

### Republic of the Philippines

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

Req. Office: PEEDO - DDN Blood Center

P.O. Number: 2025072299



Date: Jun 05, 2025 P.R. No.: 2025031953

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

Place of Delivery: PEEDO DDN BLOOD CENTER BLDG., CAPITOL COMP

Delivery Term: 30 Calendar Days

<u></u>									
I.N	. Quantity/Unit	Item	Unit Cost	Amount					
1	5.00 KIT	TREPSURE Detection of Treponema Pallidum Antibody; 960T •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 TRINITY BIOTECH	61,000.00	305,000.00					
2	8.00 KIT	HbsAG Detection of Hepatitis B surface Antigen (HBsAg) & Hepatitis B virus Mutants strains; 480T •Micro plate strips (Coated with monoclonal anti-HBs antibodies) •Concentrated washing solution •Negative control •Positive control •Conjugate diluent •Conjugate (Mouse monoclonal anti-HBs	40,000.00	320,000.00					

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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.

antibodies and goat polyclonal anti-HBs antibodies

bound to the peroxidase. Lyophilized.)

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:

NOTE:

Noel Tadosa Jr. (Signature over printed name) Very truly yours,

UBAHIB

(Date)

Aug. 01, 2025 Date)

This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial Treasurer supported by this form to be attached to the voucher.

ALEJANDRO R. OMILA JR.



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PURCHASE ORDER Supplier: LIFELINE DIAGNOSTICS SUPPLIES INC. P.O. Number: 2025072299 Address: 1225 QUEZON AVE. BRGY. STA CRUZ QUEZON CITY 1104 TIN: Date: Jun 05, 2025 <u>214-150-811-000</u> PhilGEPS Registration No.: 200310-1887-1100644633 P.R. No.: 2025031953 Tel./Mobile/Fax No.: 09164626970 Procurement mode: Competitive Bidding Registration Certificate: DTI Req. Office: PEEDO - DDN Blood Center Gentlemen: Please furnish this office the following articles subject to terms and conditons contained herein: Date of Delivery : \_\_ Payment Term: ON ACCOUNT Delivery Term: 30 Calendar Days Place of Delivery: PEEDO DDN BLOOD CENTER BLDG., CAPITOL COMP I.N. Quantity/Unit Unit Cost **Amount** Item Substrate buffer Chromogen: TMB solution Stopping solution **BIO-RAD** 3 8.00 KIT 46,000.00 368,000.00 Detection of Human Immunodeficiency Virus P24 Antigen & HIV-1 (Group M & O) Antibody and HIV-2 Antibody: 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** FOR USE OF PEEDO DDN 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. Conforme: Very truly yours, Noel (Signature over printed name) AUG. 01, 2025 (Date) Date)

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ALEJANDRO R. OMILA JR.

Monday, July 7, 2025 Page 2 of 4



## Republic of the Philippines

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PURCHASE ORDER Supplier: LIFELINE DIAGNOSTICS SUPPLIES INC. P.O. Number: 2025072299 Address: 1225 QUEZON AVE. BRGY. STA CRUZ QUEZON CITY 1104 Date: Jun 05, 2025 <u>214-150-811-000</u> PhilGEPS Registration No.: 200310-1887-1100644633 P.R. No.: 2025031953 Tel./Mobile/Fax No.: 09164626970 Procurement mode: Competitive Bidding Registration Certificate: DTI Req. Office: PEEDO - DDN Blood Center Gentlemen: Please furnish this office the following articles subject to terms and conditons contained herein: Date of Delivery : \_\_\_ Payment Term : ON ACCOUNT Delivery Term: 30 Calendar Days Place of Delivery: PEEDO DDN BLOOD CENTER BLDG., CAPITOL COMP **Unit Cost** Amount I.N. Quantity/Unit Item 4 9.00 KIT **HCV** 135,000.00 1,215,000.00 Detection of Hepatitis C Virus Antigen-Antibody (HCV Ag/Ab); 480T ·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) Conjugate 2 (Mouse antibodies directed against human IgG/peroxidase and streptavidin/peroxidase) Substrate buffer Chromogen: TMB solution Stopping solution **BIO-RAD** Remarks: Other Requirements FOR USE OF PEEDO DDN 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. Conforme: Very truly yours, Noe Villatusa Ir. (Signature over printed name) Gavernor / Aug. 01 (Date) (Date)

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ALEJANDRO R. OMILA JR.

Treasurer supported by this form to be attached to the voucher.