

NOTICE TO EXECUTE FRAMEWORK AGREEMENT

Resolution No.: HBAC-A2 RESOLUTION NO. 1089 s. 2024

5 July 2024

ZUELLIG PHARMA CORPORATION

KM 14 West Service Road, South Superhighway, Cor. Edison Avenue, Brgy. Sun Valley, Parañaque, City Tel. #: (02) 908-2222 Fax #: (02) 325-0641

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 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-066 / ITB NO. 2024-DM-094* opened last 13 June 2024 and you are hereby issued this NOTICE TO EXECUTE FRAMEWORK AGREEMENT:

| Item No. | Item Description | Brand/ Country of Origin | TOTA L QTY | QTY (JR) | QTY (NCGH) | UNIT | UNIT PRICE (PhP) | TOTAL PRICE (PhP) |
|-------------|--|------------------------------------|---------------|-------------|---------------|--------|--------------------------|----------------------|
| 3 | Budesonide + Formoterol 160 mcg + 4.5 mcg x 120 doses Metered Dose Inhaler | SYMBICORT RAPIHALER / FRANCE | 1250 | 250 | 1000 | piece | 758.39 WITH VAT | 947,987.50 |
| 4 | Calcium Folinate (Leucovorin Calcium) 10 mg/mL, 5 mL vial | CAFONATE / INDIA | 1050 | 1050 | 0 | vial | 149.00 VAT- EXEMPT | 156,450.00 |
| 9 | Fentanyl 50 micrograms/mL (as citrate) 10 mL ampule (box of 5's) | SUBLIMAZE / GREECE | 200 | 200 | 0 | ampule | 180.00 WITH VAT | 36,000.00 |
| 11 | lohexol 300mg iodine/ml, 100ml (box of 10's) | OMNIPAQUE / IRELAND | 350 | 350 | 0 | vial | 1,911.21 WITH VAT | 668,923.50 |
| 12 | lohexol 300mg iodine/ml, 50ml (box of 10's) | OMNIPAQUE / IRELAND | 420 | 420 | 0 | vial | 928.28 WITH VAT | 389,877.60 |
| 18 | Lipids 20%, 250 mL Bottle | SMOFLIPID / AUSTRIA | 70 | 70 | 0 | bottle | 750.00 WITH VAT | 52,500.00 |
| 25 | Propofol Inj. 10mg/ml, 50ml vial | FRESOFOL MCT/LCT / AUSTRIA | 650 | 650 | 0 | vial | 352.00 WITH VAT | 228,800.00 |
| | GRAND TOTAL | | | | | | | 2,480,538.60 |



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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.

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, |
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| |
| WENCESLAO S. LLAUDERES, M.D., FPSNM, MPM-HG |
| Medical Center Chief II put |
| CONFORME: |
| |
| |

PRINTED NAME/POSITION

SIGNATURE

JUL 0 9 2024 DATE

