



REPUBLIC OF THE PHILIPPINES Department Of Health





NOTICE OF AWARD

January 02, 2024

OXFORD DISTRIBUTIONS, INC.

Suite 1408 East Tower, Philippines Stock Exchange,

Exchange Road, Ortigas Center, Pasig City Tel No.: 0917-8546532 / 0939-9125594

Email: lberlamino@oxford.ph; kasgov1@oxford.ph

Sir / Madam:

Please be advised that based on the results of the **PUBLIC BIDDING** conducted by the National Center for Mental Health for the **SUPPLY AND DELIVERY OF RADIOLOGY SUPPLIES CY 2024**, the following item(s) are hereby awarded to your company:

ITEM CODE	QTY	UNIT	ITEM/SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
RAD-08	300	vial	Non-lonic Intravenous Iodinated Contrast Agent (300mg/ml) (50ml) Generic name: Iopamidol; Low Osmolar; FDA Approved; Listed in Philippine National Formulary; 2 years expiry; Being used in at least 2 tertiary public/private hospitals with certificate of no serious adverse reaction Brand: Scanlux 612 mg/ml (equiv to 300 mg/ml of Iodine) Sol for Inj (Intravenous/ Intra-arterial), 50ml, 1's Origin: Austria	₱ 1,188.00	₱ 356,400.00
TOTAL AMOUNT					₱ 356,400.00

You are hereby required to submit the following within ten (10) calendar days:

 Notarized Contract Agreement Form (Legal Size) for the Public Bidding for the SUPPLY AND DELIVERY OF RADIOLOGY SUPPLIES CY 2024

NOTE: The signatory shall be NOEL V. REYES, MD, FPPA, MMHOA, MEDICAL CENTER CHIEF II; and

- Notarized Performance Securing Declaration; or
- Performance Security in any forms and amount stipulated below:

A. Cash or Cashier's / Manager's Check Bank Guarantee Five Percent (5%) of the Total Contract Price

"There is no Health without Mental Health"





 Surety Bond callable upon demand issued by a surety or insurance company duly certified by Insurance Commission / GSIS Thirty Percent (30%) of the Total Contract Price

NOTE: Failure to provide any of the aforementioned requirements within ten (10) calendar days shall constitute sufficient grounds for cancellation of this Award and forfeiture of the Bid Security.

Truly yours,

NOEL V. REYES, MD, FPPA, MMHoA

Medical Center Chief II

CONFORME:

Authorized Representative (Name & Signature)

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Date and Time