

## NOTICE OF AWARD

March 10, 2025

FRESENIUS MEDICAL CARE PHILIPPINES INC.

18 FLR., AEON CENTER, ALABANG MUNTINLUPA CITY

Tel. No.: (+63) 917-8375163

Email: rialene.santos@fmc-asia.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 2025 (EARLY PROCUREMENT ACTIVITY), the following item/s are hereby awarded to your company:

NO.	ITEM CODE	QTY	UNIT	ITEM/SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
1	MS25- 277	9,024	piece	Bloodlines AV-Set with drain bag and macroset, blood pump segment diameter (ID) 8mm x (OD),12mm, chamber size 22mm, with at least 24 months expiration, must be compatible with the technical requirements of the existing hemodialysis machine (Fresenius), will not require technical adjustments/service prior usage, so as not to void warranty of equipment supplier, must be compatible with 4008s hemodialysis machine Country of origin: Malaysia	142.00	1,281,408.00
	TOTAL AMOUNT			MOUNT	P1,281,408.00	

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 2025 (EARLY PROCUREMENT ACTIVITY)

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

• 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/puarantee or irrevocable latter of	Five Percent (5%) of the Total Contract Price

9 De Pebrero St., Brgy. Mauway, Mandaluyong City Trunkline: 8531-9001 Website: www.ncmh.gov.pH







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, MMH0A

Medical Center Chief II

CONFORME:

Authorized Representative (Name & Signature)

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Date and Time