

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

# PURCHASE ORDER

Supplier: GREPCOR DIAMONDE INC.

Address: 14-A 3RD ST. BRGY MARIANA NEW MANILA QUEZON CITY 1112

TIN:

004-709-294-000

PhilGEPS Registration No. : 200804-33901-986890839

Tel./Mobile/Fax No.: 09566437461

Place of Delivery: DAVNOR PHARMACY

Registration Certificate: SEC

Req. Office: PEEDO - DDN Hospital (Kapalong Zone)

P.O. Number: 2025114439

Date: Oct 09, 2025 P.R. No.: 2025031679

Procurement mode: Competitive Bidding

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

Date of Delivery:

Payment Term : ON ACCOUNT

Delivery Term: End-user shall require the delivery of items in such quantity depending on actual needs

I.N. Quantity/Unit Item Unit Cost Amount 1 42.00 SET **GLUCOSE REAGENT** 19,485.00 818,370.00 10 BOTTS X 30ML THERMOFISHER SCIENTIFIC 2 18.00 SET HDL CALIBRATOR 46,090.00 829,620.00 - 2 BOTTS X 3ML THERMOFISHER SCIENTIFIC 3 50.00 SET CREATININE REAGENT 20,297.50 1,014,875.00 - 10 BOTTS X 20ML + 10 BOTTS X 20ML THERMOFISHER SCIENTIFIC 100.00 SET PROBE RINSE 18.890.00 1,889,000.00 - 10 BOTTS X 5ML THERMOFISHER SCIENTIFIC 5 50.00 SET TRIGLYCERIDES 55,785.00 2,789,250,00 - 5 BOTTS X 50ML THERMOFISHER SCIENTIFIC 6 18.00 BOTT DEPROTEINIZER SOLUTION 50ML 9,290.00 167,220.00 THERMOFISHER SCIENTIFIC 7 50.00 SET URIC ACID REAGENT 57,775.00 2,888,750.00 - 10 BOTTS X 50ML + 10 BOTTS X 12.5ML THERMOFISHER SCIENTIFIC 20.00 SET **CUVETTE CLEANING** 24,335.00 486,700.00

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS.

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.

Conforme:

rmento

Very truly yours,

(Signature over printed name)

11-21-25 (Daté)

(Date)

JUBAHIB

óvernor

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2025114439B37CF732F

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Place of Delivery : **DAVNOR PHARMACY** 

Delivery Term: End-user shall require the delivery of items in such quantity depending on actual needs

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		- 10 BOTTS X 100ML THERMOFISHER SCIENTIFIC		
9	100.00 SET	ELECTROLYTES REAGENT - 550ML OF VOLUME THERMOFISHER SCIENTIFIC	24,460.00	2,446,000.00
10	15.00 SET	BLOOD UREA NITROGEN REAGENT - 8 BOTTS X 80ML + 8 BOTTS X 20ML THERMOFISHER SCIENTIFIC	36,787.50	551,812.50
11	18.00 SET	CALIBRATOR - 10 BOTTS X 3ML THERMOFISHER SCIENTIFIC	22,090.00	397,620.00
12	18.00 SET	CONTROL LEVEL 1 - 12 BOTTS X 5ML THERMOFISHER SCIENTIFIC	26,090.00	469,620.00
13	18.00 SET	DILUENT - 10 BOTTS X 5ML THERMOFISHER SCIENTIFIC	6,735.00	121,230.00
14	18.00 BOTT	CONTROL SOLUTION 50ML THERMOFISHER SCIENTIFIC	9,290.00	167,220.00
15	20.00 SET	ALT/GPT REAGENT - 8 BOTTS X 48ML + 4 BOTTS X 24ML THERMOFISHER SCIENTIFIC	36,787.50	735,750.00

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Corra rmento (Signature/over printed name) Very truly yours,

JUBAHIB

Governor

(Date)

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Date: Oct 09, 2025 P.R. No. : 2025031679

Procurement mode: Competitive Bidding

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

Date of Delivery:

Payment Term : ON ACCOUNT

Delivery Term: End-user shall require the delivery of items in such quantity depending on

Place of Delivery: DAVNOR PHARMACY actual needs

I.N.	Quantity/Unit	ltem	Unit Cost	Amount
16	20.00 SET	AST/GOT REAGENT - 8 BOTTS X 48ML + 4 BOTTS X 24ML THERMOFISHER SCIENTIFIC	36,787.50	735,750.00
17	36.00 SET	HDL CHOLESTEROL REAGENT - 6 BOTTS X 48ML + 6 BOTTS X 16ML THERMOFISHER SCIENTIFIC	57,775.00	2,079,900.00
18	18.00 SET	CONTROL LEVEL 2 - 12 BOTTS X 5ML THERMOFISHER SCIENTIFIC	26,090.00	469,620.00
19	18.00 BOTT	CLEANING SOLUTION 250ML THERMOFISHER SCIENTIFIC	10,890.00	196,020.00
20	36.00 SET	CHOLESTEROL REAGENT - 5 BOTTS X 50ML THERMOFISHER SCIENTIFIC	46,205.00	1,663,380.00
21	20.00 SET	ACID CUVETTE CLEANING - 10 BOTTS X 10ML	24,315.00	486,300.00

THERMOFISHER SCIENTIFIC

#### Remarks:

ADDITIONAL REQUIREMENTS:

1. ORIGINAL/CERTIFIED TRUE COPY OF VALID AND CURRENT LICENSE TO OPERATE AS MEDICAL SUPPLIES IMPORTER/WHOLESALER ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.

2. ORIGINAL/CERTIFIED TRUE COPY OF VALID AND CURRENT CERTIFICATE OF PRODUCT REGISTRATION (CPR) AND

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS.			

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(Signature over printed name)

Very truly yours,

(Date)

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Supplier: GREPCOR DIAMONDE INC.

# Republic of the Philippines

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

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# **PURCHASE ORDER**

Supplier: GREPCOR DIAMONDE INC. P.O. Number: 2025114439 Address: 14-A 3RD ST. BRGY MARIANA NEW MANILA QUEZON CITY 1112 D2025114439B37CF732F 004-709-294-000 Date: Oct 09, 2025 PhilGEPS Registration No.: 200804-33901-986890839 P.R. No.: 2025031679 Tel./Mobile/Fax No.: 09566437461 Procurement mode: Competitive Bidding Registration Certificate: SEC Req. Office: PEEDO - DDN Hospital (Kapalong Zone) Gentlemen: Please furnish this office the following articles subject to terms and conditions contained herein: Date of Delivery: Payment Term : ON ACCOUNT Delivery End-user shall require the Term: delivery of items in such quantity depending on Place of Delivery: DAVNOR PHARMACY actual needs Quantity/Unit I.N. Unit Cost Amount 9. DURING TECHNICAL GLITCHES, TECHNICAL SERVICES MUST BE IMMEDIATELY AFTER RECEIPT OF VERBAL REQUEST (THROUGH MOBILE PHONE) AND WRITTEN REQUEST (THROUGH EMAIL). IF NEEDS FURTHER REPAIR, SUPPLIER SHALL PROVIDE A COMPATIBLE AND FULLY FUNCTIONAL BACK-UP MACHINE TO ENSURE CONTINUITY OF SERVICES. 10. FAILURE TO ACT AFTER 72 HOURS, THE SUPPLIER SHALL BE LIABLE OF PAYMENT EQUIVALENT TO THE VALUE OF LOST REVENUES FROM LABORATORY PROCEDURES WHICH SHOULD HAVE BEEN GENERATED BY THE HOSPITAL. WHILE THE EQUIPMENT IS NON-FUNCTIONAL. AND AN INCOME RETENTION OF 5% SHALL BE REQUIRED FOR THIS PURPOSE. 11. THE END-USER AGREES THAT ONLY THE SUPPLIER'S APPOINTED PERSONNEL WHO SHALL BE ATLEAST AN ACCREDITED OR CERTIFIED BIOMED TECHNICIAN SHALL ONLY BE AUTHORIZED TO UNDERTAKE THE REPAIR. REMOVAL OR REPLACEMENT OF THE PARTS NECESSARY TO KEEP THE INSTRUMENTS IN GOOD WORKING CONDITION. FOR THE PURPOSE, SUBMISSION OF TRAINING/ACCREDITATION CERTIFICATES SHALL BE REQUIRED. HOWEVER, IF REPLACEMENT OF EQUIPMENT IS NOT FEASIBLE THE SUPPLIER MUST MAKE THE EQUIPMENT FUNCTIONAL AT ITS COST FOR THE BENEFIT OF THE END-USER. 12. SUBMIT A SCHEDULE OF PREVENTIVE MAINTENANCE AS REQUIRED IN THE EQUIPMENT MANUAL AND FURNISH A COPY OF THE FINDINGS TO THE LABORATORY FOR RECORDING PURPOSES, AS PART OF A DOH REQUIREMENT. 13. SHOULD THERE BE REMAINING REAGENTS AFTER THE CONCLUSION OF THE CONTRACT, THE SUPPLIER SHALL NOT PULL-OUT THE MACHINE AND SHALL CONTINUE TO MAINTAIN THE SAME UNTIL THE REMAINING REAGENTS ARE FULLY CONSUMED. 14. FAILURE TO COMPLY WITH THE SPECIFICATIONS AFTER THREE (3) REPEATED WRITTEN DEMANDS, WOULD LEAD TO TERMINATION OF CONTRACT PLUS A PENALTY EQUIVALENT TO 5% OF THE CONTRACT PRICE. 15. BIDDING FOR ONE (1) YEAR SUPPLY BUT THE DELIVERY SHALL BE ON A QUARTERLY BASIS OR THE END-USER MAY DEMAND EARLY DELIVERY DEPENDING ON ACTUAL NEEDS. 16. FOR THE SUCCEDING DELIVERY, THE REQUISITIONING OFFICE WILL INFORM THE SUPPLIER AND SEND A LISTS OF REAGENTS TO BE DELIVERED THROUGH THE REGISTERED EMAIL ADDRESS OF THE SUPPLIER. 17. THE SUPPLIER MUST DELIVER THE REQUESTED ITEMS IN COMPLETE QUANTITY WITHIN 15 DAYS UPON RECEIPT FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS. 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 NQTICE 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. Conforme: rmento Very truly yours, . JUBAHIB (Signature over printed name) Governor (Date)

ALEJANDRO R. OMILA JR.

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NOTE:



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Tel./Mobile/Fax No.: 09566437461

Registration Certificate: SEC

Quantity/Unit

I.N.

Req. Office: PEEDO - DDN Hospital (Kapalong Zone)

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Amount

Unit Cost

OF THE EMAIL. FAILURE TO COMPLY, PENALTY OF LATE DELIVERY WILL BE IMPOSED.

18. THE DELIVERED ITEMS MUST BE THE BASIS FOR BILLING AND ISSUANCE OF SALES INVOICE. AND THE PROCESSING OF PAYMENT SHALL BE MADE EVERY MONTH.

19. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM FIVE (5) DAYS BEFORE THE DELIVERY OF THE ITEMS.

\* 1 CHEMISTRY FULLY AUTOMATED ANALYZER (FREE OF USE) AND ONE (1) BACK UP MACHINE PER HOSPITAL

\* WITH INCLUSIONS OF COMPUTER SET, PRINTER AND 2KVA UPS (PER HOSPITAL

The award is based on Abstract No. 0720252470 created on July 25, 2025 and resolved on October 09, 2025 under Quotation No. B20253134 opened on July 24, 2025

OR THE CONSUMPTION	OF THE THREE	(3) DAVAO DEL	NORTE HOSPITALS.
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Grand Total Amount in Words: TWENTY-ONE MILLION FOUR HUNDRED FOUR

THOUSAND SEVEN AND 50 / 100

**GRAND TOTAL:** 

₱ 21.404.007.50

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Conforme:

NOTE:

Cuny mento (Signature pver printed name)

Very truly yours,

11-21-25

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Governor (Date)

JUBAHIB

(Date)

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