

REPUBLIC OF THE PHILIPPINES Department Of Health National Center for Mental Health



NOTICE OF AWARD

January 11, 2024

LIFELINE DIAGNOSTICS SUPPLIES, INC.

1225 Quezon Avenue, Brgy. Sta Cruz, Quezon City Tel No.: (02) 8376-5917

Email: jannah_tabila@lifelinediag.com

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 LABORATORY (CLINICAL) SUPPLIES AND REAGENTS CY 2024**, the following items are hereby awarded to your company:

ITEM CODE	QTY	UNIT	ITEM/SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
CLI-010	100	kit	Vitek 2 Gram Positive test kit, 20 cards/kit with at least 1 year expiry Origin: France	₱ 10,000.00	₱ 1,000,000.00
	100	kit	Vitek 2 Gram Negative test kit, 20 cards/kit with at least 1 year expiry Origin: France	10,000.00	1,000,000.00
	100	kit	Vitek 2 GP67 test kit, 20 cards/kit with at least 1 year expiry Origin: France	10,000.00	1,000,000.00
	100	kit	Vitek 2 N61 test kit, 20 cards/kit with at least 1 year expiry Origin: France	10,000.00	1,000,000.00
	1	kit	Vitek 2 Yeast test kit, 20 cards/kit with at least 1 year expiry Origin: France	10,000.00	10,000.00
	1	kit	Vitek 2 YS08, 20 cards/kit with at least 1 year expiry Origin: France	10,000.00	10,000.00
	1	box	Unsensitized Tubes, 1 x 2000 Origin: France	30,000.00	30,000.00
	80	bottle	0.45% Saline Solution, 500 ml/bottle Origin: France	940.00	75,200.00
CLI-034	4	pack	Biochemical Identification Panel, 25 strips/pack Origin: USA	11,500.00	46,000.00
			TC	TAL AMOUNT	₱ 4,171,200.00

"There is no Health without Mental Health"







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 LABORATORY (CLINICAL) SUPPLIES AND REAGENTS Y 2024

NOTE: The signatory shall be NOEL V. REYES, MD, FPPA, MMHoA, ME DICAL 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
В.	Surety Bond callable upon demand issued by a surety or insurance company duly certified by Insurance Commission / GSIS	Thirty Percent (3 0%) 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)

la a signature

Date and Time