PURCHASE ORDER

PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier :	ONE AGNO MEDICAL SOLUTIONS	P.O. No. :	26051286
Address :	3rd floor Glow Dorm Tierra Valiente Brgy. Bucal	Date :	09-09-26
	Calamba City, Laguna		
Telephone No. :	0917-725-5495/0915-391-8197	Mode of Procurement :	SVP
TIN :	156-720-914-000		

Gentlemen:

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

Place of Delivery :	CNPH	Delivery Term :	90CD
Date of Delivery :	12/09/2026	Payment Term:	FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	2	box	**0.8% Surgiscreen 0.8±0.2%,** *Technical Specifications:* *-Must have an expiration date of not less than thirty-three (33) days upon delivery.* *-Must not be delivered in bulk.* *-Maximum of one (1) box per delivery.* *-Must be delivered as a complete set, including Anti-IgG, -C3d; polyspecific, and BLISS, to be used and run together.* *-Must be compatible for use with the ORTHOTM Workstation Immunohematology Analyzer.*	15,873.00	31,746.00
2	2	box	**Affirmagen 3.5 ± 0.5% (2x3 ml) (150test/box)** *Technical Specifications:* *-Must have an expiration date of not less than forty-seven (47) days upon delivery.* *-Must not be delivered in bulk.* *-Maximum of one (1) box per delivery.* *-Must be delivered as a complete set with the Anti-a/Anti-B/Anti-D/Control/ Reverse Diluent, to be used and run together.* *-Must be compatible for use with the ORTHOTM*	9,523.00	19,046.00
3	2	box	**Anti-A/Anti-B/Anti-D/ Control/ Reverse Diluent 400 cassettes/box** *Technical Specifications:* *-Must have an expiration date of not less than eight (8) months upon delivery.* *-Must ensure that each box delivered has a different expiration date, especially for bulk deliveries.* *-Must be delivered as a complete set with the Affirmagen 3.5% ± 0.5%, to be used and run together.* *-Must be compatible for use with the ORTHOTM Workstation Immunohematology Analyzer.* *-Must be Ortho Biovue® Column Agglutination Technology cassettes.*	123,830.00	247,660.00
			CNPH - For Blood Section Use.		
Total amount in word			Two Hundred Ninety Eight Thousand Four Hundred Fifty Two Pesos Only		298,452.00

In case of failure to deliver within the time specified above, penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Very truly yours,

RICARTE R. PADILLA
Governor

Conforme:

EUNICE ANN DESTURA
Signature over printed name of Supplier

09-10-26
Date

PURCHASE ORDER

PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier :	ONE AGNO MEDICAL SOLUTIONS	P.O. No. :	26051286
Address :	3rd floor Glow Dorm Tierra Valiente Brgy. Bucal	Date :	09-09-24
	Calamba City, Laguna	Mode of Procurement :	SVP
Telephone No. :	0917-725-5495/0915-391-8197		
TIN :	156-720-914-000		

Gentlemen:

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

Place of Delivery :	CNPH	Delivery Term :	90DD
Date of Delivery :	12/09/2024	Payment Term:	FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
			balance forwarded...		*298,452.00*
4	1	box	**Anti-IgG,-C3d; polyspecific cassettes,** 400 cassettes/box *Technical Specifications:* *-Must have an expiration date of not less than seven (7) months upon delivery.* *-Must not be delivered in bulk.* *-Maximum of one (1) box per delivery.* *-Must be delivered as a complete set, including 0.8% Surgiscreen 0.8±0.2%, D88 and BLISS, to be used and run together.* *-Must be compatible for use with the ORTHOTM Workstation Immunohematology Analyzer.* *-Must be Ortho Biovue® Column Agglutination*	222,261.00	222,261.00
5	1	box	**Ortho Confidence Whole Blood QC Kit** *Technical Specifications:* *-Must have an expiration date of not less than twenty-seven (27) days upon delivery.* *-Must not be delivered in bulk.* *-Must be delivered as a complete set, including Anti-A/Anti-B/Anti-D/Control/ Reverse Diluent, Affirmagen 3.5±0.5%, Anti-IgG, -C3d; polyspecific, 0.8% Surgiscreen 0.8±0.2%, and BLISS, to be used and run together.* *- Must be compatible for use with the ORTHOTM Workstation Immunohematology Analyzer.66:66* *Note: Supplier must submit upon delivery a notarized Letter of Guarantee to replace, free of charge, all unused and unopened expired items, in compliance with DOH AO 2021-0037 Section VII.B.3.b. Delivery will be rejected if no valid FDA-CPR for Blood Bank/Immunohematology use and notarized Guarantee Letter are presented.* Note: Staggered Delivery - 3 months (short shelf life or to prevent wastage 1st Delivery: 34% within 30 calendar days from NTP 2nd Delivery: 33% within 60 calendar days from NTP 3rd Delivery: 33% within 90 calendar days from NTP *CNPH - For Blood Section Use.*	9,523.00	9,523.00
Total amount in words:			Five Hundred Thirty Thousand Two Hundred Thirty Six Pesos Only		530,236.00

In case of failure to deliver within the time specified above, penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Very truly yours,

RICARTE R. PADILLA
Governor

Conforme:

EUNICE ANN DESTURA
Signature over printed name of Supplier

09-10-24
Date