



NOTICE TO EXECUTE FRAMEWORK AGREEMENT

Resolution No.: HBAC-A2 RESOLUTION NO. 0740 s. 2024

2 May 2024

MG PRIME PHARMACEUTICAL, INC.
Ground Floor Richmack Bldg.,
72 Mindanao Ave., Project 6, Quezon City
Tel #: (8) 929-6958 / 59
Email address: mgprimepharmainc@yahoo.com

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 REBID CY 2024** has found you to have submitted the **LOWEST, SINGLE CALCULATED AND RESPONSIVE BID** for the Procurement of the following item/s under **PIN NO. 2024-DM-025 & 2024-DM-029 / ITB NO. 2024-DM (REBID)-072 & 2024-DM (REBID)-076** 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)
	ANTIBIOTIC DRUGS							
30	Ciprofloxacin 500mg tablet BLISTER PACK	COBAY-500 / THAILAND	2,330	1,165	1,165	tablet	10.00 WITH VAT	23,300.00
	GASTRO-INTESTINAL DRUGS & ANTIDOTES							
13	Ondansetron 2mg/ml, 2ml ampule (IM,IV)	ONSIA / THAILAND	1,800	1,800	0	ampule	100.00 VAT- EXEMPT	180,000.00
14	Ondansetron Oral: 8mg tablet (as hydrochloride dihydrate) BLISTER PACK	ONSIATAB / INDIA	1,080	1,080	0	tablet	55.00 VAT- EXEMPT	59,400.00
G R A N D T O T A L								262,700.00

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,

WENCESLAO S. LLAUDERES, M.D., FPSNM, MPM-HG
 Medical Center Chief II *cut* *nb*

CONFORME:

PRINTED NAME/POSITION

SIGNATURE

DATE