



## NOTICE OF AWARD

January 15, 2025

## PATIENT CARE CORPORATION

AHI Corporate Center, Purok 1 Alasas, City of San Fernando, Pampanga

Tel no.: 9611602 / 9634770 / 09171748658

Email: dtiguelo.pcc.com.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<br>CODE | QTY          | UNIT            | ITEM/SPECIFICATIONS  | UNIT<br>PRICE | TOTAL<br>PRICE |
|--------------|--------------|-----------------|--|---------------|----------------|
| RS25-<br>07  | 500          | Vial/<br>Bottle | Non-Ionic Intravenous Iodinated Contrast Agent (300mg/ml) (100ml) Generic name: Iohexol; 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 Country of origin: Korea | 1,690.00      | 845,000.00     |
|              | TOTAL AMOUNT |                 |  |               | P845,000.00    |

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<br>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<br>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

CONFO

Authorized Representative (Name & Signature)

Data and Time