



NOTICE OF AWARD

July 12, 2024

SERGIO M. SANDOVAL
MUREX DIAGNOSTIC PRODUCT SPECIALISTS
 119 14th Avenue, Cubao 1109, Quezon City

Dear Mr Sandoval,

We are happy to notify you that your Bid date June 25, 2024, 2024 for the **SUPPLY AND DELIVERY OF LABORATORY SUPPLIES (2024-06-056-G)** for the contract price of equivalent to **THREE HUNDRED THIRTY FOUR THOUSAND FIVE HUNDRED EIGHTY PESOS (Php334,580.00)** as corrected and modified in accordance with the Instructions to Bidders is hereby accepted.

QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
20	BOX	AFIAS TROPONIN-I X 24	5,500.00	110,000.00
15	BOX	AFIASHBA1C X 24	5,500.00	82,500.00
50	bottle	Urine Reagent Strip	480.00	24,000.00
10	BOX	Pregnancy test kit x 40	1,000.00	10,000.00
100	box	Vacutainer tube- yellow top x 100 (PLASTIC)	680.00	68,000.00
6	pack	Vacutainer tube-Blue Top x100	680.00	4,080.00
8	box	Dengue IgG/Igm x 25	4,500.00	36,000.00
Total				334,580.00

You are hereby required to provide within ten calendar (10) days from the receipt of the Notice of Award (NOA) the performance security in any acceptable forms stipulated below equivalent to the percentage of the total contract price.

Form of Performance Security	Amount of Performance Security (Equal to Percentage of the Total Contract Price)
A. Cash or Cashier's/Manager's Check issued by a Universal or Commercial Bank	<i>Goods and Consulting Services-</i> Five Percent (5%) <i>Infrastructure-</i> Ten Percent (10%)
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	
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%)



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



Failure to provide the performance security shall constitute sufficient ground for cancellation of the award and forfeiture of the bid security.

Very truly yours,

(Original signed)
MARLENE L. LUBO, MD, FPPS, MHA
 Medical Center Chief

Conforme:

NAME: _____
SIGNATURE: _____
DATE: _____

