



NOTICE TO EXECUTE FRAMEWORK AGREEMENT

Resolution No.: HBAC-A2 RESOLUTION NO. 0634 s. 2024

19 April 2024

PATIENT CARE CORPORATION

AHI Corporate Center, Purok 1,
Brgy. Alasas, City of Sand Fernando Pampanga
Tel. No.: (045) 8961-1602 / (02) 89392125 / (02) 77531761

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 (CONTRAST) 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-028 / ITB NO. 2024-DM (REBID) -075** opened last **1 April 2024** and you are hereby issued this **NOTICE TO EXECUTE FRAMEWORK AGREEMENT**:

Item No.	Item Description	BRAND/ COUNTRY OF ORIGIN	QTY.	UNIT	UNIT PRICE (PhP)	TOTAL PRICE (PhP)
	CONTRAST					
4	Iohexol 300 mg iodine/mL, 50 mL Solution for Injection Vial	IOBRIX 300 / REPUBLIC OF KOREA	1,800	vial	942.88 VAT INCLUSIVE	1,697,184.00
5	Iohexol 300 mg iodine/mL, 100 mL Solution for Injection Vial	IOBRIX 300 / REPUBLIC OF KOREA	2,700	vial	1,785.88 VAT INCLUSIVE	4,821,876.00
6	Iohexol 350 mg iodine/mL, 100 mL Solution for Injection Vial	IOBRIX 350 / REPUBLIC OF KOREA	450	vial	2,118.00 VAT INCLUSIVE	953,100.00
GRAND TOTAL						7,472,160.00

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 upon payment if there is a document that will expire or if there is lacking documents.

Delivery Instructions:

Please refer to Call-Off Order.



Republic of the Philippines
Department of Health
JOSE R. REYES MEMORIAL MEDICAL CENTER
HOSPITAL BIDS AND AWARDS COMMITTEE

RIZAL AVE., STA. CRUZ, MANILA
711-9491 local 245

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 *per [signature]*

CONFORME:

PRINTED NAME/POSITION

SIGNATURE

DATE