

## CONTRACT AGREEMENT

This AGREEMENT made this 27<sup>th</sup> day of February 2024 between the **PROVINCIAL GOVERNMENT OF PANGASINAN**, of the Philippines (hereinafter called the "Procuring Entity") of the one part and **NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP** (hereinafter called the "Contractor/Supplier") of the other part;

**WHEREAS**, the Entity is desirous that the Contractor execute the **Supply and Delivery of Various Laboratory reagents/supplies at Provincial Governor's Office, Lingayen, Pangasinan (for use of Mapandan Community Hospital, Asingan Community Hospital, Urdaneta District Hospital, Dasol Community Hospital, Bayambang District Hospital, Manaoag Community Hospital, Pozorrubio Community Hospital, Bolinao Community Hospital, Lingayen District Hospital, Eastern Pangasinan District Hospital, Umingan Community Hospital and Western Pangasinan District Hospital); Trust Fund; PR No. 2024-01-0040; Solicitation No. PANG-2024-01-0059-G**, and the Entity has accepted the Bid for **Thirty-Four Million, Seventy-Eight Thousand, Two Hundred Seventeen Pesos and 40/100 Only (P34,078,217.40)** by the Contractor for the execution and completion of such Works and to remedy any defects therein.

NOW, THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents as required by the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184 shall be deemed to form and be read and construed as integral part of this Agreement, viz.:

- i. Philippine Bidding Documents (PBDs);
  - i. Schedule of Requirements;
  - ii. Technical Specifications;
  - iii. General and Special Conditions of Contract; and
  - iv. Supplemental or Bid Bulletins, if any
- ii. Winning bidder's bid, including the Eligibility requirements, Technical and Financial Proposals, and all other documents or statements submitted.

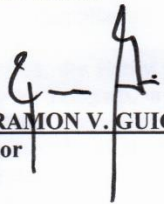
Bid form, including all the documents/statements contained in the Bidder's bidding envelopes, as annexes, and all other documents submitted (e.g., Bidder' response to request for clarifications on the bid), including corrections to the bid, if any, resulting from the Procuring Entity's bid evaluation.

- iii. Performance Security;
- iv. Notice of Award of Contract; and the Bidder's conforme thereto; and
- v. Other contract documents that may be required by the existing laws and/or the Procuring Entity concerned in the PBD's. **Winning bidder agrees that the additional contract documents or information prescribed by the contract execution, such as the Notice to Proceed, Variation Orders, and warranty Security, shall likewise form part of the Contract.**

3. In consideration for the sum of **Thirty-Four Million, Seventy-Eight Thousand, Two Hundred Seventeen Pesos and 40/100 Only (P34,078,217.40)** or such other sums as may be ascertained, **NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP** agrees to the **Supply and Delivery of Various Laboratory reagents/supplies at Provincial Governor's Office, Lingayen, Pangasinan (for use of Mapandan Community Hospital, Asingan Community Hospital, Urdaneta District Hospital, Dasol Community Hospital, Bayambang District Hospital, Manaoag Community Hospital, Pozorrubio Community Hospital, Bolinao Community Hospital, Lingayen District Hospital, Eastern Pangasinan District Hospital, Umingan Community Hospital and Western Pangasinan District Hospital); Trust Fund; PR No. 2024-01-0040; Solicitation No. PANG-2024-01-0059-G**, in accordance with his/her/its Bid

4. The **PROVINCIAL GOVERNMENT OF PANGASINAN** agrees to pay the above-mentioned sum in accordance with the terms of the Bidding.

IN WITNESS whereof the parties thereto have caused this Agreement to be executed in the day and year first above written.

  
**HON. RAMON V. GUICO III**  
Governor

  
**MS. JIANNA MIKHAELA P. LOPEZ**  
Authorized Representative

For:

For:

**PROVINCIAL GOVERNMENT  
OF PANGASINAN**

**NORTHCARE PHARMACEUTICAL  
DISTRIBUTORSHIP**

**ACKNOWLEDGEMENT**

Republic of the Philippines )  
Province of Pangasinan ) S.S.  
Municipality of INGAYEN )

**BEFORE ME**, a Notary Public, for and in INGAYEN, Pangasinan, Philippines, personally appeared the following with their respective proof of identity on FEB 27 2024, 2024

**HON. RAMON V. GUICO III**  
(Governor)

Proof of Identity : TIN  
Licensed No, : 159-902-046-00000  
Date Issued : September 8, 2019

**MS. JIANNA MIKHAELA P. LOPEZ**  
(Contractor)

Proof of Identity :  
Date Issued :  
Expiry date :

Known to me and to me known to be the same person who executed and signed the foregoing instrument and who acknowledged to me that the same are their true and voluntary acts and deeds and that of the agency/entity they respectively represent.

This instrument is a **CONTRACT AGREEMENT** for the **Supply and Delivery of Various Laboratory reagents/supplies at Provincial Governor's Office, Lingayen, Pangasinan (for use of Mapandan Community Hospital, Asingan Community Hospital, Urdaneta District Hospital, Dasol Community Hospital, Bayambang District Hospital, Manaoag Community Hospital, Pozorrubio Community Hospital, Bolinao Community Hospital, Lingayen District Hospital, Eastern Pangasinan District Hospital, Umingan Community Hospital and Western Pangasinan District Hospital); Trust Fund; PR No. 2024-01-0040; Solicitation No. PANG-2024-01-0059-G**, consisting of Two (2) pages including this page where the acknowledgement is written. Pages One and Two are signed on the corresponding spaces provided thereof by the Parties and their instrumental witnesses and sealed with my notarial seal.

**WITNESS MY HAND AND SEAL** this FEB 27 2024 day of 2-27-24, in INGAYEN, PANGASINAN, Pangasinan.

**ATTY. CLINTON CASTILLO PARAMAT**  
Notary Public  
UNTIL DECEMBER 31, 2024  
ROLL OF ATTORNEYS FOR PANGASINAN  
PTR No. 1203367, 01/02/2024, No. 70973  
Issued at: INGAYEN, PANGASINAN  
ISSUE COMPLIANCE NO. VIT-2024-02-UNTIL 04/14/25  
ISS. O.R. NO. 391628, 01/03/2024, PANGASINAN

Doc. No. 18  
Page No. 1  
Book No. 1  
Series of 2023 18





Republic of the Philippines  
**PROVINCE OF PANGASINAN**  
Office of the Governor  
2F Capitol Compound, Lingayen, Pangasinan

**Hon. Ramon V. Guico III, DPM**  
*Governor*

**NOTICE OF AWARD**

26 February 2024

**MS. JIANNA MIKHAELA P. LOPEZ**  
Authorized Representative  
**NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP**  
15 Camanang Roadside,  
Urdaneta City, Pangasinan

**Dear Ms. Lopez:**

We are happy to notify you that your bid dated February 19, 2024, for **Supply and Delivery of Various Laboratory reagents/supplies at Provincial Governor's Office, Lingayen, Pangasinan (for use of Mapandan Community Hospital, Asingan Community Hospital, Urdaneta District Hospital, Dasol Community Hospital, Bayambang District Hospital, Manaoag Community Hospital, Pozorrubio Community Hospital, Bolinao Community Hospital, Lingayen District Hospital, Eastern Pangasinan District Hospital, Umingan Community Hospital and Western Pangasinan District Hospital); Trust Fund; PR No. 2024-01-0040; Solicitation No. PANG-2024-01-0059-G**, is hereby awarded to you as the Bidder with Lowest Calculated and Responsive Bid at a contract price equivalent to **Thirty-Four Million, Seventy-Eight Thousand, Two Hundred Seventeen Pesos and 40/100 Only (P34,078,217.40)**.

You are hereby required to provide within ten (10) days the performance security in the form and the amount stipulated in the Instruction to Bidders. Failure to provide the performance security shall constitute sufficient ground for cancellation of the award and forfeiture of the bid security.

Very truly yours,

  
**HON. RAMON V. GUICO III**

Conforme: \_\_\_\_\_

Date 2-26-24

  
**JIANNA MIKHAELA P. LOPEZ**



Republic of the Philippines  
**PROVINCE OF PANGASINAN**  
Office of the Governor  
2F Capitol Compound, Lingayen, Pangasinan

**Hon. Ramon V. Guico III, DPM**  
*Governor*

**NOTICE TO PROCEED**

28 February 2024

**MS. JIANNA MIKHAELA P. LOPEZ**  
Authorized Representative  
**NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP**  
15 Camanang Roadside,  
Urdaneta City, Pangasinan

**Dear Ms. Lopez:**

The attached Contract Agreement having been approved, notice is hereby given to **NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP** that the work may commence on the **Supply and Delivery of Various Laboratory reagents/supplies at Provincial Governor's Office, Lingayen, Pangasinan** (for use of **Mapandan Community Hospital, Asingan Community Hospital, Urdaneta District Hospital, Dasol Community Hospital, Bayambang District Hospital, Manaoag Community Hospital, Pozorrubio Community Hospital, Bolinao Community Hospital, Lingayen District Hospital, Eastern Pangasinan District Hospital, Umingan Community Hospital and Western Pangasinan District Hospital**); **Trust Fund; PR No. 2024-01-0040; Solicitation No. PANG-2024-01-0059-G**, effective within seven (7) calendar days after the receipt of this notice.

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement and in accordance with the Implementing Schedule.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one and return the other to the **Provincial Government of Pangasinan**.

Very truly yours,

**HON. RAMON V. GUICO III**

I acknowledge receipt of this Notice on : 2 - 28 - 24  
Name of the Representative of the Bidder : JIANNA MIKHAELA P. LOPEZ  
Authorized Signature :



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
 LGU

2-27-24

<b>Supplier :</b> <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>	<b>P.O. No. :</b> <u>00132</u>
<b>Address :</b> <u>URDANETA CITY, PANGASINAN</u>	<b>Date:</b> <u>27 FEB 2024</u>
<b>TIN :</b> <u>293-548-871-00000</u>	<b>Mode of Procurement:</b> <u>competitive bidding</u>
	<b>PR No./s</b> <u>2024-01-0040</u>

Gentlemen:

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

<b>Place of Delivery :</b> <u>Provincial Governor's Office, Lingayen, Pangasinan</u>	<b>Delivery Term :</b> <u>w/in 7 C.D. upon receipt of NTP</u>
<b>Date of Delivery :</b> _____	<b>Payment Term:</b> <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	VIAL	ABNORMAL CONTROL	8	6,540.00	52,320.00
2	SET	Acid Fast Stain	1	6,912.00	6,912.00
3	BOX	Alanine Aminotransferase Kit (ALT-IFCC Method)	2	11,735.00	23,470.00
4	BOX	Albumin	3	14,850.00	44,550.00
5	SET	ALKALINE PHOSPHATE	2	14,850.00	29,700.00
6	BOX	ALT	13	9,500.00	123,500.00
7	SET	AMYLASE	2	14,710.00	29,420.00
8	BOT	Anti D	15	3,500.00	52,500.00
9	BOT	Anti Sera	9	1,425.00	12,825.00
10	VIAL	Anti-human Globulin (AHG)	1	3,500.00	3,500.00
11	BOX	Applicator stick	5	765.00	3,825.00
12	BOX	Aspartate Aminotransferase Kit (AST-IFCC Method)	3	11,735.00	35,205.00
13	BOX	AST	14	9,500.00	133,000.00

(Total Amount in Words)

PAGE 1

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 on the undelivered item/s

Conforme:

  
 JIANNNA MIKHAELE P. LOPEZ

Signature over Printed Name of Supplier

2-27-24

Date

Very truly yours,

  
 HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

Approved per Sanggunian Resolution No.:

Certified Correct:

Secretary to the Sanggunian

Date



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**

LGU

00132 1

<b>Supplier :</b> <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>	<b>P.O. No. :</b> _____
<b>Address :</b> <u>URDANETA CITY, PANGASINAN</u>	<b>Date:</b> <u>27 FEB 2024</u>
<b>TIN :</b> <u>293-548-871-00000</u>	<b>Mode of Procurement:</b> <u>competitive bidding</u>
	<b>PR No./s</b> <u>2024-01-0040</u>

Gentlemen:

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

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<b>Date of Delivery :</b> _____	<b>Payment Term:</b> <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
14	SET	AST Reagent	1	5,277.00	5,277.00
15	PCSS	Automatic Pipette 100-1000UL	1	1,242.00	1,242.00
16	SET	BC5380 PMS KIT (HEMATOLOGY)	1	36,913.00	36,913.00
17	BOT	BioRad Control assay 1	4	27,000.00	108,000.00
18	BOT	BioRad Control assay 2	4	27,000.00	108,000.00
19	BOX	BLOOD LANCET	58	1,085.00	62,930.00
20	SET	BLOOD UREA NITROGEN	2	17,550.00	35,100.00
21	PACK	Blue Pipette tips	1	455.00	455.00
22	BOX	BLUE TIPS	2	3,790.00	7,580.00
23	BOT	Bovine Albumin	6	14,850.00	89,100.00
24	BOX	BS240PRO ALT	2	9,500.00	19,000.00
25	BOX	BS240PRO AST	2	9,500.00	19,000.00
26	BOX	BS240PRO CREA-S	18	13,775.00	247,950.00

(Total Amount in Words)

PAGE 2

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 on the undelivered item/s

Conforme:

Very truly yours,

JANNY MIKHELA P. LOPEZ  
Signature over Printed Name of Supplier

HON. RAMON V. GUICO III  
Signature over Printed Name of Authorized Official

2-27-24  
Date

Governor

Designation

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

Approved per Sanggunian Resolution No.: \_\_\_\_\_

Certified Correct:

\_\_\_\_\_  
Secretary to the Sanggunian

\_\_\_\_\_  
Date



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
**LGU**

<b>Supplier :</b> <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>	<b>P.O. No. :</b> <u>00182</u>
<b>Address :</b> <u>URDANETA CITY, PANGASINAN</u>	<b>Date:</b> <u>27 FEB 2024</u>
<b>TIN :</b> <u>293-548-871-00000</u>	<b>Mode of Procurement:</b> <u>competitive bidding</u>
	<b>PR No./s</b> <u>2024-01-0040</u>

Gentlemen:

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

<b>Place of Delivery :</b> <u>Provincial Governor's Office, Lingayen, Pangasinan</u>	<b>Delivery Term :</b> <u>w/in 7 C.D. upon receipt of NTP</u>
<b>Date of Delivery :</b> _____	<b>Payment Term:</b> <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
27	BOX	BS240PRO GLUCOSE	2	2,565.00	5,130.00
28	BOX	BS240PRO HDL	6	17,630.00	105,780.00
29	PCSS	BS240PRO LAMP	2	27,000.00	54,000.00
30	SET	BS240PRO PMS KIT (CHEMISTRY)	1	60,399.00	60,399.00
31	BOX	BS240PRO TC	2	14,850.00	29,700.00
32	BOX	BS240PRO TG	2	14,700.00	29,400.00
33	BOX	BS240PRO UREA	5	14,850.00	74,250.00
34	BOX	BUA	19	13,950.00	265,050.00
35	BOX	BUN	26	13,950.00	362,700.00
36	VIAL	CCM CONTROL L1	20	3,325.00	66,500.00
37	VIAL	CCM CONTROL L2	23	3,325.00	76,475.00
38	GALLON	CD 80	62	16,000.00	992,000.00
39	BOT	Chem Control (Level I only)	2	488.00	976.00


(Total Amount in Words)

PAGE 3

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 on the undelivered item/s

Conforme:

Very truly yours,

  
 JIANNIA MICHAELA P. LOPEZ

  
 HON. RAMON V. GUICO III

Signature over Printed Name of Supplier

Signature over Printed Name of Authorized Official

2-27-24  
 Date

Governor

Designation

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

Approved per Sanggunian Resolution No.: \_\_\_\_\_

Certified Correct:

\_\_\_\_\_  
Secretary to the Sanggunian\_\_\_\_\_  
Date



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
**LGU**

<b>Supplier :</b> <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u> <b>Address :</b> <u>URDANETA CITY, PANGASINAN</u> <b>TIN :</b> <u>293-548-871-00000</u>	<b>P.O. No. :</b> _____ <b>Date:</b> _____ <b>Mode of Procurement:</b> <u>competitive bidding</u> <b>PR No./s</b> <u>2024-01-0040</u>
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Gentlement:

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

<b>Place of Delivery :</b> <u>Provincial Governor's Office, Lingayen, Pangasinan</u>	<b>Delivery Term :</b> <u>w/in 7 C.D. upon receipt of NTP</u>
<b>Date of Delivery :</b> _____	<b>Payment Term:</b> <u>Cheque</u>

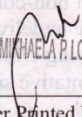
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
40	BOX	Cholesterol	8	15,930.00	127,440.00
41	SET	Control	1	25,200.00	25,200.00
42	PACK	Coverslips	10	765.00	7,650.00
43	BOX	Creatinine	48	13,775.00	661,200.00
44	BOX	Dengue Duo	110	13,500.00	1,485,000.00
45	BOT	Diff Lye	15	10,175.00	152,625.00
46	BOT	Diff Lyse	65	28,490.00	1,851,850.00
47	PACK	Diluent	25	33,080.00	827,000.00
48	BOX	Direct Bilirubin	4	16,250.00	65,000.00
49	BOX	Disposable syringe, 1cc	45	1,790.00	80,550.00
50	BOX	Disposable syringe, 3cc	20	1,790.00	35,800.00
51	BOX	Disposable syringe, 3cc	10	1,790.00	17,900.00
52	BOX	Disposable syringe, 5cc	15	1,890.00	28,350.00

(Total Amount in Words)

PAGE 4

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 on the undelivered item/s

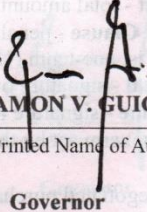
Conforme:

  
 JANNA M. ALCALA P. LOPEZ

Signature over Printed Name of Supplier

Date

Very truly yours,

  
 HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

Approved per Sanggunian Resolution No.:

Certified Correct:

Secretary to the Sanggunian

Date



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
**LGU**

00132

<b>Supplier :</b> <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>	<b>P.O. No. :</b> _____
<b>Address :</b> <u>URDANETA CITY, PANGASINAN</u>	<b>Date:</b> <u>27 FEB 2024</u>
<b>TIN :</b> <u>293-548-871-00000</u>	<b>Mode of Procurement:</b> <u>competitive bidding</u>
	<b>PR No./s</b> <u>2024-01-0040</u>

Gentlemen:

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<b>Place of Delivery :</b> <u>Provincial Governor's Office, Lingayen, Pangasinan</u>	<b>Delivery Term :</b> <u>w/in 7 C.D. upon receipt of NTP</u>
<b>Date of Delivery :</b> _____	<b>Payment Term:</b> <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
53	BOT	Dist. Water (Wilkins or Absolute) 9 Liters	30	102.12	3,063.60
54	BOT	DISTILLED WATER	188	80.10	15,058.80
55	liters	DISTILLED WATER (10 Liters)	150	110.00	16,500.00
56	PACK	EDTA	110	3,370.00	370,700.00
57	PCSS	EDTA minicollect/microtainer	3000	34.40	103,200.00
58	BOX	EDTA TUBE 2ML	60	1,269.00	76,140.00
59	PACK	EDTA tube, 2 ml glass 100's	10	3,370.00	33,700.00
60	BOX	FOBT	2	16,130.00	32,260.00
61	BOT	Formalin 37%	3	1,291.00	3,873.00
62	BOX	FROSTED SLIDES	2	269.00	538.00
63	BOX	Glass Slides	100	620.00	62,000.00
64	BOX	Gloves (L)	50	672.00	33,600.00
65	BOX	Gloves (M)	50	672.00	33,600.00

**(Total Amount in Words)****PAGE 5**

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 on the undelivered item/s

Conforme:

ANNA MIKHAELA P. LOPEZ

Signature over Printed Name of Supplier

Very truly yours,

HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

Approved per Sanggunian Resolution No.:

Certified Correct:

Secretary to the Sanggunian

Date



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
**LGU**

<b>Supplier :</b> <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u> <b>Address :</b> <u>URDANETA CITY, PANGASINAN</u> <b>TIN :</b> <u>293-548-871-00000</u>	<b>P.O. No. :</b> _____ <b>Date :</b> <u>0013227 FEB 2024</u> <b>Mode of Procurement:</b> <u>competitive bidding</u> <b>PR No./s</b> <u>2024-01-0040</u>
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Gentlemen:

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<b>Date of Delivery :</b> _____	<b>Payment Term:</b> <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
66	BOT	Gluco Plus Solution 75g	250	282.00	70,500.00
67	SET	Glucose	16	14,850.00	237,600.00
68	BOX	Glucose Kit (GOD-POD + C3: C16 Method)	1	7,932.00	7,932.00
69	BOX	Glucose Kit (GOD-POD Method)	1	14,850.00	14,850.00
70	BOX	Glucose Reagent	3	15,500.00	46,500.00
71	BOX	Glucose Strip (SD Check Gold)	30	3,496.00	104,880.00
72	BOX	Glucose Strips	50	2,565.00	128,250.00
73	SET	GLUCOSE STRIPS (SD) WITH FREE GLUCOMETER	100	3,496.00	349,600.00
74	SET	Gram stain	1	12,800.00	12,800.00
75	BOX	H. Pylori Kit	2	20,167.00	40,334.00
76	BOX	HBSAG (40s)	15	7,932.00	118,980.00
77	BOX	Hbsag (Lumiquick)	1	5,500.00	5,500.00
78	BOX	HbsAg kit	6	7,932.00	47,592.00

(Total Amount in Words)

PAGE 6

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 on the undelivered item/s

Conforme:

JUANNA MIKHAELA P. LOPEZ

Signature over Printed Name of Supplier

2-27-24

Date

Very truly yours,

HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

Approved per Sanggunian Resolution No.:

Certified Correct:

Secretary to the Sanggunian

Date



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
**LGU**

<b>Supplier :</b> <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u> <b>Address :</b> <u>URDANETA CITY, PANGASINAN</u> <b>TIN :</b> <u>293-548-871-00000</u>	<b>P.O. No. :</b> <u>00132</u> <b>Date:</b> <u>27 FEB 2024</u> <b>Mode of Procurement:</b> <u>competitive bidding</u> <b>PR No./s</b> <u>2024-01-0040</u>
---	--

Gentlemen:

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

<b>Place of Delivery :</b> <u>Provincial Governor's Office, Lingayen, Pangasinan</u>	<b>Delivery Term :</b> <u>w/in 7 C.D. upon receipt of NTP</u>
<b>Date of Delivery :</b> _____	<b>Payment Term:</b> <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
79	BOX	HDL	42	17,630.00	740,460.00
80	SET	HDL Cholesterol	12	17,630.00	211,560.00
81	BOX	HDL-C Reagent	5	16,650.00	83,250.00
82	BOX	HDL-Cholesterol Kit (Direct Method)	2	15,930.00	31,860.00
83	SET	Hema Control	5	20,700.00	103,500.00
84	SET	HEMATOLOGY CONTROL - 3 PARTS	2	22,856.00	45,712.00
85	SET	HEMATOLOGY CONTROL - 5 PARTS	2	25,200.00	50,400.00
86	SET	Hematology Control 5P	1	20,700.00	20,700.00
87	SET	Hematology controls 5 pails (Low, Normal, High)	1	23,400.00	23,400.00
88	SET	Hematology Normal & Abnormal Control	4	6,540.00	26,160.00
89	BOX	Hepa - B	30	7,932.00	237,960.00
90	TUBES	Heparinized Capillary tube	10	470.00	4,700.00
91	BOX	Hepatitis B	15	7,932.00	118,980.00

**(Total Amount in Words)****PAGE 7**

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 on the undelivered item/s

Conforme:

JIANNA MICHAELA P. LOPEZ

Signature over Printed Name of Supplier

2-27-24

Date

Very truly yours,

HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

Approved per Sanggunian Resolution No.:

Certified Correct:

\_\_\_\_\_  
Secretary to the Sanggunian

\_\_\_\_\_  
Date



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
**LGU**

<b>Supplier :</b> <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>	<b>P.O. No. :</b> <u>00132</u>
<b>Address :</b> <u>URDANETA CITY, PANGASINAN</u>	<b>Date:</b> <u>27 FEB 2024</u>
<b>TIN :</b> <u>293-548-871-00000</u>	<b>Mode of Procurement:</b> <u>competitive bidding</u>
	<b>PR No./s</b> <u>2024-01-0040</u>

Gentlemen:

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

<b>Place of Delivery :</b> <u>Provincial Governor's Office, Lingayen, Pangasinan</u>	<b>Delivery Term :</b> <u>w/in 7 C.D. upon receipt of NTP</u>
<b>Date of Delivery :</b> _____	<b>Payment Term:</b> <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
92	SET	LACTOSE DEHYDROGENASE	2	9,751.00	19,502.00
93	PCS	Lamp (Mindray)	2	27,000.00	54,000.00
94	PCS	Lamp BS 240	1	27,991.00	27,991.00
95	PCS	Lamp BS 360	1	27,991.00	27,991.00
96	BOX	Lancet	10	1,085.00	10,850.00
97	BOT	LH Lyse	95	28,490.00	2,706,550.00
98	SET	LIPASE	2	39,349.00	78,698.00
99	VIAL	Lipid Calibration	2	9,473.00	18,946.00
100	BOT	Lipid Calibrator	20	27,000.00	540,000.00
101	BOT	LISS	5	18,900.00	94,500.00
102	BOX	LUMIQUICK TROPONIN I (40s)	12	18,000.00	216,000.00
103	BOT	M 52D DILUENT	28	33,080.00	926,240.00
104	BOT	M52 DIFF LYSE	157	28,490.00	4,472,930.00

(Total Amount in Words)

PAGE 8

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 on the undelivered item/s

Conforme:

*JUANNA MICHAELA P. LOPEZ*  
Signature over Printed Name of Supplier

Signature over Printed Name of Supplier

Very truly yours,

*HON. RAMON V. GUICO III*  
Signature over Printed Name of Authorized Official

Signature over Printed Name of Authorized Official

Governor

Designation

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

Approved per Sanggunian Resolution No.:

Certified Correct:

Secretary to the Sanggunian

Date



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
**LGU**

Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>	P.O. No. : <u>00132</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date: <u>competitive bidding 27 FEB 2024</u>
TIN : <u>293-548-871-00000</u>	Mode of Procurement: <u>2024-01-0040</u>
	PR No./s

Gentlement:  
 Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : <u>Provincial Governor's Office, Lingayen, Pangasinan</u>	Delivery Term : <u>w/in 7 C.D. upon receipt of NTP</u>
Date of Delivery : _____	Payment Term: <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
105	BOX	M52 Diluent	74	33,080.00	2,447,920.00
106	BOX	M52 Diluent (20 liters/box)	6	6,123.00	36,738.00
107	BOT	M52 LH LYSE	128	28,490.00	3,646,720.00
108	BOX	M53 DILUENT	25	6,123.00	153,075.00
109	BOT	M53 LEO 1 LYSE	20	28,490.00	569,800.00
110	BOT	M53 LEO 2 LYSE	15	28,490.00	427,350.00
111	BOT	M53 LH LYSE	15	28,490.00	427,350.00
112	VIAL	MICROSCOPE IMMERSION OIL	2	3,872.00	7,744.00
113	SET	Microtainer (EDTA) Tubes	25	3,500.00	87,500.00
114	PACK	Microtainer (Violet Top)	30	2,070.00	62,100.00
115	PACK	Mini Collect EDTA (Trulab)	10	2,070.00	20,700.00
116	PACK	Mini collect violet, 0.5ml glass 100's	10	3,450.00	34,500.00
117	BOX	Multi Control Level I	4	33,250.00	133,000.00

(Total Amount in Words) PAGE 9

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Conforme:

JIANNA MIKHAELO P. LOPEZ  
 Signature over Printed Name of Supplier

Very truly yours,

HON. RAMON V. GUICO III  
 Signature over Printed Name of Authorized Official

2-29-24  
 Date

Governor  
 Designation

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

Approved per Sanggunian Resolution No.: \_\_\_\_\_

Certified Correct:

Secretary to the Sanggunian

Date



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
**LGU**

<b>Supplier :</b> <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u> <b>Address :</b> <u>URDANETA CITY, PANGASINAN</u> <b>TIN :</b> <u>293-548-871-00000</u>	<b>P.O. No. :</b> _____ <b>Date :</b> <u>00132</u> <b>Mode of Procurement:</b> <u>competitive bidding</u> <b>PR No./s</b> <u>2024-01-0040</u>
---	--

Gentlemen:

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<b>Date of Delivery :</b> _____	<b>Payment Term:</b> <u>Cheque</u>

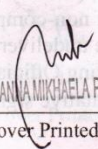
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
118	BOX	Multi Control Level II	4	33,250.00	133,000.00
119	VIAL	Multi Sera Calibration	2	4,222.00	8,444.00
120	BOX	Multi Sera Calibrator	24	27,000.00	648,000.00
121	BOX	NON FROSTED SLIDES	30	558.00	16,740.00
122	TUBES	Non-Heparinized Capillary Tube	10	260.00	2,600.00
123	VIAL	NORMAL CONTROL	8	6,540.00	52,320.00
124	BOT	Oral Glucose Tolerance Drink	8	282.00	2,256.00
125	SET	PHOSPOROUS	2	5,805.00	11,610.00
126	BOX	Pregnancy Test	7	6,500.00	45,500.00
127	BOX	PROBE CLEANER	42	11,050.00	464,100.00
128	BOT	PROBE CLEANSER 3 PARTS	4	1,527.00	6,108.00
129	BOT	PROBE CLEANSER 5 PARTS	4	1,261.00	5,044.00
130	BOT	Probe Cleanser M53P	8	11,050.00	88,400.00

(Total Amount in Words)

PAGE 10

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 on the undelivered item/s

Conforme:

  
 JUAN MICHAELA P. LOPEZ

Signature over Printed Name of Supplier

2-27-24

Date

Very truly yours,

  
 HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

Approved per Sanggunian Resolution No.:

Certified Correct:

Secretary to the Sanggunian

Date



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
**LGU**

<b>Supplier :</b> <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>	<b>P.O. No. :</b> <u>00132</u>
<b>Address :</b> <u>URDANETA CITY, PANGASINAN</u>	<b>Date:</b> _____
<b>TIN :</b> <u>293-548-871-00000</u>	<b>Mode of Procurement:</b> <u>competitive bidding</u>
	<b>PR No./s</b> <u>27 FEB 2024</u> <u>2024-01-0040</u>

Gentlemen:

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

<b>Place of Delivery :</b> <u>Provincial Governor's Office, Lingayen, Pangasinan</u>	<b>Delivery Term :</b> <u>w/in 7 C.D. upon receipt of NTP</u>
<b>Date of Delivery :</b> _____	<b>Payment Term:</b> <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
131	PACK	Red Top	20	3,370.00	67,400.00
132	PCS	Red Tube 4ml	200	35.00	7,000.00
133	BOX	RPR	31	13,050.00	404,550.00
134	BOX	SALMONELLA TYPHI IgG/IgM (25s)	10	21,242.00	212,420.00
135	BOX	Salmonella typhi, IgG/IgM	2	14,000.00	28,000.00
136	BOX	SD CHECK GLUCOSE STRIP	10	2,565.00	25,650.00
137	BOX	SGOT	11	9,500.00	104,500.00
138	BOX	SGPT	13	9,500.00	123,500.00
139	BOX	SYPHILIS (40s)	10	8,201.00	82,010.00
140	BOX	Syphilis Antibody test card/kit	3	8,201.00	24,603.00
141	PCS	THERMAL ROLL (50*20 MM) - 3 PARTS	50	242.00	12,100.00
142	PCS	THERMAL ROLL (57*20 MM) - 5 PARTS	50	161.00	8,050.00
143	BOX	Total Bilirubin	3	15,930.00	47,790.00

(Total Amount in Words)

PAGE 11

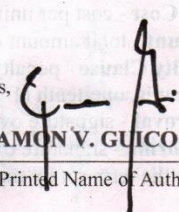
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s

Conforme:

  
 JANINA MICHAELA P. LOPEZ

Signature over Printed Name of Supplier

Very truly yours,

  
 HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

Approved per Sanggunian Resolution No.:

Certified Correct:

Secretary to the Sanggunian

Date



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**

LGU

Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u> Address : <u>URDANETA CITY, PANGASINAN</u> TIN : <u>293-548-871-00000</u>	P.O. No. : <u>00132</u> Date: <u>27 FEB 2024</u> Mode of Procurement: <u>competitive bidding</u> PR No./s <u>2024-01-0040</u>
--	--

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Date of Delivery : _____	Payment Term: <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
144	BOX	Total Cholesterol	3	15,930.00	47,790.00
145	SET	TOTAL CHOLESTEROL	11	15,930.00	175,230.00
146	BOX	Total Protein	3	14,850.00	44,550.00
147	PCS	Tourniquet	25	29.00	725.00
148	SET	Tri Level Hematology Control	1	20,700.00	20,700.00
149	BOX	Triglyceride	21	14,700.00	308,700.00
150	BOX	Trop I- Rapid	2	24,200.00	48,400.00
151	BOX	Typhi Dot	15	7,900.00	118,500.00
152	BOX	Typhoid IgG/IgM test kit	5	21,242.00	106,210.00
153	BOX	Typidot (Lumiquick)	1	14,000.00	14,000.00
154	BOX	Typing Sera	2	3,500.00	7,000.00
155	BOX	Urea Kit (Urease- GLDH, UV Method)	2	14,850.00	29,700.00
156	BOX	Uric Acid	9	14,850.00	133,650.00

(Total Amount in Words) PAGE 12

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 on the undelivered item/s

Conforme:

  
JIANVA MICHAELA P. LOPEZ

Signature over Printed Name of Supplier

2-27-24  
Date

Very truly yours,

  
HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

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Approved per Sanggunian Resolution No.: \_\_\_\_\_

Certified Correct:

Secretary to the Sanggunian

Date



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
**LGU**

<b>Supplier :</b> <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>	<b>P.O. No. :</b> <u>00132</u>
<b>Address :</b> <u>URDANETA CITY, PANGASINAN</u>	<b>Date:</b> <u>27 FEB 2024</u>
<b>TIN :</b> <u>293-548-871-00000</u>	<b>Mode of Procurement:</b> <u>competitive bidding</u>
	<b>PR No./s</b> <u>2024-01-0040</u>

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<b>Date of Delivery :</b> _____	<b>Payment Term:</b> <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
157	PCS	Urine Cup	2500	18.50	46,250.00
158	PACK	Urine strips, 4 parameters(1x10)	1	8,340.00	8,340.00
159	PACK	Yellow Pipette tips (Citotest)	1	390.00	390.00
160	BOX	Yellow Tips	2	3,790.00	7,580.00
161	PACK	YELLOW TOP	50	3,500.00	175,000.00
162	PACK	YELLOW TOP (MICROTAINER)	20	1,035.00	20,700.00
163	PACK	Yellow Top (Trulab)	10	2,052.00	20,520.00
164	TRAY	Yellow top Test Tube	110	3,150.00	346,500.00
165	PCSS	Yellow tube 4ml	2000	35.00	70,000.00
XXXXX - XXXXX					
Thirty-Four Million Seventy-Eight Thousand Two Hundred Seventeen Pesos					

(Total Amount in Words) \_\_\_\_\_ and 40/100 Only P 34,078,217.40

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 on the undelivered item/s

Conforme:

*[Signature]*  
JUANNA MICHAELA P. LOPEZ

Signature over Printed Name of Supplier

Very truly yours,

*[Signature]*  
HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

2-27-24

Date

Governor

Designation

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Date