PURCHASE ORDER

PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier :	BIOWELL MEDICAL ENTERPRISE	P.O. No. :	26051287
Address :	Juan Esteves St. Guevarra Subd. Legaspi City	Date :	07 - 09 - 26
Telephone No. :		Mode of Procurement :	SVP
TIN :	199-555-086-000		

Gentlemen:

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

Place of Delivery :	CNPH	Delivery Term :	14CD
Date of Delivery :	07|29|2026	Payment Term:	FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	3	box	ABO Control Cells 3 x 10ml Technical Specifications: *Must have an expiration date of not less than two (2) months upon delivery. two (2) months upon delivery.* *Must NOT be delivered in bulk.* *Maximum of one (1) set with the same expiration date per delivery.* *Must be delivered as a complete set with the ABO/D+ Reverse Grouping Gel Card, to be used and run together.* *Must be compatible for use with the ABO/D+ Reverse Grouping Gel Card, Gel Coombs Card, Thermostatic incubator, and NJ-24K Medical Centrifuge for Gel Coombs Card manufactured by GLD.* *Must have a valid Certificate of Product Registration (or equivalent) that does not expire within the calendar year of procurement or delivery.*	11,870.00	35,610.00
2	50	box	ABO/ D Reverse Grouping Rapid Gel Card 6 columns (1test)/card 12 card Technical Specifications: *Must have an expiration date of not less than . one (1) year and six (6) upon delivery* *Maximum of twenty (20) boxes with the same expiration date per delivery.* *Must be delivered as a complete set with the A, B, O cells, to be used and run together.* *Must be compatible for use with the Thermostatic incubator and NJ-24K Medical Centrifuge for Gel Coombs Card manufactured by GLD.* *Must have a valid Certificate of Product Registration (or equivalent) that does not expire within the calendar year of procurement or delivery.*	8,415.00	420,750.00
3	15	box	Gel Coombs Rapid Gel Card 6 columns (test)/card 12 cards/box Technical Specifications: *Must have an expiration date of not less than one (1) year and six (6) upon delivery.* *Maximum of ten (10) boxes with the same expiration date per delivery.*	15,545.00	233,175.00
			for Blood Section use		
Total amount in words:			Six Hundred Eighty Nine Thousand Five Hundred Thirty Five Pesos Only		689,535.00

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:

MARK RYAN LUA
Signature over printed name of Supplier

07 - 10 - 26
Date

PURCHASE ORDER

PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier :	BIOWELL MEDICAL ENTERPRISE	P.O. No. :	26051287
Address :	Juan Esteves St. Guevarra Subd.	Date :	07-09-24
	Legaspi City		
Telephone No. :		Mode of Procurement :	SVP
TIN :	199-555-086-000		

Gentlemen:

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

MARK RYAN LUA

Place of Delivery : CNPH — Delivery Term : 14CD

Date of Delivery : 07/24/2024 — Payment Term: FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
			balance forwarded....		*689,535.00*
4	15	btl.	*Must be compatible for use with the Thermostatic incubator and NJ-24K Medical Centrifuge for Gel Coombs Card manufactured by GLD.* *Must have a valid Certificate of Product Registration (or equivalent) that does not expire within the calendar year of procurement or delivery.* **Phosphate Buffered Saline, ph 7.4 500ml** Technical Specifications: *Must have an expiration date of not less than one (1) year upon delivery.* *Must have a maximum of five (5) bottles with the same expiration date in each delivery.* *Must be compatible for use with the Thermostatic incubator and NJ-24K Medical Centrifuge for Gel Coombs Card manufactured by GLD.* *Must have a valid Certificate of Product Registration (or equivalent) that does not expire within the calendar year of procurement or delivery.* *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.* *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*	3,550.00	53,250.00
			for Blood Section use		
Total amount in words:			Seven Hundred Forty Two Thousand Seven Hundred Eighty Five Pesos Only		742,785.00

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:

MARK RYAN LUA
Signature over printed name of Supplier

07-10-24
Date