



# National Center for Mental Health

## NOTICE OF AWARD

February 20, 2024

### **EC ZURIC BIOTHERAPIES, INC.**

UG 5 Cityland Condominiums, Pasong Tamo,  
6264 Calle Estacion, Pio del Pilar, Makati City  
Tel. No.: (02) 8553-0840  
Email: [eczuricbiotherapies@gmail.com](mailto:eczuricbiotherapies@gmail.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 Drugs and Medicines (Service Patients) CY 2024**, the following item(s) are hereby awarded to your company:

| ITEM CODE           | QTY   | UNIT | ITEM/SPECIFICATIONS   | UNIT PRICE | TOTAL PRICE           |
|---------------------|-------|------|---|------------|-----------------------|
| DM-086              | 1,000 | VIAL | Albumin, Human 20%, 50ml (IV, Solution for Injection for IV Infusion), vial<br>Brand: ALBIOMIN<br>Origin: Germany | ₱ 1,950.00 | ₱ 1,950,000.00        |
| <b>TOTAL AMOUNT</b> |       |      |   |            | <b>₱ 1,950,000.00</b> |

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 Drugs and Medicines (Service Patients) 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    |
| B. 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 |

*"There is no Health without Mental Health"*

- LABELLING:

For each box, bottle, and corrugated carton, the following should be legibility imprint:

**"Philippine Government Property  
Department of Health  
NOT FOR SALE"**

*Failure to provide any of the above-mentioned requirements 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 *gr qu*

**CONFORME:**

*quillanthe*  
MARK ANN P. VILLACORTE  
Name and Signature (Authorized Representative)

2-28-2024  
Date and Time