warehouse/s within Metro Manila Delivery Instructions: -1st Tranche: 3,120 kits shall be delivered within 15 calendar days upon the receipt of Notice to Proceed and approved Request for Schedule of Delivery (RSD). The exact quantity shall be based on the approved RSD Form by DOH-RITM.		RTIF	September 1	NFILE
				TOTAL AMOUNT	P 179.316.000.00
	ACE OF DELIVERY:	DELIVERY Pleas		CTIONS: uctions above	
	OS AVAILABILITY CERTIFIED BY: GNATURE REDACTED AMY T. DELA CRUZ ACCOUNTANT DATE		NATURI	E REDACTED	28-JULY-1021 DATE
BIO	Purchase Order received and accepted accepted accepted and accepted accepte	MARC	nditions enu	merated at the back her /////////////// DATE RECEIVED	eof: DUE DATE



PS-DBM Complex Cristobal St., Paco Metro Manila Tel. Nos 563-93-61

689-7750 loc. 4020

С	ONTRACT/PURCHASE ORDER	3		No. PC	021-00369 -CSE
To:	BIOSITE MEDICAL INSTRUMENTS 512-A Manga St. Juna Subd., Matina, Brgy. Matina Crossing Talomo District Davao Please deliver the article(s)/product(s)/supplies/materi -XXX- dated -XXX- ack hereof:			Date of PB:	AMP 21-037-9 06/28/21
Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
	-2nd Tranche: 3,000 kits shall be delivered within 30 calendar days upon the receipt of the first approved first approved RSI. The exact quantity shall be based on the approved RSD Form by DOH-RITM. Department of Health APR No. NTD 21-001665-A		RTIFI	ED COPY O	NFILE
				TOTAL AMOUNT	P 179,316,000,00
PLA	CE OF DELIVERY:	DELIVERY	/ INSTRU	CTIONS:	
Plo	ase see instructions above	Pleas	e see instr	uctions above	
	S AVAILABIL TY CERTIFIED BY: GNATURE REDACTED AMY T DELA CRUZ ACCOUNTANT DATE	AUTHORIZ SIG			28-JULY-1021 DATE
BIO	Purchase Order received and accepted and accepted REDAC SITE MEDICAL INSTRUMENTS NAME OF SUPPLIER AUTHORIZED REPRESE (SIGNATURE OVER PRINT)	pe	nditions emu	merated at the back her MUTLE, LULL DATE RECEIVED	eof: DUE DATE