#### 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.
- 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
  - 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 abovementioned 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. MIKHAELA P. LOPEZ **GUICO III Authorized Representative** Governor For: PROVINCIAL GOVERNMENT NORTHCARE PHARMACEUTICAL **OF PANGASINAN** DISTRIBUTORSHIP ACKNOWLEDGEMENT Republic of the Philippines Province of Pangasinan Municipality of SUGAYEN PALVEASTIVABL Pangasinan, Philippines, personally BEFORE ME, a Notary Public, for and in appeared the following with their respective proof of identity on 2 , 2024 HON. RAMON V. GUICO III Proof of Identity : TIN Licensed No, : 159-902-046-00000 (Governor) Date Issued : September 8, 2019 Proof of Identity MS. JIANNA MIKHAELA P. LOPEZ Date Issued (Contractor) 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. FEB 2 7 2024 WITNESS MY HAND AND SEAL this day of Pangasinan.

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

For:



# 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 1-24-24



# 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 Name of the Representative of the Bidder

Authorized Signature

2-28-24

JIANNA MIKHAELA P. LOPEZ

#### PROVINCE OF PANGASINAN

2-27-24

Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP Address: URDANETA CITY, PANGASINAN		P.O. No.: 00132 Date: 27 FFB 2024				
		ad conditions contained in the PO	Mode of Procurement: Completitive bidding PR No./s 2024-01-0040			
TIN: 293-548	3-871-00000					
Gentlement: Pleas	e furnish this Of	fice the following articles subject to the term	s and conditions con	tained herein:		
Place of Deliver	y : Provincial Gov	ernor's Office, Lingayen, Pangasinan	Delivery Term : w/in 7 C.D. upon receipt of NTP			
Date of Delivery:		Payment Term: Cheque				
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount	
1	VIAL	ABNORMAL CONTROL	8 filmoM	6,540.00	52,320.00	
2	SET	Acid Fast Stain	1 1897	6,912.00	6,912.00	
3	вох	Alanine Aminotransferase Kit (ALT-IFCC Method)	2	11,735.00	23,470.00	
4	вох	Albumin	3 abono	14,850.00	44,550.00	
5	SET	ALKALINE PHOSPHATE	2	14,850.00	29,700.00	
6	вох	ALT	13	9,500.00	123,500.00	
7	SET	AMYLASE	2	14,710.00	29,420.00	
8	вот	Anti D	15	3,500.00	52,500.00	
9 .	вот	Anti Sera	9	1,425.00	12,825.00	
10	VIAL	Anti-human Globulín (AHG)	e dupor torrag by	3,500.00	3.500.00	
11	вох	Applicator stick	5	· 064 0/15 16	3,825.00	
12 ggu2	BOX	Aspartate Aminotransferase Kit (AST-IFCC Method)	MIN WIE SOM AND	765.00 11,735.00	35,205.00	
13	вох	AST	14	9.500.00	133,000.00	
(Total Amoun	t in Words)	PAGE 1	an idue su so sul	0,000.00	1 oto	
	ay shall be imp	ne full delivery within the time specified abosed on the undelivered item/s	Very truly yours	to cost per unit	14. Unit Cus v15. Amount i6. Pennity that	
		er Printed Name of Supplier	Signature over F	rinted Name of A	Authorized Officia	
				Governor		
	an y <del>anca n</del>	Date	qa osonizgo <del> - ha</del>	Designation	utes pogistes.	
(In c	ase of Negotiat	ed Purchase pursuant to Section 369 (a) of	RA 7160, this portion	on must be accom	nplished.)	
Approved p	er Sanggunian	Resolution No.:	r or notitos not no	ing the Suppl	hameirt a	
Certified	d Correct:	cont Property Division/Unit for falc i five (5) days after conformally by the		retunded by t		
	Secreta	ry to the Sanggunian		ate and and		

00132

# PURCHASE ORDER

#### PROVINCE OF PANGASINAN

Gentlement: Please Place of Delivery Date of Delivery Stock/ Property No.	: Provincial Go	office the following articles subject to the to	Mode of Procus PR No./s erms and conditions con	2024-01-0	SUDDITES ED	
Gentlement: Please Place of Delivery Date of Delivery Stock/ Property No.	e furnish this O		shed as follows:	и <mark>граносов, эт Пе</mark> с	e topic I sin L	
Stock/ Property No.		overnor's Office, Lingayen, Pangasinan		named nerem.		
Property No.	Place of Delivery: Provincial Governor's Office, Lingayen, Pangasinan  Date of Delivery:		the City of the section	Delivery Term : W/in 7 C.D. upon receipt of NTP Cheque Cheque		
	Unit	Description	Quantity	Unit Cost	Amount	
14	SET	AST Reagent	1-dinoM	5,277.00	5,277.00	
15	PCSS	Automatic Pipette 100-1000UL	1 TESY	1,242.00	1,242.00	
16	SET	BC5380 PMS KIT (HEMATOLOGY)	1	36,913.00	36,913.00	
17	вот	BioRad Control assay 1	ation of the PC	27,000.00	108,000.00	
18	ВОТ	BioRad Control assay 2	intertuno 4 mb u	27,000.00	108,000.00	
19	вох	BLOOD LANCET	58	1,085.00	62,930.00	
20	SET	BLOOD UREA NITROGEN	Remotest Request	17,550.00	35,100.00	
21	PACK	Blue Pipette tips	place of delivery a	455.00	455.00	
22	BOX	BLUE TIPS	sis SO 2 most v	3,790.00	7,580.00	
23	вот	Bovine Albumin	Serios la regulado	14,850.00	89,100.00	
24	вох	BS240PRO ALT	. 2	9,500.00	19,000.00	
25 17112	вох	BS240PRO AST	ocle property munbe	9,500.00	19,000.00	
26	вох	BS240PRO CREA-S	18	13,775.00	247,950.00	
(Total Amount	in Words)	PAGE 2	Risa Lidas amao ana	H OF THERSONERS	(.ole	
	y shall be imp	the full delivery within the time specified cosed on the undelivered item/s  MARIAPLOPEZ  TO SUPPLY	Very truly yours	AMPN V. GUI	CO III	
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		ted Purchase pursuant to Section 369 (a) Resolution No.:	of RA 7160, this porti	on must be accom	plished.)	
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# PROVINCE OF PANGASINAN

Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP  Address: URDANETA CITY, PANGASINAN		P.O. No.:				
		and conditions congined in the PO	Mode of Procurement: Competitive Hidding 3 2024			
TIN: 293-54	8-871-00000	7	PR No./s 2024-01-0040			
Gentlement:	ase furnish this (	Office the following articles subject to the term	as and conditions con	ntained herein:	S. Line form all	
Place of Delive	ry : Provincial Go	overnor's Office, Lingayen, Pangasinan	Delivery Term : w/in 7 C.D. upon receipt of NTP			
Date of Delivery : awolfoles ad finda doi:		Payment Term: Cheque				
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	0000Amount	
27	вох	BS240PRO GLUCOSE	2 digot/	2,565.00	5,130.00	
28	вох	BS240PRO HDL	6. THOY	17,630.00	105,780.00	
29	PCSS	BS240PRO LAMP	2	27,000.00	54,000.00	
30	SET	BS240PRO PMS KIT (CHEMISTRY)	1 Sill to Bosen	60,399.00	60,399.00	
31	вох	BS240PRO TC	ne direc 2 amb an	14,850.00	29,700.00	
32	вох	BS240PRO TG	210.01	14,700.00	29,400.00	
33	вох	BS240PRO UREA	op of se to the	14,850.00	74,250.00	
34	вох	BUA	19	13,950.00	265,050.00	
35	вох	BUN	26	13,950.00	362,700.00	
36	VIAL DO	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 Sharing ad or shoog ant to radh	62	16,000.00	992,000.00	
39	вот	Chem Control (Level I only)	2	488.00	976.00	
(Total Amou	nt in Words)	PAGE 3	sulidae sus us use	BOUNG NOTIFIED I	f.olo	
	elay shall be im	the full delivery within the time specified at posed on the undelivered item/s  HALARLOPEZ	Very truly your	0 4	15. A mount 15. A mount 16. Penaky the	
			Signature over	Printed Name of  Governor	Authorized Offici	
	SID VINCES	Date	e ierinskin <del>ie ir</del>	Designation	n rure usdarea	
(In	case of Negotia	ated Purchase pursuant to Section 369 (a) of	RA 7160, this porti	on must be acco	mplished.)	
	per Sanggunia	n Resolution No.:	Observation for 150	ndor man	Original -	
Certific	ed Correct:	acm Property Division/Unit for file a two (5) days offer conformity by the				
	Secre	tary to the Sanggunian		Date		

#### PROVINCE OF PANGASINAN

Address: URDANETA CITY, PANGASINAN  TIN: 293-548-871-00000  Gentlement: Please furnish this Office the following articles subject to the			P.O. No.:  Date:  Mode of Procurement:  PR No./s  2024-01-0040				
			THE LEVEL SHADE DE ADCOMPAISMON OF THE COURT				
			government milit	spot all to ama	receipt of NTP		
Place of Delivery: Provincial Governor's Office, Lingayen, Pangasinan		W. C. N. Sent rol Dougo 193	Delivery Term : Payment Term: Cheque				
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount		
40	вох	Cholesterol	8 mov	15,930.00	127,440.00		
41 .	SET	Control	1 1 1 Y	25,200.00	25,200.00		
42	PACK	Coverslips	10	765.00	7,650.00		
43	вох	Creatinine	48	13,775.00	661,200.00		
44	вох	Dengue Duo	100	13,500.00	1,485,000.00		
45	вот	Diff Lye	15 011	10,175.00	152,625.00		
46	вот	Diff Lyse	65	28,490.00	1,851,850.00		
47	PACK	Diluent	25	33,080.00	827,000.00		
48	вох	Direct Bilirubin	v term b de FC B de	16,250.00	65,000.00		
49	вох	Disposable syringe, 1cc	45 00 00	1,790.00	80,550.00		
50	вох	Disposable syringe, 3cc	20	1,790.00	35,800.00		
51	вох	Disposable syringe, 3cc	10	1,790.00	17,900.00		
52	вох	Disposable syringe, 5cc	15	1,890.00	28,350.00		
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	lay shall be impo	ne full delivery within the time specified osed on the undelivered item/s					
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Conform	Signature ove	er winted Name of Supplier	HON. R	AMON V. GUI Printed Name of A	Authorized Officia		
Conform	Signature ove	MIGHAEA PLOPEZ	HON. R	AMON V. GUI Printed Name of A	Authorized Officia		
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# PROVINCE OF PANGASINAN

Address: URDANETA CITY, PANGASINAN		Date: 27 FFB 2024				
293-548-8	871-00000	id conditions contained in the PO.	Mode of Procurement: PR No./s 2024-01-0040			
Gentlement:  Please furnish this Office the following articles subject to the to			swellor as onlyinghood to decomplished as rollows.			
Place of Delivery: Provincial Governor's Office, Ungayen, Pangasinan  Date of Delivery:		y fall out of harmon	Delivery Term : w/in 7 C.D. upon receipt of NTP Payment Term:			
Stock/ roperty No.	Unit	Description	Quantity	Unit Cost	9000 Amount	
53	вот	Dist. Water (Wilkins or Absolute) 9 Liters	30 linoM	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	ent such as public budden ATO	110	3,370.00	370,700.00	
57	PCSS	EDTA minicollect/microtainer	3000	blid 34.40 b	103,200.00	
58	вох	EDTA TUBE 2ML	60	1,269.00	76,140.00	
59	PACK	EDTA tube, 2 ml glass 100's	12 Purc of 130 ko cures	3,370.00	33,700.00	
60	вох	FORT	2	16,130.00	32,260.00	
61	BOT	Formalin 37%	3	1,291.00	3,873.00	
62	вох	FROSTED SLIDES		269.00	538.00	
63	вох	Glass Slides	100	620.00	62,000.00	
64	вох	Gloves (L)	50	672.00	33,600.00	
65	вох	Gloves (M)	50	672.00	33,600.00	
Total Amount i	in Words)	PAGE 5	acsurate one to man	Hardenday 1	(.019	
Conforme:	y shall be impo	d designation of the A <sub>PI</sub> 2901.9 AJAHMI Supplies or his lies conceenative	Very truly yours	AMON V. GU	4. End ( ost	
	Signature over	Printed Name of Supplier and the supplie			Authorized Officia	
		Date		Designation	n Prios barilhas	
(In cas	se of Negotiate	d Purchase pursuant to Section 369 (a)	of RA 7160, this portion	on must be acco	mplished.)	
Approved per	r Sanggunian F	Resolution No.:	or snr.gimos içi səl	inqu2 sili si	- Original -	
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		y to the Sanggunian		Date 191199122		
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# PROVINCE OF PANGASINAN

Address: URDANETA CITY, PANGASINAN		Date: 0013226FB 2024 Mode of Procurement:				
IN: 293-54	8-871-00000		PR No./s 2024-01-0040			
entlement: Pleas	e furnish this O	office the following articles subject to the terms	and conditions cor	ntained herein:	ennersone	
Place of Delivery: Provincial Governor's Office, Lingayen, Pangasinan  Date of Delivery:		Delivery Term : W/in 7 C.D. upon receipt of NTP  Cheque				
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount	
66	вот	Gluco Plus Solution 75g	250	282.00	70,500.00	
67	SET	Glucose	16	14,850.00	237,600.00	
68	вох	Glucose Kit (GOD-POD + C3: C16 Method)	0 1	7,932.00	7,932.00	
69	вох	Glucose Kit (GOD-POD Method)	mode by near	14,850.00	14,850.00	
70	вох	Glucose Reagent	lino 3 alib 'an	15,500.00	46,500.00	
71	вох	Glucose Strip (SD Check Gold)	30	3,496.00	104,880.00	
72	вох	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	DH 1 must v	12,800.00	12,800.00	
75	вох	H. Pylori Kit	2	20,167.00	40,334.00	
76	вох	HBSAG (40s)	15	7,932.00	118,980.00	
77 aguz	BOX	Hbsag (Lumiquick)	nekeproperty a	5,500.00	5,500.00	
78	вох	HbsAg kit	6	7,932.00	47,592.00	
Total Amoun	hice Canal	PAGE 6	Midns am 10 ma	HISTHOGOLD TO ALL	1-31	
	ay shall be imp		Very truly yours	AMON V. GUI	Сош	
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Certified	d Correct:					
	Secreta	ary to the Sanggunian	D	ate and days		

#### PROVINCE OF PANGASINAN

Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP  Address: URDANETA CITY, PANGASINAN  293-548-871-00000		P.O. No.: 27 FEB 2024				
		and conditions replained in the PO.	Mode of Procurement:			
TIN: 293-5	48-871-00000		PR No./s 2024-01-0040			
Gentlement: ·Please	e furnish this Of	fice the following articles subject to the term	as and conditions co	ntained herein:		
Place of Delivery	: Provincial G	overnor's Office, Lingayen, Pangasinan	Delivery Term	w/in 7 C.D. upor	n receipt of NTP	
Date of Delivery :		Payment Term: Cheque				
Stock/	Unit	Description	Quantity	Unit Cost	Amount	
Property No.	Cint	Description	Quantity	Oint Cost	Amount	
79	вох	HDL	42	17,630.00	740,460.00	
80	SET	HDL Cholesterol	12	17,630.00	211,560.00	
81	вох	HDL-C Reagent	5	16,650.00	83,250.00	
82	вох	HDL-Cholesterol Kit (Direct Method)	mong to 2 som	15,930.00	31,860.00	
83	SET Detail	Hema Control	50 100 10 5 10 19	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	1 5880 2 10 1 g	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)	SE DH. a. Instru	23,400.00	23,400.00	
88	SET	Hematology Normal & Abnormal Control	4 1	6,540.00	26,160.00	
89	вох	Hepa - B	30	7,932.00	237,960.00	
90	TUBES	Heparinized Capillary tube	10	470.00	4,700.00	
91	вох	Hepatitis B	15	7,932.00	118,980.00	
(Total Amount	t in Words)	PAGE 7			. 302	
	ay shall be imposed.  JANNAN  Signature ove		Very truly your	RAMON V. GU	4. Jico III	
	5dr y <del>ia sa lir</del>	Date	ក្រ ព្រះបោះវិទ្ធព្រ <u>ទ</u> ៃ	Designation	Numberung centiled cor	
(In c	ase of Negotiate	ed Purchase pursuant to Section 369 (a) of	RA 7160, this port	ion must be accom	plished.)	
	er Sanggunian	Resolution No.:				
		e the torns of the f ← and as attachments	<del>er for conference.</del> request for nave	none VCI set	mugno.	
Certified	l Correct:	rem Property Division/Unit for file view (5) days after conformity by the				
		ry to the Sanggunian		Date	- Lermi Y-	

# PROVINCE OF PANGASINAN

			P.O. No.: 00132			
Address : UR	DANETA CITY, P	ANGASINAN	Date:	Competiti	dom petitive bidding/	
202.5	40 074 00000	and conditions contained in the PO.	Mode of Procui	rement: 2024-01	U 2021	
TIN:	548-871-00000		PR No./s	2024-01	-0040	
Gentlement: Please	furnish this Of	fice the following articles subject to the ter	ms and conditions cor	ntained herein:		
Place of Delivery	. Provincial	Governor's Office, Lingayen, Pangasinan	_ Delivery Term	w/in 7 C.D. upo	n receipt of NTP	
Date of Delivery :	which are not the second trained and we will be second to the second trained and the second trained and the second trained and		Payment Term: Cheque			
Stock/			in hospinal consi			
Property No.	Unit	Description	Quantity	Unit Cost	Amount	
92	SET	LACTOSE DEHYROGENASE	(112)M	9,751.00	19,502.0	
93	PCS	Lamp (Mindray)	2	27,000.00	54,000.00	
94	PCS	Lamp BS 240	1	27,991.00	27,991.0	
95	PCS	Lamp BS 360	construction of 1 in	27,991.00	27,991.0	
96	вох	Lancet Contract Contr	10 100 100 10	1,085.00	10,850.0	
97	вот	LH Lyse	95	28,490.00	2,706,550.0	
98	SET	LIPASE	ng Perchase Is que	39,349.00	78,698.0	
99	VIAL	Lipid Calibration	moved to socie -	9,473.00	18,946.0	
100	ВОТ	Lipid Calibrator	20	27,000.00	540,000.0	
101	BOT	lad I LISS bood bereviled and market	pari por bort 5 to	18,900.00	94,500.0	
102	вох	LUMIQUICK TROPONIN I (40s)	12	18,000.00	216,000.0	
103	BOT	M 52D DILUENT	The same of the sa	33,080.00	926,240.0	
104	BOT	M52 DIFF LYSE	157	28.490.00	4,472,930.0	
, B151 , Z6G	ERGIF SPECIE	PAGE 8	soft due subjected	OTHER PRODUCED	1,112,000.0	
(Total Amount i	in words)	Design State of the State of the Control	ripiton of the supp	200 19110 - 10010	TERRE LI	
	y shall be impo		Very truly yours	ost - cost per dan et - total amount v Chase O coal	4	
	Signature ove	r Printed Name of Supplier	Signature over I	Printed Name of Au	thorized Officia	
	I neimie vie	o the Sangamine shall by Fr		Governor		
	II (I - I'A	Date unos ear beyon	cel Sangieuman app	Designation	Numberu	
				Tioning to an		
(In cas	se of Negotiate	ed Purchase pursuant to Section 369 (a) o	f RA 7160, this portion	on must be accompl	lished.)	
Approved per		Resolution No.:			-tourner()	
		o the cornes of the CO and as affachm ent	it request for paymen	the DV upon	- jpuištu()	
Certified (			the Supply and/or I	retained by		
		ry to the Sanggunian		Pate 1911 9/192		

#### PROVINCE OF PANGASINAN

Address	Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP Address: URDANETA CITY, PANGASINAN		P.O. No. : 00132			
d conditions withined in the PO.		d conditions contained in the PO.	Mode of Procurement:			
TIN: 293-5	548-871-00000		PR No./s 2024-01-0040			
Gentlement: Please	e furnish this Of	ffice the following articles subject to the te	erms and conditions con	tained herein:	DOLLING TO	
Place of Delivery	: Provincial	Governor's Office, Lingayen, Pangasinan	Delivery Term :	w/in 7 C.D. upon	receipt of NTP	
Date of Delivery :		Payment Term:				
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount	
105	вох	M52 Diluent	74 N	33,080.00	2,447,920.00	
106	вох	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	вох	M53 DILUENT	25	6,123.00	153,075.00	
109	BOT	M53 LEO 1 LYSE	1100 100 100 20 10	28,490.00	569,800.00	
110	вот	M53 LEO 2 LYSE	15	28,490.00	427,350.00	
111	ВОТ	M53 LH LYSE	250 p 51 5am 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	
	PACK	Mini Collect EDTA (Trulab)	10	2,070.00	20,700.00	
115		Mini collect violet, 0.5ml glass 100's	uck orragorty lumb	3,450.00	34,500.00	
. 116	PACK	Multi Control Level I	in Unit	33,250.00	133,000.00	
(Total Amount	BOX	PAGE 9	Southern and to tech	on the symbol	- And At	
	ilure to make th	ne full delivery within the time specified	above a penalty of on	a tanth (1/10) of a		
		osed on the undelivered item/s particles	sog sollague office in	10 (17 (17 (17 (17 (17 (17 (17 (17 (17 (17	ne percent for	
every day of dela Conforme	e:	depreparty being produced Onema the agencylentity in case or magnitude or every day or dein at the ar May	Very truly yours	ost - cost per un ut - total amount v Claus Quenal	A	
every day of dela Conforme	e:  JANN	KHAELA P. LOPEZ  er Printed Name of Supplier	Very truly yours  HON.  Signature over P	RAMON V. GU	СОШ	
every day of dela Conforme	e:  JANN	KHAELA P. LOPEZ  er Printed Name of Supplier	Very truly yours  HON.  Signature over P	RAMON V. GU	СОШ	
every day of dela Conforme	e:  JANN	WHATLAPLOPEZ  er Printed Name of Supplier  27 - W	Very truly yours  HON.  Signature over P	RAMON V. GU	СОШ	
Conforma	e:  JANN Signature over	KHAELA P. LOPEZ  er Printed Name of Supplier	Very truly yours  HON.  Signature over P	RAMON V. GU Printed Name of Au Governor Designation	CO III	
Conforma	syshall be imposed as a second	WHATLAP LOPEZ  er Printed Name of Supplier  Date  Date  ded Purchase pursuant to Section 369 (a)  Resolution No.:	Very truly yours  HON.  Signature over P	RAMON V. GU Printed Name of Au Governor Designation	CO III	
Conforma	syshall be imposed as a second	CHAELAP LOPEZ  er Printed Name of Supplier  Date  ed Purchase pursuant to Section 369 (a)  Resolution No.:	Very truly yours  HON.  Signature over P	RAMON V. GU Printed Name of Au Governor Designation on must be accomp	thorized Official	
Conforme  Conforme  (In ca	signature over sase of Negotiater Sanggunian	CHARLAPLOPEZ  er Printed Name of Supplier  2 - 27 - W  Date  ed Purchase pursuant to Section 369 (a)  Resolution No.:	Very truly yours  HON.  Signature over P  of RA 7160, this portion	RAMON V. GU Printed Name of Au Governor Designation on must be accomp	horized Official	
Conforme  Conforme  (In ca	syshall be imposed as a second	CHAELAPLOPEZ  er Printed Name of Supplier  Date  ed Purchase pursuant to Section 369 (a)  Resolution No.:	Very truly yours  HON.  Signature over P	RAMON V. GU Printed Name of Au Governor Designation on must be accomp	horized Official	

# PROVINCE OF PANGASINAN

Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP  Address: URDANETA CITY, PANGASINAN  TIN: 293-548-871-00000  PR No./s  2024-01-0040				上在的 在。一,	
Gentlement:	se furnish this C	Office the following articles subject to the to	erms and conditions cor	ntained herein:	emioremi e
Place of Deliver	v : Provincial Go	overnor's Office, Lingayen, Pangasinan	Delivery Term	w/in 7 C.D. upon	receipt of NTP
Date of Delivery:		Payment Term: Cheque			
Stock/			Quantity Epik Cast Sana Amer		
Property No.	Unit	Description	Quantity	Unit Cost	Amount
118	вох	Multi Control Level II	4 fmol/	33,250.00	133,000.00
119	VIAL	Multi Sera Calibration	2 1897	4,222.00	8,444.00
120	вох	Multi Sera Calibrator	24	27,000.00	648,000.00
121	вох	NON FROSTED SLIDES	30	558.00	16,740.00
122	TUBES	Non-Heparinized Capillary Tube	10 10 11	260.00	2,600.00
123	VIAL	NORMAL CONTROL	18 C ON	6,540.00	52,320.00
124	вот	Oral Glucose Tolerance Drink	ig Pares as ques	282.00	2,256.00
125	SET	PHOSPOROUS	2	5,805.00	11,610.00
126	вох	Pregnancy Test	uh 807 7 mmet ve	6,500.00	45,500.00
127	вох	PROBE CLEANER	42	11,050.00	464,100.00
128	вот	PROBE CLEANSER 3 PARTS	4	1,527.00	6,108.00
129	вот	PROBE CLEANSER 5 PARTS	ock property sumb	1,261.00	5,044.00
130	вот	Probe Cleanser M53P	8	11,050.00	88,400.00
(Total Amoun	t in Words)	PAGE 10	Good May and an area		
	ay shall be impleme:	the full delivery within the time specified posed on the undelivered item/s	Very truly yours	AMON V. GUI	сош
solution fact in the	nggunian Re	Printed Name of Supplier	Signature over I	Printed Name of A	Authorized Officia
		Date		Designation	
(In c	case of Negotia	ted Purchase pursuant to Section 369 (a)	of RA 7160, this portion	on must be accom	nplished.)
Approved p		Resolution No.:	toronnolno. oli	que site	- Original
Certifie	d Correct:	openy DivisionAlmit for file ive (5) days after conformity by the	red to COA within	retained by a to be submit	Copy 2 Copy 3
	Secret	ary to the Sanggunian	D	Pate 1911 quie	

# PROVINCE OF PANGASINAN

duress : one	Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP  Address: URDANETA CITY, PANGASINAN		P.O. No.: UU132			
Additions .		Mode of Procurement: competitive bloding 2024				
IN: 293-54	48-871-00000		PR No./s 2024-01-0040			
entlement:	ase furnish this O	ffice the following articles subject to the t	erms and conditions con	tained herein:	L LGU - n	
lace of Delive	rv : Provincial Go	vernor's Office, Lingayen, Pangasinan	Delivery Term :	w/in 7 C.D. upon	receipt of NTP	
Date of Delivery :		Payment Term: Cheque				
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	вох	RPR	31	13,050.00	404,550.00	
134	вох	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	вох	SD CHECK GLUCOSE STRIP	10	2,565.00	25,650.00	
137	BOX	SGOT	e urchisa Raguosi	9,500.00	104,500.00	
138	вох	SGPT SGPT	13	9,500.00	123,500.00	
139	BOX	SYPHILIS (40s)	10	8,201.00	82,010.00	
140	вох	Syphilis Antibody test card/kit	3 200 50	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	
179 (85) (22)	Here fair ath	PAGE 11	Display of the Inc.	15,350.00	47,730.00	
		sylvendripperty being procured	मानुष्य ५०० मा बन्धवर्गाः		iderseath File	
In case of	failure to make telay shall be imp	he full delivery within the time specified based on the undelivered item/s	d above, a penalty of on Very truly yours	muemu Aidel	one percent for	
In case of the very day of de	failure to make telay shall be imp		Very truly yours	muemu Aidel	14. Unit Cos 15. Amour 16. Penalty II	
very day of de	failure to make telay shall be imp	osed on the undelivered item/s	Very truly yours	Mon v. Gui	15. Amoun 16. Penalty 16. Penalty 11.	
In case of the very day of de	failure to make telay shall be imp	osed on the undelivered item/s	Very truly yours  HON. RA  Signature over F	Mon v. Gui	<b>1</b> .	
In case of the very day of de	failure to make telay shall be imp	osed on the undelivered item/s	Very truly yours  HON. RA  Signature over F	MON'V. GUI	CO III Authorized Offici	
In case of the very day of de Conformation	failure to make telay shall be imp	er Printed Name of Supplier  27-M Date	Very truly yours  HON. RA  Signature over F	Printed Name of A	CO III  Authorized Office	
In case of the very day of de Conformation (In	failure to make telay shall be imputed in the shall be	er Printed Name of Supplier	Very truly yours  HON. RA  Signature over F	Printed Name of A	CO III Authorized Official	
In case of the very day of de Conformation (In	failure to make telay shall be imputed in the shall be	er Printed Name of Supplier  27 - M Date  Ted Purchase pursuant to Section 369 (a)  Resolution No.:	Very truly yours  HON. RA  Signature over F	Covernor Designation	CO III  Authorized Official	
In case of the very day of de Conformation (In Approved	failure to make telay shall be imputed in the shall be	er Printed Name of Supplier  27-M Date  ted Purchase pursuant to Section 369 (a)  Resolution No.:	Very truly yours  HON. RA  Signature over F	Covernor Designation	Authorized Offici	
In case of fevery day of de  Conform  (In  Approved	failure to make telay shall be imputed in the shall be	er Printed Name of Supplier  27 - M Date  Ted Purchase pursuant to Section 369 (a)  Resolution No.:	Very truly yours  HON. RA  Signature over F	Covernor Designation On must be accomp	CO III Authorized Offici	

#### PROVINCE OF PANGASINAN

Address : URDA	Mode of Procurement:			ve bilding 2024	
Gentlement:	e furnish this O	ffice the following articles subject to the t	rshed as tonows:	ntained herein:	a. Inds ionn sh
Place of Deliver	V . Provincial Go	vernor's Office, Lingayen, Pangasinan	Delivery Term	w/in 7 C.D. upoi	n receipt of NTP
Date of Delivery :		Payment Term: Cheque			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	9000 Amount
144	вох	Total Cholesterol	3 nipol/	15,930.00	47,790.00
145	SET	TOTAL CHOLESTEROL	11 369Y	15,930.00	175,230.00
146	вох	Total Protein	equip of the PO	14,850.00	44,550.00
147	PCS	Tourniquet The State of Page 195	25	29.00	725.00
148	SET	Tri Level Hematology Control		20,700.00	20,700.00
149	вох	Triglyceride	21 7 0/	14,700.00	308,700.00
150	вох	Trop I- Rapid	ig Purcisise R aquest	24,200.00	48,400.00
151	вох	Typhi Dot	15	7,900.00	118,500.00
152	вох	Typhoid IgG/IgM test kit	ob 9 54 . 95 mist vi	21,242.00	106,210.00
153	вох	Typidot (Lumiquick)	v beni par Liting be	14,000.00	14,000.00
154	вох	Typing Sera	2	3,500.00	7,000.00
155	вох	Urea Kit (Urease- GLDH, UV Method)	odanu zyme zorg viso	14,850.00	29,700.00
156	вох	Uric Acid	9	14,850.00	133,650.00
(Total Amoun	t in Words)	PAGE 12			1.315
	ay shall be imp	er Printed Name of Supplier	Very truly yours  HON. RA  Signature over	s, 8  AMON V. GU  Printed Name of	ICO III
OTHER TORE	om vi <del>aso in</del>	Date	ngge mannegene appr	Designation	n negriined contra
(In c	case of Negotia	ted Purchase pursuant to Section 369 (a)	of RA 7160, this porti	on must be acco	mplished.)
Approved p	per Sanggunian	Resolution No.:	For an electron of the	iqque strice	Original -
Certifie	d Correct:				
	Secret	ary to the Sanggunian		Date	

#### PROVINCE OF PANGASINAN

Supplier .		MACEUTICAL DISTRIBUTORSHIP	P.O. No. :	P.O. No. :		
Address : URE	DANETA CITY, PA	NGASINAN	Date: 27 Competitive blading 2024			
792.5	48-871-00000	d conditions contained as the PO.		Mode of Procurement:		
TIN:	40-071-00000		PR No./s 2024-01-0040			
Gentlement: Pleas	e furnish this C	office the following articles subject to the to	erms and conditions cor	ntained herein:	e (JDd.s.)	
Place of Delivery : Provincial Governor's Office, Lingayen, Pangasinan  Date of Delivery :			Delivery Term	Delivery Term : w/in 7 C.D. upon receipt of NTP		
			Payment Term: Cheque			
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)	2300	8,340.00	0.000.000.000	
159	PACK	Yellow Pipette tips (Citotest)			8,340.00	
160	вох	Vollow Tine	Cation of use PO	390.00	390.00	
161	PACK	THE PROPERTY OF THE PROPERTY O		3,790.00	7,580.00	
162		YELLOW TOP		3,500.00	175,000.00	
	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	robootise (110	3,150.00	346,500.00	
165	PCSS	Yellow tube 4ml	2000	35.00	70,000.00	
unis, faut	availy bire bir	which the delivered goods shall be p	ied pennd required	iosga - mod k		
		XXXXX - XXXXX	al and a second second	ASTRONOM SEC		
Addne		er of the goods lo be purchased at	tin Poorts	rici vrisaciri di		
,mi.52 ,xe		Links and an education of the body	car of the sumifies	at of mensures		
(Total Amount	t in Words)	Thirty-Four Million Seventy-Eight Thousand Two F and 40/100 Only	lundred Seventeen Pesos	•	34,078,217.40	
every day of dela	ay shall be imp	CHAELAP LOPEZ  er Printed Name of Supplier	Very truly yours  HON. R  Signature over 1	AMON V. GUI	<b>L</b>	
	Comman Re	do construe to Add Top on the or to be over	ise, the Sceretary to	As an including sea	In case of no Nuorber ime	
		Date		Designation		
(In c	ase of Negotia	ted Purchase pursuant to Section 369 (a)	of RA 7160, this portion	on must be accom	plished.)	
Approved p		Resolution No.:			- Indu(st)	
Certified	d Correct:					
			ted to COA within	tionalus od al	LyegoD	
	Secret	ary to the Sanggunian	D	Date		