



January 15, 2025

## NOTICE OF AWARD

### MEDICAL EQUIPMENT HEALTHCARE GROUP, INC.

1202-A Tektite West, PSEC Exchange Road

San Antonio, Pasig City 1605 Philippines

Mobile No: 0917-6276168

Email: info@medequip.ph

Dear Sir/Madam,

Please be advised that as a result of **Public Bidding** conducted by the National Center for Mental Health – Bids and Awards Committee for Contract Services and Consultancy for the **Preventive Maintenance and/or Calibration of Various Medical Equipment (Sub-Lot) CY 2025 (Early Procurement Activity)** for **Lot 2: Anatomical Laboratory Equipment** and **Lot 4: Dental Equipment**) and is hereby **awarded** to your company the following:

| NO | ITEM CODE         | ITEM DESCRIPTION  | QTY | UNIT OF MEASURE | UNIT PRICE | TOTAL PRICE |
|----|-------------------|---|-----|-----------------|------------|-------------|
| 1  | CS-03PM (A)-2025- | <p><b>PREVENTIVE MAINTENANCE AND/OR CALIBRATION OF VARIOUS MEDICAL EQUIPMENT CY 2025 (Early Procurement Activity)</b></p> <p><b>LOT 2: ANATOMICAL LABORATORY EQUIPMENT</b></p> <p><b>TERMS OF REFERENCE:</b></p> <ol style="list-style-type: none"> <li>All service shall be done at the National Center for Mental Health facilities.</li> <li>General Scope of Works for Preventive Maintenance and/or Calibration Services should apply to all medical equipment.</li> <li>Service provider should coordinate with Medical Equipment Maintenance Unit before and after the preventive maintenance and other services.</li> <li>Medical equipment found defective prior to the preventive maintenance and calibration procedure will not be included in the payment.</li> </ol> | 1   | Lot             | 71,400.00  |             |

**There is no Health without Mental Health**

- 5. Service provider must have full-time certified biomedical technicians with NCII certificates of Biomedical Equipment Servicing or engineer with PRC license.
- 6. Service provider shall provide the following:
  - Provide a current and valid certificate of calibration for the test equipment to be used during maintenance activities, and it should be traceable to the National Institute of Standards and Technology (NIST) or other recognized standards.
  - Four (4) copies of the completed service report for minor repairs to medical equipment may be found defective.
  - Four (4) copies of the completed preventive maintenance report and calibration certificate for each piece of equipment, which include qualitative and quantitative data and should be organized in clearly labeled folders and tabs to ensure effortless identification and retrieval of information.
  - Current and Valid Training Certificates of technicians/ engineers who performed the services.

**Note:** For the following equipment (high-end and critical equipment) Additional terms of reference:

Service engineers/technicians must have training certificates from the manufacturer of the equipment or from manufacturer of similar equipment and the company/bidder must have available or access to spare parts for the equipment from the manufacturer.

- Namely:
- 1.) Cryostat
  - 2.) Rotary Microtome
  - 3.) Tissue processor

**SCOPE OF WORK**

| CALIBRATION PARAMETERS<br>(Quantitative Inspection)  |               | PREVENTIVE MAINTENANCE<br>(Qualitative Inspection)   |  |   |   |   |   |               |   |   |                   |                  |            |           |           |
|--|---------------|--|--|---|---|---|---|---------------|---|---|-------------------|------------------|------------|-----------|-----------|
| (1) - ELECTRICAL SAFETY TESTING<br>(2) - VOLUME<br>(3) - FLOW/PRESSURE<br>(4) - SPEED<br>(5) - TEMPERATURE |               | (1) - PHYSICAL INSPECTION<br>(2) - MECHANICAL INSPECTION<br>(3) - OPERATIONAL/FUNCTIONALITY INSPECTION<br>(4) - ELECTRICAL COMPONENT INSPECTION<br>(5) - CLEANING INTERIOR AND EXTERIOR EXPOSURE |  |   |   |   |   |               |   |   |                   |                  |            |           |           |
| PUBLIC BIDDING – ANATOMICAL LABORATORY   |               |  |  |   |   |   |   |               |   |   |                   |                  |            |           |           |
| QTY  | UNIT OF ISSUE | EQUIPMENT DESCRIPTION  | CALIBRATION PARAMETERS<br>(Quantitative) |   |   |   | PREVENTIVE MAINTENANCE<br>(Qualitative) |               |   |   | SERVICE FREQUENCY | UNIT COST        | TOTAL COST |           |           |
|  |               |  | Scope of Works                           |   |   |   | Scope of Works                          |               |   |   |                   |                  |            |           |           |
|  |               |  | 1  | 2 | 3 | 4 | 5                                       | 1             | 2 | 3 | 4                 | 5                |            |           |           |
|  |               |  | OTHERS (please specify)                  |   |   |   | OTHERS (please specify)                 |               |   |   |                   |                  |            |           |           |
| 1  | Unit          | Automatic Tissue Processor "Leica"   | ✓  |   |   |   |   | ✓             | ✓ | ✓ | ✓                 | ✓                | Annul      | 16,500.00 | 16,500.00 |
| 1  | Unit          | Crystal "Leica"  | ✓  | ✓ |   |   |   | ✓             | ✓ | ✓ | ✓                 | ✓                | Annul      | 16,500.00 | 16,500.00 |
| 2  | Unit          | Rotary Microtome "Leica" "RM 2125PT"   |  |   |   |   |   | ✓             | ✓ | ✓ | ✓                 | ✓                | Annul      | 16,500.00 | 33,000.00 |
| 2  | Unit          | Thermometer  |  | ✓ |   |   |   | ✓             | ✓ | ✓ | ✓                 | ✓                | Annul      | 1,800.00  | 3,600.00  |
| 1  | Unit          | Weighing Scale, Fuji, Top Loading digital  | ✓  |   |   |   |   | Weight (gram) | ✓ | ✓ | ✓                 | ✓                | Annul      | 1,800.00  | 1,800.00  |
| <b>TOTAL</b>   |               |  |  |   |   |   |   |               |   |   |                   | <b>71,400.00</b> |            |           |           |

**ADDITIONAL DETAILS FOR SCOPE OF WORKS**

1. Perform preventive maintenance including qualitative evaluation, adjustment, system performance test, software and hardware updates and replacement of PM parts/kit if necessary. Any consumables to be used during the test will be provided by the service provider such as reagents/solutions/machine supplies (e.g. Isoflurane /sevoflurane /films/patch/lubricants etc.)
2. Perform Calibration/verification which include quantitative evaluation using calibrated test equipment/tools
3. Cleaning, lubricating and perform minor hardware or software repair if necessary
4. Application of preventive maintenance and calibration stickers which indicates PM and calibration date and due date.

|   |                  |  |   |     |            |
|---|------------------|--|---|-----|------------|
| 2 | CS-03PM (D)-2025 | <b>LOT 4: DENTAL EQUIPMENT</b>   | 1 | Lot | 227,000.00 |
|   |                  | <b>TERMS OF REFERENCE:</b><br>1. All service shall be done at the National Center for Mental Health facilities |   |     |            |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  | <ol style="list-style-type: none"> <li>2. Service provider should coordinate with Medical Equipment Maintenance Unit before and after the preventive maintenance and other services.</li> <li>3. Medical equipment found defective prior to the preventive maintenance and calibration procedure will not be included in the payment.</li> <li>4. Service provider must have full-time certified biomedical technicians with NCII certificates of Biomedical Equipment Servicing or engineer with PRC license.</li> <li>5. Service provider shall provide the following: <ul style="list-style-type: none"> <li>o Provide a current and valid certificate of calibration for the test equipment to be used during maintenance activities, and it should be traceable to the National Institute of Standards and Technology (NIST) or other recognized standards.</li> <li>o Four (4) copies of the completed service report for minor repairs to medical equipment may be found defective.</li> <li>o Four (4) copies of the completed preventive maintenance report and calibration certificate for each piece of equipment, which include qualitative and quantitative data and should be organized in clearly labeled folders and tabs to ensure effortless identification and retrieval of information.</li> <li>o Current and Valid Training Certificates of technicians /engineers who performed the services.</li> </ul> </li> <li>6. The bearing should be original and compatible with our existing handpiece. This ensures that the bearing meets the exact specifications and requirements of the equipment, providing optimal</li> </ol> |  |  |  |  |
|--|--|--|--|--|--|

performance and reliability (with six (6) months warranty).

**SCOPE OF WORK**

| CALIBRATION PARAMETERS<br>(Qualitative Inspection) |                    |                          |  |   |   | PREVENTIVE MAINTENANCE<br>(Qualitative Inspection) |   |   |   |   |   | SERVICE<br>FREQUENCY | UNIT<br>COST | TOTAL COST |   |                   |           |            |
|--|--------------------|--------------------------|--|---|---|--|---|---|---|---|---|----------------------|--------------|------------|---|-------------------|-----------|------------|
| PUBLIC BIDDING – DENTAL SECTION                    |                    |                          |  |   |   |  |   |   |   |   |   |                      |              |            |   |                   |           |            |
| QTY  | UNIT OF<br>MEASURE | EQUIPMENT<br>DESCRIPTION | CALIBRATION<br>PARAMETERS<br>(Qualitative)<br>Scope of Works |   |   |  |   | PREVENTIVE MAINTENANCE<br>(Qualitative)<br>Scope of Works |   |   |   |                      |              |            |   |                   |           |            |
|  |                    |                          | 1  | 2 | 3 | 4  | 5 | 1   | 2 | 3 | 4 | 5                    |              |            |   |                   |           |            |
| 1  | Unit               | Dental X-ray             | ✓  | ✓ | - | ✓  | ✓ | ✓   | ✓ | - | ✓ | ✓                    | ✓            | ✓          | ✓ | ✓                 | 10,000.00 | 20,000.00  |
| 6  | Unit               | Cobra Angle<br>handpiece | ✓  | ✓ | - | ✓  | ✓ | ✓   | ✓ | ✓ | ✓ | ✓                    | ✓            | ✓          | ✓ | ✓                 | 2,800.00  | 22,800.00  |
| 6  | Unit               | High Speed<br>handpiece  | ✓  | ✓ | - | ✓  | ✓ | ✓   | ✓ | ✓ | ✓ | ✓                    | ✓            | ✓          | ✓ | ✓                 | 8,600.00  | 51,600.00  |
| 7  | Unit               | Surgical<br>handpiece    | ✓  | ✓ | - | ✓  | ✓ | ✓   | ✓ | ✓ | ✓ | ✓                    | ✓            | ✓          | ✓ | ✓                 | 18,000.00 | 126,000.00 |
| <b>TOTAL</b>                                       |                    |                          |  |   |   |  |   |   |   |   |   |                      |              |            |   | <b>227,000.00</b> |           |            |

**ADDITIONAL DETAILS FOR SCOPE OF WORKS**

1. Perform preventive maintenance including qualitative evaluation, adjustment, system performance test, software and hardware updates and replacement of PM parts/kit if necessary. Any consumables to be used during the test will be provided by the service provider such as reagents / solutions / machine supplies (e.g. Isoflurane / sevoflurane / films / patch / lubricants etc.)
2. Perform Calibration/verification which include quantitative evaluation using calibrated test equipment/tools.
3. Cleaning, lubricating and perform minor hardware or software repair if necessary.
4. Application of preventive maintenance and calibration stickers which indicates PM and calibration date and due date.

**TOTAL:**

**Php298,400.00**

You are hereby required to provide the following within ten (10) calendar days;

- Contract Agreement Form for the **Public Bidding for the Preventive Maintenance and/or Calibration of Various Medical Equipment (Sub-Lot) CY 2025 (Early Procurement Activity) for Lot 2: Anatomical Laboratory Equipment and Lot 4: Dental Equipment);** and
- Performance Security in any forms and amount stipulated below:

|  |  |
|--|--|
| A. Cashier's Managers Check Bank Guarantee   | Five Percent (5%) of the Total Contract Price    |
| B. Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank:<br>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 / GSIS  | Thirty Percent (30%) of the Total Contract Price |

Failure to provide any of the above shall constitute sufficient ground for cancellation of the Award and forfeiture of the Bid Security.

Truly yours,



**NOEL V. REYES, MD, FPPA, MMHoA**  
Medical Center Chief II



**CONFORME:**



Amor del Feb 29

Authorized Representative

Date and Time: 01/21/25