

## NOTICE TO EXECUTE FRAMEWORK AGREEMENT

Resolution No.: HBAC-A2 RESOLUTION NO. 0798 s. 2024

8 May 2024

## SANDOVAL DISTRIBUTORS INC.

2/F AB Sandoval Bldg. Shaw Blvd. cor. Oranbo Dr. Pasig City Tel. No.: (632) 910-000; 687-4056 Fax No.: (632) 687-3563 Email Address: <u>sales@sdi.ph</u>

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 *SINGLE CALCULATED AND RESPONSIVE BID* for the Procurement of the following item/s under *PIN NO. 2024-DM-025 and 2024-DM-030 / ITB NO. 2024-DM (REBID)-072 and 2024-DM (REBID)-077* 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							
9	Amphotericin B (Lipid Complex) 50mg vial	AMPHOLIP // INDIA	45	45	0	vial	10,972.38 WITH VAT	493,757.10
	IMMUNOLOGICALS/ VACCINES/ HORMONES/ CORTECOSTEROIDS DRUGS							
11	Leuproreline 11.25 mg depot solution, vial with syringe (IM, SC)	LUPRODEX / , INDIA	18	18	0	vial	8,887.24 WITH VAT	159,970.32
12	Leuproreline 3.75 mg/2 mL vial + Syringe	LUPRODEX / INDIA	297	297	0	vial	2,972.40 WITH VAT	882,802.80
	GRAND TOTAL							1,536,530.22

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

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

**Delivery Instructions:** 

Please refer to Call-Off Order.

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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

CONFORME:

PRINTED NAME/POSITION

SIGNATURE

DATE