



Republic of the Philippines  
Department of Health  
**CARAGA REGIONAL HOSPITAL**  
Surigao City



PRO-02  
Rev. No. 0  
Effectivity: 02/01/18

### NOTICE OF AWARD

Date:	<b>FEBRUARY 5, 2021</b>
Name of Bidder	<b>EURO-MED LABORATORIES PHIL., INC</b>
Address:	<b>262 CORRALES EXTENSION, CAGAYAN DE ORO CITY</b>

**Sir/Madam:**

This is to inform you that based on the result of the Competitive Bidding conducted on **JANUARY 6, 2021** for the **Procurement of Various Drugs and Medicines under IB No. 2020-01-06 (01)**, as per **HBAC Resolution No. 004-2021** your proposal was found to be the Lowest Calculated Responsive Bid (LCRB) with a Total Contract Price of:

**ONE HUNDRED THIRTY NINE THOUSAND EIGHT HUNDRED SIXTY EIGHT PESOS ONLY ( PHP 139,868.00 )**

ITEM NO.	DESCRIPTION	QTY	UNIT OF MEASUREMENT	UNIT COST	TOTAL COST
<b>MEDICINES CORRECTING WATER/ELECTROLYTES/IV FLUIDS</b>					
6	Sodium Chloride 2.5mEq/ml, 20ml	50	VIAL	<b>52.36</b>	<b>2,618.00</b>
10	Potassium Chloride 2mEq/ml 20ml	1500	VIAL	<b>19.90</b>	<b>29,850.00</b>
42	Lidocaine 2% 50ml. (as hydrochloride)	500	VIAL	<b>35.00</b>	<b>17,500.00</b>
222	Ipratropium+ Salbutamol 500mcg+2.5mg, 2.5ml	10000	NEB	<b>8.99</b>	<b>89,900.00</b>
ONE HUNDRED THIRTY NINE THOUSAND EIGHT HUNDRED SIXTY EIGHT PESOS ONLY				<b>GRAND TOTAL</b>	<b>139,868.00</b>

**Other Terms and Conditions:**

Technical and Eligibility Requirements and Financial Requirements, and Technical Specification that have been submitted by the Bidder are also form a part of this Award / Contract.

You are hereby requested to post your Performance Security equivalent to the percentage of the Total Contract Price of the acceptable forms as listed below within TEN (10) calendar days from receipt of the Notice of Award (NOA) and further to confer with the Head of the Procurement Service, for instruction regarding the execution of this award:

FORMS OF PERFORMANCE SECURITY	AMOUNT OF PERFORMANCE SECURITY (Equal to
(A) CASH or CASHIER's / MANAGER's CHECK issued by a Universal or Commercial Bank	FIVE PERCENT (5%)
(B) BANK DRAFT / GUARANTEE or IRREVOCABLE LETTER OF CREDIT issued by a	
(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; and / or	THIRTY PERCENT (30%)
(D) Any combination of the foregoing.	Proportionate to share of form with respect to total amount of security
(E) Bid Securing Declaration	

The original NOA with signature on "CONFORME" shall be returned within TWO (2) working days upon receipt of the approved NOA.

Please bear in mind that failure to provide the performance security shall constitute sufficient ground for recession of the award.

*Stamp*  
**CHERYL A. GOTINGA, MD, FPSS**  
Medical Center Chief - I

CONFORMED BY:

**EURO-MED LABORATORIES PHIL., INC**

*Jomary P. Policharps*

Signature Over Printed Name

*Feb. 11, 2021*

Date

*Medical Representative*

Designation / Position

*09087105996 / jomaryplata@gmail.com*

Contact Number / Email Address