



## NOTICE OF AWARD

December 20, 2023

RELYN M. BIBON

**BROADSTREET PHARMACEUTICALS**

Centro 12, Aparri, Cagayan

Dear Ma'am,

We are happy to notify you that your Bid date November 20, 2023 for the **SUPPLY AND DELIVERY OF DRUGS AND MEDICINES (2023-10-080)** for the contract price of equivalent to **TWO HUNDRED TWO THOUSAND PESOS (PhP 202,000.00)** as corrected and modified in accordance with the Instructions to Bidders is hereby accepted.

QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
200	vial	Cefoxitin 1g powder for Injection (IM/IV)	119	23,800.00
1000	amp	Clindamycin 150mg/ml, 4ml Solution for Injection (IM/IV)	85	85,000.00
20	bot	Clindamycin 75mg/5ml, 60ml Oral Suspension	395	7,900.00
1200	tab	Clonidine 75mcg	4.25	5,100.00
700	cap	Gabapentin 300mg	14	9,800.00
400	amp	Gentamycin 40mg/ml, 2ml Solution for Injection (IM/IV)	5.85	2,340.00
100	cap	Lanzoprazole 30mg	10	1,000.00
400	tab	Levothyroxine 50mcg	4.5	1,800.00
1800	tab	Losartan K 100mg	1.85	3,330.00
600	vial	Magnesium sulfate 250mg/ml, 10ml Solution for Injection(IM/IV)	58.65	35,190.00
3000	cap	Multivitamins for adults	0.72	2,160.00
100	cap	Nifedipine 10mg	5	500.00
20	bot	Nystatin Oral, 100,000 units/ml, 30ml Oral Suspension	118	2,360.00
4000	tab	Paracetamol 500MG	0.7	2,800.00
2000	tab	Trimetazidine 35mg Modified Released	3.1	6,200.00
200	tab	Ursodeoxycholic Acid 250mg tablet	22	4,400.00
4000	tab	Vitamin B-complex 100mg/5mg/50mcg	0.79	3,160.00
400	amp	Vitamin B-complex 100mg/100mg/1mg, 3ml Solution for Injection (IM/IV)	12.9	5,160.00
<b>Total</b>				<b>202,000.00</b>



Republic of the Philippines  
 Department of Health  
**FAR NORTH LUZON GENERAL HOSPITAL AND TRAINING CENTER**  
 Quirino, Luna, Apayao



You are hereby required to provide within ten (10) days the performance security in the form and the amount stipulated in the Instructions to Bidders. Failure to provide the performance security shall constitute sufficient ground for cancellation of the award and forfeiture of the bid security.

Very truly yours,

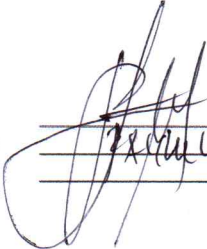
  
**MARLENE L. LUBO, MD, FPPS, MHA**  
 Medical Center Chief

Conforme:

NAME:

SIGNATURE:

DATE:

  
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 01/02/24

