



NOTICE OF AWARD

September 27, 2023

OXFORD DISTRIBUTIONS, INC.

Suite 1408 East Tower, Philippines Stock Exchange,
Exchange Road, Ortigas Center, Pasig City
Tel No.: 0917-8546532 / 0939-9125594
Email: lberlamino@oxford.ph; 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 Drugs and Medicines - Additional CY 2023**, the following items are hereby awarded to your company:

ITEM CODE	QTY	UNIT	ITEM CODE / SPECIFICATION	UNIT PRICE	TOTAL PRICE
DM-15	200	ampule	Bupivacaine + Dextrose 0.5%+ 8% 4ml ampule (heavy) Brand: Ultracaine Heavy 5mg/80mg per ml sol. for inj (Spinal), 10's Origin: Bangladesh	₱300.00	₱60,000.00
DM-37	800	vial	Hydrocortisone 100mg/ml vial Brand: Hyocort 100mg Pow for Inj (IM/IV), 1's Origin: India	16.00	12,800.00
DM-64	50,000	tablet	Olanzapine 10mg Brand: Olavex 10 10mg tab, 30's Origin: India	3.15	157,500.00
TOTAL AMOUNT:					₱ 230,300.00

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 Drugs and Medicines - Additional CY 2023**

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
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"There is no Health without Mental Health"


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
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- 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 

CONFORME: 

 Name & Signature of the Authorized Representative

 Date and Time 