

Province of Davao del Norte Government Center, Mankilam, Tagum City

PURCHASE ORDER

P.O. Number: 2025041037 Supplier: LIFELINE DIAGNOSTICS SUPPLIES INC. Address: 1225 QUEZON AVE. BRGY. STA CRUZ QUEZON CITY 1104 Date: Mar 27, 2025 TIN: 214-150-811-000 P.R. No.: 2025010232 PhilGEPS Registration No.: 200310-1887-1100644633 Procurement mode: Competitive Bidding Tel./Mobile/Fax No.: 09164626970 Registration Certificate: DTI Reg. Office: PEEDO - DDN Blood Center Gentlemen: Please furnish this office the following articles subject to terms and conditions contained herein: Payment Term: ON ACCOUNT Date of Delivery: Delivery Term: 30 Calendar Days Place of Delivery: PEEDO DAVNOR BLOOD CENTER BLDG., CAPITOL CO Amount **Unit Cost** Quantity/Unit Item 276,000.00 46,000.00 1 6.00 KIT HIV GENSCREEN ULTRA HIV Ag/Ab; 480T Micro plate strips (coated with monoclonal antibodies to P24 HIV-1 (mouse) and purified HIV-1 and HIV-2 antigens) Concentrated washing solution Negative control Antibody Positive control (Human plasma positive for anti-HIV-1 antibodies) Antigen positive control (Purified HIV-1 antigen inactivated) Conjugate 1 (Biotinylated polyclonal antibodies to P24 HIV-1 sheep) Conjugate 2 (Lyophilised peroxidase labelled Streptavidin and purified HIV-1 and HIV-2 antigens) Conjugate diluent Substrate buffer Chromogen: TMB solution Stopping solution bio-rad 40,000.00 240,000.00 6.00 KIT HbsAG MONOLISA HBsAg ULTRA; 480 TEST/KIT Micro plate strips (Coated with monoclonal anti-HBs antibodies) Concentrated washing solution FOR USE OF PEEDO DAVAO DEL NORTE BLOOD CENTER LABORATORY In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed. I hereby conform that NOTICE TO DELIVER shall be served to the PLACE OF DELIVERY stated herein three (3) days before the actual delivery of the item/s covered by this Purchase Order. Very truly yours, Conforme: 1001 altoposa Jr. (Signature over printed name) May 05 (Date) (Date) This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial NOTE: Treasurer supported by this form to be attached to the voucher.

ALEJANDRO R. OMILA JR.



Province of Davao del Norte Government Center, Mankilam, Tagum City

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P.O. Number: 2025041037 Supplier: LIFELINE DIAGNOSTICS SUPPLIES INC. Address: 1225 QUEZON AVE. BRGY. STA CRUZ QUEZON CITY 1104 O2025041037F184A5747 Date: Mar 27, 2025 TIN: 214-150-811-000 P.R. No.: 2025010232 PhilGEPS Registration No.: 200310-1887-1100644633 Procurement mode: Competitive Bidding Tel./Mobile/Fax No.: 09164626970 Registration Certificate: DTI Req. Office: PEEDO - DDN Blood Center Gentlemen: Please furnish this office the following articles subject to terms and conditons contained herein: Payment Term: ON ACCOUNT Date of Delivery: Delivery Term: 30 Calendar Days Place of Delivery: PEEDO DAVNOR BLOOD CENTER BLDG., CAPITOL CI Unit Cost Amount Item Quantity/Unit I.N. Negative control Positive control Conjugate diluent Conjugate (Mouse monoclonal anti-HBs antibodies and goat polyclonal anti-HBs antibodies bound to the peroxidase. Lyophilized.) Substrate buffer Chromogen: TMB solution Stopping solution bio-rad 810,000.00 135,000.00 6.00 KIT HCV MONOLISA HCV Ag/Ab ULTRA V2; 480 TEST/KIT Micro plate strips (Coated with monoclonal anti-capsid antibody of the HCV, purified recombinant hepatitis C antigens NS3, NS4 and a HCV capsid peptide) Concentrated washing solution Negative control Antibody Positive control (Human serum containing antibodies to HCV) Antigen positive control (Antigen positive control synthetic containing a lyophilized capsid peptide) Antigen diluent Conjugate 1 (Mouse biotinilated monoclonal antibodies against capsid HCV antigen) FOR USE OF PEEDO DAVAO DEL NORTE BLOOD CENTER LABORATORY In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed. I hereby conform that NOTICE TO DELIVER shall be served to the PLACE OF DELIVERY stated herein three (3) days before the actual delivery of the item/s covered by this Purchase Order. Very truly yours, Conforme: Governor M (Signature over printed name) May (Date) (Date) This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial NOTE: Treasurer supported by this form to be attached to the voucher.

ALEJANDRO R. OMILA JR.



Province of Davao del Norte Government Center, Mankilam, Tagum City

PURCHASE ORDER

回多数基础的特殊	TURCHASE ORDER		
	GNOSTICS SUPPLIES INC.	P.O. Number: 2025041	037
Address :1225 QUEZON	AVE. BRGY. STA CRUZ QUEZON CITY 1104	O2025041037	
TIN: <u>214-150-811-000</u> PhilGEPS Registration No.: <u>200310-1887-1100644633</u> Tel./Mobile/Fax No.: <u>09164626970</u> Registration Certificate: <u>DTI</u>		Date: Mar 27, 2025 P.R. No.: 2025010232 Procurement mode: Competitive Bidding	
Req. Office: PEEDO -	DDN Blood Center		
Gentlemen: Please furni	sh this office the following articles subject to terms and	conditons contained here	ein:
	Payment Term : ON ACCOUNT EDO DAVNOR BLOOD CENTER BLDG., CAPITOL C	Delivery Term: 30 Calendar Days	
I.N. Quantity/Unit	Item	Unit Cost	Amount
4 6.00 KIT	 Conjugate 2 (Mouse antibodies directed against human IgG/peroxidase and streptavidin/peroxidase) Substrate buffer Chromogen: TMB solution Stopping solution bio-rad TREPSURE Detection of Treponema Pallidum Antibody; 960 TEST/KIT Micro plate strips (coated with specific recombinant treponemal antigents) Concentrated washing solution Negative control (Human) Calibrator (Human) Positive control (Human) Conjugate (Conjugated with specific recombinant treponemal antigens) Substrate Stopping solution 	61,000.00	366,000.00
5 2.00 KIT	trinity biotech PAN MALARIA MICROLISA PAN MALARIA; 480TEST/KIT Malaria Test is one step process (no manual lysis step)	57,000.00	114,000.00
FOR USE OF PEEDO DA	WAO DEL NORTE BLOOD CENTER LABORATORY		
for every day of delay s I hereby confo days before the actua	orm that NOTICE TO DELIVER shall be served to the all delivery of the item/s covered by this Purchase Or	PLACE OF DELIVERY	
Conforme :	Signature over(printed name) May 05, 2025	EDVINJUBAHIB Governor/M	
	(Date)	9	(Date)
NOTE: This is an Treasurer sup	important paper and will cause great inconvenience ported by this form to be attached to the voucher.	if lost. Claim for paym	ent from the Provincia
	ALEJANDRO R. OMILA JR.		



Province of Davao del Norte Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier: LIFELINE DIAGNOSTICS SUPPLIES INC.

Address: 1225 QUEZON AVE. BRGY. STA CRUZ QUEZON CITY 1104

TIN: 214-150-811-000

PhilGEPS Registration No. : 200310-1887-1100644633

Tel./Mobile/Fax No.: 09164626970

Registration Certificate: DTI

Quantity/Unit

Reg. Office: PEEDO - DDN Blood Center

P.O. Number: 2025041037

Date: Mar 27, 2025 P.R. No.: 2025010232

Procurement mode: Competitive Bidding

Amount

Gentlemen: Please furnish this office the following articles subject to terms and conditions contained herein:

Payment Term: ON ACCOUNT Date of Delivery: Place of Delivery: PEEDO DAVNOR BLOOD CENTER BLDG., CAPITOL CO

Delivery Term: 30 Calendar Days

Unit Cost

Micro plate strips (coated with monoclonal anti-pLDH antibody)

Item

- Concentrated washing solution
- Negative control
- Positive control
- Enzyme Conjugate (Streptavidin HRP)
- Conjugate Diluent
- Antibody Reagent (Biotinylated anti-pIDH antibody)
- Sample Diluents
- Substrate
- Stopping solution

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Remarks:

I.N.

TERMS & CONDITIONS:

- 1. All reagents should be compatible with the tie-up EIA micro plate analyzer.
- 2. Controls, Calibrators and other Accessories must be included.
- 3. Must have proven good track records and have more than 30 installations to different major blood banks / blood centers nationwide.
- 4. Must be included in the list of test kits as to the guidance for referral of blood sample for confirmatory set by NRL-NVBSP (Department Circular No. 2012-0198).
- 5. Local Distributor must be ISO 9001>2008 Certified.
- 6. Distributor must do repairs and routine maintenance of the EIA machine.

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7. All costs of parts and labor for wear and tear of the EIA machine will be on the account of the Distributor. 8. The Distributor shall train the operator of the machine (medical technologists) on how to: - Operate the instrument on a daily basis FOR USE OF PEEDO DAVAO DEL NORTE BLOOD CENTER LABORATORY In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed. I hereby conform that NOTICE TO DELIVER shall be served to the PLACE OF DELIVERY stated herein three (3) days before the actual delivery of the item/s covered by this Purchase Order. Very truly yours, Conforme: (Signature over printed name)

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ALEJANDRO R. OMILA JR.

(Date)



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Supplier: LIFELINE DIAGNOSTICS SUPPLIES INC.

Address: 1225 QUEZON AVE. BRGY. STA CRUZ QUEZON CITY 1104

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Registration Certificate: DTI

Reg. Office: PEEDO - DDN Blood Center

P.O. Number: 2025041037

Date: Mar 27, 2025 P.R. No.: 2025010232

Procurement mode: Competitive Bidding

Gentlemen: Please furnish this office the following articles subject to terms and conditons contained herein:

Date of Delivery:

Payment Term: ON ACCOUNT

Place of Delivery: PEEDO DAVNOR BLOOD CENTER BLDG., CAPITOL C

Delivery Term: 30 Calendar Days

Quantity/Unit

Item

Unit Cost

Amount

Set up an initiate an assay run

- Handle / store kits
- Operate the software
- Properly maintain the machine
- Result interpretation
- Troubleshooting

NOTE:

- -ALL DELIVERIES OF SUPPLIES MUST BE AT LEAST 1 YEAR OR MORE TO ITS EXPIRY DATE.
- -REAGENTS CLARIFICATION REFER TO R.O.

The award is based on Abstract No. 0320250618 created on March 14, 2025 and resolved on March 27, 2025 under Quotation No. B20250380 opened on March 13, 2025

Grand Total Amount in Words: ONE MILLION EIGHT HUNDRED SIX THOUSAND AND XX / 100	GRAND TOTAL :	₱ 1,806,000.00
In case of failure to make the full delivery within the time specified above for every day of delay shall be imposed.	e, a penalty of one-tenth	(1/10) of one percent
I hereby conform that NOTICE TO DELIVER shall be served to the	PLACE OF DELIVERY S	tated herein three (3)

days before the actual delivery of the item/s covered by this Purchase Order. Very truly yours, Conforme: Noel VIN and Sa (Signature over printed name) Governor /

> 05.2025 (Date)

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ALEJANDRO R. OMILA JR.