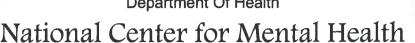


REPUBLIC OF THE PHILIPPINES Department Of Health





NOTICE OF AWARD

January 18, 2024

EURO PACIFIC HEALTHCARE DISTRIBUTOR INC.

05 Pine St., West Fairview, Quezon City Tel No.: (02) 8 938-6306/ 8 938 -1496 Email: europacific.phil@yahoo.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 MEDICAL SUPPLIES CY 2024**, the following items are hereby awarded to your company:

NO.	QTY	UNIT	ITEM/SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
360	5,500	piece	Dialysis Needle for Fistula and Graft, G16, venous , 1.6 x 25mm, with metal stainless needle, smooth insertion, with fixed wing, with at least 24 months expiration Country of Origin: China	15.45	84,975.00
362	720	piece	Dialysis Needle for Fistula and Graft, G17, venous , 1.6 x 25mm, with metal stainless needle, smooth insertion, with fixed wing, with at least 24 months expiration Country of Origin: China	15.45	11,124.00
369	1,200	piece	High Flux Dialyzer, effective surface area 1.5 - 1.8 m2, UF coeff 52-67 ml/hr/mmHg2. (must be compatible with 4008s Hemodialysis Machine) with at least 24 months expiration "Country of Origin: China	655.00	786,000.00
373	26	sack	Industrial Salt, high sodium chloride content, chunky crystals, low impurities, reliable supply, 12.5 kg per pack Country of Origin: China	767.50	19,955.00
		₱902,054.00			

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 MEDICAL SUPPLIES CY 2024

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

"There is no Health without Mental Health"





- 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 (30%) of the Total Contract Price

NOTE: <u>Failure to provide any of the aforementioned requirements within ten (10) calendar days shall</u> 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)

01-30-24

Date and Time