



# CONTRACT/PURCHASE ORDER

No. **PO21-00306-CSE**

To: **FARDAN MEDICAL SOLUTIONS, INC.**

821 EDSA Room 403 Cortes Bldg.,  
 Brgy. South Triangle

Quezon City  
 Philippines

Date July 08, 2021

Reference: **PUBLIC BIDDING No.** AMP No 21-036

Date of PB: 8  
06/29/2021

Please deliver the article(s)/product(s)/supplies/materials listed below priced in accordance with your Quotation

No. \_\_\_\_\_ dated \_\_\_\_\_ subject to the Terms and Conditions enumerated at the back hereof: XXX- XXX-

Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
1	<b>RAPID ANTIGEN TEST KIT (for COVID-19)</b> <b>Brand: STANDARDIM Q COVID-19 Ag Test Kit</b>  For complete and detailed specifications, please refer to the attached Technical Evaluation Report and Contract Negotiation Matrix which form part of this Purchase Order.  Delivery shall conform with the minimum labeling requirements under R.A. 7394  The inspections and test that will be conducted shall be in accordance with Technical Specifications.  In order to ensure that manufacturing defects shall be corrected by the Supplier, a warranty covered by either retention money or special bank guarantee equivalent to at least 1% for every progress payment shall be required for a period of three (3)	207,009	kit	452.0000	93,568,068.00
<b>TOTAL AMOUNT</b>					<b>₱ 93,568,068.00</b>

**PLACE OF DELIVERY:**

Please see above instructions

**DELIVERY INSTRUCTIONS:**

Within 30 calendar days upon receipt of Notice to Proceed and approved Request for Schedule of Delivery (RSD) Form from the DOH-RITM.

**FUNDS AVAILABILITY CERTIFIED BY:**

**SIGNATURE REDACTED**

KOSHUA S. LAURE  
 ACCOUNTANT

7-JUL-2021  
 DATE

**AUTHORIZED BY:**

**SIGNATURE REDACTED**

AUTY JASONMERY LIAVAN  
 DIRECTOR

09 July 2021  
 DATE

Purchase Order received and accepted **SIGNATURE REDACTED** conditions enumerated at the back hereof:

**FARDAN MEDICAL SOLUTIONS, INC.**  
 NAME OF SUPPLIER

**BRYAN HOWARD CUF**  
 AUTHORIZED REPRESENTATIVE  
 (SIGNATURE OVER PRINTED NAME)

7/9/2021  
 DATE RECEIVED

\_\_\_\_\_  
 DUE DATE

COPY FOR: ACCOUNTING DIVISION





# CONTRACT/PURCHASE ORDER

No. **PO21-00306-CSE**

To: **FARDAN MEDICAL SOLUTIONS, INC.**

321 EDSA Room 403 Cories Bldg.,  
 Brgy. South Triangle

Quezon City  
 Philippines

Date July 08, 2021

Reference: **PUBLIC BIDDING No. AMP No 21-036-**

Date of PB: 8  
06/29/2021

Please deliver the article(s)/product(s)/supplies/materials listed below priced in accordance with your Quotation

No. \_\_\_\_\_ dated \_\_\_\_\_ subject to the Terms and Conditions enumerated at the back hereof: **XXX-** **XXX-**

Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
	<p>months after acceptance by the Procuring Entity of the delivered supplies.</p> <p>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 &amp; 2-98.</p> <p>Please submit DR/Invoice &amp; Copy of PO to the Inspection Division after direct delivery of this item.</p> <p>Please submit Warranty Certificate, if applicable.</p> <p>As a precondition for payment submit authenticated import documents per DOF Order No. 87-91, if applicable.</p> <p>The following documents shall be deemed to form and be read and construed as part of this Purchase Order:</p>				

TOTAL AMOUNT ₱ **93,568,068.00**

PLACE OF DELIVERY:  
 Please see above instructions

DELIVERY INSTRUCTIONS:  
 Within 30 calendar days upon receipt of Notice to Proceed and approved Request for Schedule of Delivery (RSD) Form from the DOH-RITM.

FUNDS AVAILABILITY CERTIFIED BY:

**SIGNATURE REDACTED**

KOSHUA S. LAURE  
 ACCOUNTANT

7-11-2021  
 DATE

AUTHORIZED BY:

**SIGNATURE REDACTED**

ATTY. JANUMER L. LIAYAN  
 DIRECTOR

07 July 2021  
 DATE

Purchase Order received and accepted **SIGNATURE REDACTED** conditions enumerated at the back hereof:

**FARDAN MEDICAL SOLUTIONS, INC.**  
 NAME OF SUPPLIER

BRYAN HOWARD CUE  
 AUTHORIZED REPRESENTATIVE  
 (SIGNATURE OVER PRINTED NAME)

7/7/2021  
 DATE RECEIVED

\_\_\_\_\_  
 DUE DATE

COPY FOR: ACCOUNTING DIVISION



# CONTRACT/PURCHASE ORDER

No. **PO21-00306 -CSE**

To: **FARDAN MEDICAL SOLUTIONS, INC.**

821 EDSA Room 403 Cortes Bldg.,  
 Brgy. South Triangle

Quezon City

Philippines

Please deliver the article(s)/product(s)/supplies/materials listed below priced in accordance with your Quotation

Date July 08, 2021

Reference: **PUBLIC**

**BIDDING No. AMP No 21-036-**

Date of PB: 8

06/29/2021

No. \_\_\_\_\_ dated \_\_\_\_\_ subject to the Terms and Conditions enumerated at the back hereof: XXX- -XXX-

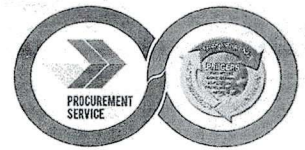
Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
	<p>a) The Supplier's Bid, including the Technical and Financial Proposals, and all other documents/Statements submitted (e.g. bidder's response to clarifications on the bid), including corrections to the bid resulting from the Procuring Entity's bid evaluation;</p> <p>b) The Schedule of Requirements;</p> <p>c) The Technical Specifications; and</p> <p>d) The Entity's Notice of Award</p> <p>Place of Delivery:            Nonpareil International Flight and Cargo Services Inc., One Sta. Ana Dr., Sunvalley, Parañaque, 1701, Metro Manila</p> <p>Department of Health            APR No. NTD 20-006645</p>				

TOTAL AMOUNT ₱ 93,568,068.00

<b>PLACE OF DELIVERY:</b> Please see above instructions	<b>DELIVERY INSTRUCTIONS:</b> Within 30 calendar days upon receipt of Notice to Proceed and approved Request for Schedule of Delivery (RSD) Form from the DOH-RFIM.
<b>FUNDS AVAILABILITY CERTIFIED BY:</b> <b>SIGNATURE REDACTED</b> <u>MOSHEA S. LAURE</u> ACCOUNTANT <u>7-Jul-2021</u> DATE	<b>AUTHORIZED BY:</b> <b>SIGNATURE REDACTED</b> <u>ATTY JASONMER I. UAYAN</u> DIRECTOR <u>09 July 2021</u> DATE
Purchase Order received and accepted <b>SIGNATURE REDACTED</b> ns enumerated at the back hereof: <u>FARDAN MEDICAL SOLUTIONS, INC.</u> NAME OF SUPPLIER <u>BRYAN HOWARD CUE</u> AUTHORIZED REPRESENTATIVE (SIGNATURE OVER PRINTED NAME) <u>7/9/2021</u> DATE RECEIVED _____ DUE DATE	

COPY FOR: ACCOUNTING DIVISION





## NOTICE TO PROCEED

08 July 2021

PO No.: **PO21-00306-CSE**  
 NOA No.: **2021-PSNOA050-SBACPS**

**BRYAN HOWARD CUE**  
*Authorized Representative*  
**FARDAN MEDICAL SOLUTIONS, INC.**  
 821 EDSA Room 403 Cortes Bldg.,  
 Brgy. South Triangle, Quezon City

Dear **Mr. Cue:**

The attached Purchase Order having been approved, notice is hereby given to **FARDAN MEDICAL SOLUTIONS, INC.** that performance on Procurement of Rapid Antigen Test Kit (for COVID-19) for the Department of Health (DOH) under **Alternative Mode of Procurement (AMP) No. 21-036-8**, shall commence effective on the date of receipt of this Notice.

ITEM No.	ITEM DESCRIPTION	QUANTITY	UOM	UNIT PRICE	AMOUNT
1	Rapid Antigen Test Kit (for COVID-19)	207,009	kits	₱ 452.00	₱ 93,568,068.00

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:

July 9, 2021

Name of Authorized Representative:

BRYAN CUE

Signature of Authorized Representative:

**SIGNATURE REDACTED**