



REPUBLIC OF THE PHILIPPINES
Department of Health

NATIONAL CENTER FOR MENTAL HEALTH



NOTICE OF AWARD

January 15, 2025

WHELSCARE MEDICAL DEVICE & LABORATORY REAGENTS TRADING

#16 Raymundo Street, Tanawan,
Bustos, Bulacan 3007

Tel no.: 044-309-2053, +63-998-864-3725

Email: whelsycare@gmail.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 LABORATORY (CLINICAL) SUPPLIES AND REAGENTS CY 2025 (EARLY PROCUREMENT ACTIVITY)**, the following items are hereby awarded to your company:

ITEM NO.	ITEM CODE	QTY	UNIT	ITEM/SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
193	CLI-077	300	test	Troponin I, Qualitative, rapid chromatographic cassette test, with at least 1 year expiry Brand: BERIGHT Origin: China	128.00	38,400.00
195	CLI-079	1,000	test	Dengue NS1+ Antibody (IgG/IgM) test, with at least 1 year expiry Brand: BERIGHT Dengue Combo NS1, IgG/IgM Origin: China	188.00	188,000.00
TOTAL AMOUNT						₱ 226,400.00

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 LABORATORY (CLINICAL) SUPPLIES AND REAGENTS CY 2025 (EARLY PROCUREMENT ACTIVITY)**

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

- Performance Security in any forms and amount stipulated below:

A. Cash or Cashier's / Manager's Check issued by a Universal of Commercial Bank.	Five Percent (5%) of the Total Contract Price
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"There is no Health without Mental Health"

9 De Pebrero St., Brgy. Mauway, Mandaluyong City

Trunkline: 8531-9001 Website: www.ncmh.gov.ph



B. 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, MMH0A

Medical Center Chief II

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CONFORME:

Gil Kenneth J. Caballero
Authorized Representative (Name & Signature)

1-31-25
Date and Time