NOTICE OF AWARD

January 15, 2025

OXFORD DISTRIBUTIONS, INC.

Unit 1408 East Tower, PSEC Exchange Road,

Ortigas Center, Pasig City

Tel No.: 85846619 / 09399125594

Email: 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 FY 2025 (EARLY PROCUREMENT ACTIVITY), the following items are hereby awarded to your company:

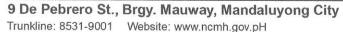
ITEM CODE	QTY	UNIT	ITEM/SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
RS25- 08	500	Vial/ Bottle	Non-Ionic Intravenous Iodinated Contrast Agent (300mg/ml) (50ml) Generic name: Iopamidol; Low Osmolar; FDA Approved; Listed in Philippine National Formulary; 2 years expiry; Being used in at least 2 tertiary public/private hospitals with certificate of no serious adverse reaction Offer: Scanlux 612mg/mL (Equiv to 300mg/ml of Iodine) Sol for Inj (Intravenous/Intra-arterial), 50ml, 1's Country of origin: Austria	1,248.00	624,000.00
	TOTAL AMOUNT				₱624,000.00

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 FY 2025 (EARLY PROCUREMENT ACTIVITY)

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

"There is no Health without Mental Health"











Performance Security in any forms and amount stipulated below:

A.	Cash or Cashier's / Manager's Check issued by a Universal of Commercial Bank.			
В.	Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, That it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank.	Five Percent (5%) of the Total Contract Price		
C.	Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security.	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

CONFORMI

Authorized Representative (Name & Signature)

Date and Time