

Republic of the Philippines

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

PURCHASE ORDER

Supplier: ROZMED ENTERPRISE INCORPORATED P.O. Number: 2025114454 Address: # 3 Aira Dormitel Mac Arthur Highway TIN: 416-744-985-000 Date: Oct 23, 2025 PhilGEPS Registration No. : 200911-29689-396969540 P.R. No. : 2025053330 Tel./Mobile/Fax No.: 09295440054 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 conditons contained herein: Date of Delivery: Payment Term : ON ACCOUNT Delivery Term: 20 Working Days Place of Delivery: on site (DDNH-KZ) I.N. Quantity/Unit Item **Unit Cost** Amount 1 1.00 DEFIBRILLATOR WITH AUTOMATED EXTERNA 410,000.00 410,000.00 **DEFIBRILLATOR** 7 INCH diagonal LCD TFT color screen. Display resolution of 800 x 480 pixels VGA 3 waveforms display With ready for use indicator to confirm that the device has passed it's hourly, daily, & weekly automated self test. With patient category button to quickly allow clinicians to switch between patient categories. With smart select knob for easy menu navigation. With mark event button to insert time stamp annotations on event summary. Battery: Lithium Ion Battery At least 2.5 hours monitoring on full battery; at

For Ambulance use of Davao del Norte Hospital-Kapalong Zone.

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 DELIVER itatekihenshathase (3) days before the actual delivery of the item/s covered by this Purchase Order.

Conforme:

FLARMHWE POLINAR (Signature over printed name)

> 18, 2025 (Date)

least 100 full energy.

External adult paddles with removable

Has patient contact indicator located in the paddle that lights up to signify good contact with

adaptors to reveal pediatric paddles.

External paddles:

Very truly yours,

GALE GUADALUPE G. MORELLERO, MILLIG, MIRM Assistant Provincial Administrator (Administration)

EDWIN I. JUBAHIB Governor

(Date)

NOTE:

NOV.

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

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Address: # 3 Aira Dormitel Mac Arthur Highway

TIN:

416-744-985-000

PhilGEPS Registration No. : 200911-29689-396969540

Tel./Mobile/Fax No. : 09295440054
Registration Certificate : SEC

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

P.O. Number: **2025114454**



O20251144544DF8B1B6A

Date: <u>Oct 23, 2025</u> P.R. No.: <u>2025053330</u>

Procurement mode: Competitive Bidding

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Delivery Term: 20 Working Days

I.N. Quantity/Unit Unit Cost Amount

skin.

 With remote charge and shock buttons present on the paddles.

Pad:

- Can use multifunction disposable pads for cardioversion, monitoring, AED, or pacing.
- Single pad set for both adult and infant/child patient.
- Has patient contact indicator onscreen to signify good contact with skin.

Monitor Mode:

- Can perform 3 or 5 lead ECG monitoring with leads off sensing.
- Capable of NIBP monitoring
- Capable of SPO2 monitoring.

Manual Defibrillation:

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

- Uses low energy biphasic truncated exponential waveform technology with impedance compensation.
- Energy selection up to 200 joules maximum via rotating knob.
- Less than 5 secs charging time to recommended adult dose of 150 J with a new fully

| For Ambulance use of Davao del Norte Hospital-Kapalong Zone. | | |
|--|-------------------------------------|---|
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| I hereby conform that NOTICE TO DELIVER shall be served to the days before the actual delivery of the item/s covered by this Purchase Of the item/s covered by the item/s covered by the item/s covered by the item of the item o | e PLACE O Order. truly yours, | GALE GUAJALUPE G. MORTULERO, MILRG, MHTM Assistant Provincial Administrator (Administration) EDWIN I. JUBAHIB |
| NN. 18, 202 | | Governor (Date) |

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Automated External Defibrillator (AED) mode: AED mode with voice prompts and CPR

coaching.

With configurable CPR timer that is automatically activated after shock delivery.

Validated for adult and infant/child use.

AED energy profile: 150 joules non-escalating for adult 50 J for infant/child nominal into a 50 Ohm test load.

Comply all with complete accessories.

Two (2) years warranty on parts and services

Conduct annual calibration and quarterly Preventive Maintenance Services within the warranty period.

Conduct end-users and technical training.

Submit the Operation and Service Manual in the English language.

Include delivery, installation and testing.

Bidder must have service

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

engineers/technicians based in Mindanao.

COMEN S5

| For Ambulance use of Davao del Norte Hospital-Kapalong Zone. | |
|---|---|
| In case of failure to make the full delivery within the time s for every day of delay shall be imposed. | specified above, a penalty of one-tenth (1/10) of one percen |
| I hereby conform that NOTICE TO DELIVER shall be so days before the actual delivery of the item/s covered by this F Conforme: (Signature over printed name) | Purchase Order. Very truly yours, Assistant Provincial Administrator (Administration) EDWIN I. JUBAHIB |
| NN. 18 212T | Governor (Date) |

ALEJANDRO R. OMILA JR.



Quantity/Unit

I.N.

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The award is based on Abstract No. 0920253506 created on September 26, 2025 and resolved on October 23, 2025 under Quotation No. B20254118 opened on September 25, 2025

Unit Cost

Amount

Item

| or Ambulance use of Davao del Norte Hospital-Kapalong Zone. | | | |
|--|---------------|--|---|
| Grand Total Amount in Words: FOUR HUNDRED TEN THOUSAND AND XX / 100 | GRAND TOTAL: | | ₱ 410,000.00 |
| In case of failure to make the full delivery within the time specified above every day of delay shall be imposed. I hereby conform that NOTICE TO DELIVER shall be served to the lays before the actual delivery of the item/s covered by this Purchase Or Conforme: Very tree (Signature over printed name) | PLACE OF der. | | RO, MULICO, MHTM or (Administration) |

ALEJANDRO R. OMILA JR.

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