



NOTICE TO EXECUTE FRAMEWORK AGREEMENT

Resolution No.: HBAC-A2 RESOLUTION NO. 0736 s. 2024

2 May 2024

EURO-MED LABORATORIES PHIL., INC.
PPL Bldg. San Marcelino St., U.N. Avenue Manila
Tel. No.: 523-4451/524-0091
Fax No.: 310-6914

Dear Sir/Madame:

This is to inform you that the Hospital Bids and Awards Committee - A2 (HBAC-A2) for the **Procurement of Various Drugs and Medicines (IV FLUIDS DRUGS & ELECTROLYTES) REBID CY 2024** has found you to have submitted the **LOWEST CALCULATED AND RESPONSIVE BID** for the Procurement of the following item/s under **PIN NO. 2024-DM-031 / ITB NO. 2024-DM (REBID)-078** opened last **1 April 2024** and you are hereby issued this **NOTICE TO EXECUTE FRAMEWORK AGREEMENT**:

Item No.	Item Description	Brand/ Country of Origin	TOTAL QTY	QTY (JR)	QTY (NCGH)	UNIT	UNIT PRICE (PhP)	TOTAL PRICE (PhP)
	IV FLUIDS DRUGS & ELECTROLYTES							
3	Balanced Multiple Maintenance Solution with 5% Dextrose for Adult 1L bottle (D5NM)	EUROSOL-M in D5 Water / PHILIPPINES	2,000	2,000	0	Plastic bottle	33.00 WITH VAT	66,000.00
4	Balanced Multiple Replacement Solution with 5% Dextrose 1L. bottle (D5NR)	EUROSOL-R in D5 Water / PHILIPPINES	89	89	0	Plastic bottle	40.00 WITH VAT	3,560.00
7	Dextrose 10% Water 1000 ml bottle	UNBRANDED / PHILIPPINES	38	38	0	Plastic bottle	40.00 WITH VAT	1,520.00
9	Dextrose 5% Lactated Ringers 1000ml bottle	PHILIPPINES	21,795	21,500	295	Plastic bottle	32.20 WITH VAT	701,799.00
14	Normal Saline Solution 1000ml (0.9% Sodium Chloride)	PHILIPPINES	113,500	113,300	200	Plastic bottle	27.80 WITH VAT	3,155,300.00
GRAND TOTAL								3,928,179.00

Note: *Ordering of the above-mentioned item(s) depends on the needs of the patient;

***To provide the updated COA requirements as stated in the COA Circular No. 2012-001 on or before payment if there is a document that will expire or if there are lacking documents.**



Delivery Instructions:

Please refer to Call-Off Order.

INSTRUCTIONS:

If you have no corrections to the contents of this Notice, please submit Performance Security within **Five (5) Calendar Days** from receipt hereof. The original copy of the NEFA should be signed and claimed at the BAC Secretariat Office. Failure to sign the NEFA and submit the Performance Security within the prescribed period shall constitute sufficient grounds for cancellation of the Award.

Very truly yours,

W
Wenceslao S. Llauder
WENCESLAO S. LLAUDERES, M.D., FPSNM, MPM-HG
Medical Center Chief *Wenceslao S. Llauder*

CONFORME:

PRINTED NAME/POSITION

SIGNATURE

DATE