

SUPPLEMENTAL/ BID BULLETIN
UNIVERSITY OF THE PHILIPPINES MANILA
The Health Sciences Center
BIDS AND AWARDS COMMITTEE 3

Bid Bulletin No. BAC3-21-06

03 March 2021

Project Title: Newborn Screening Blood Collections Card with Customized Printed Form
(PR No. 12861)

Notice is hereby given to all interested supplier/prospective bidder of the following amendment/modification in the bidding documents for the above cited project:

Particular	From	To
Sample Card Layout		PLEASE SEE ATTACHED

2. All the other specifications, terms and conditions remain the same.
3. This is posted at PhilGEPS www.philgeps.gov.ph

For guidance and information of all concerned.



TRISTAN NATHANIEL C. RAMOS, DDM, MPH
Chair

Received by the bidder:

Company/Bidder:

Date: _____



Newborn Screening Center -nih

Institute of Human Genetics National Institutes of Health
University of the Philippines, Manila
Rm. 102, Building H, UP Ayala Land Technohub Complex
Commonwealth Avenue, Diliman, Quezon City, 1101 Philippines



Management System
ISO 9001:2015

www.tuv.com
ID 9105083217

2021 NBS COLLECTION CARD LAYOUT (Beginning and Ending Series will be provided to the Winning Bidder)

(FRONT)

 9087M [Lot] 7110918M/171 This space is for use only 2021-04-30 [Lot] 2021-04-30	TO AVOID DELAYS IN PROCESSING COMPLETE THIS FORM ACCURATELY		FOR LABORATORY USE ONLY	
	<input type="checkbox"/> INITIAL SAMPLE <input type="checkbox"/> REPEAT SAMPLE		Sample ID	
	Baby's Last Name _____ For Twins 2A, 2B For Triplets 1A, 1B, 1C		Old Patient ID _____	
	Mother's First Name _____ Date of Birth (dd/mm/yyyy) _____ Time (hh:mm) _____ Sex _____ Date of Collection (dd/mm/yyyy) _____ Time (hh:mm) _____ Age of Gestation _____ Sex _____ Feeding: <input type="checkbox"/> Breast <input type="checkbox"/> Lactase Formula <input type="checkbox"/> Soy/Lactase-Free <input type="checkbox"/> NPD <input type="checkbox"/> TPN <input type="checkbox"/> 1 & 2 <input type="checkbox"/> 1 & 3		Repeat sample required due to: <input type="checkbox"/> on-line sample <input type="checkbox"/> delayed transit (>14 days) <input type="checkbox"/> NPD/TPN/SOY <input type="checkbox"/> post - BT or ET <input type="checkbox"/> <24 hrs after birth <input type="checkbox"/> initial positive <input type="checkbox"/> premie, low birth weight <input type="checkbox"/> sick	
Hospital/Place of Collection _____ Hospital/Place of Birth _____ Attending Practitioner (Last Name, First Name) _____ The Practitioner: <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Other _____ Practitioner's Day Contact Number _____ Practitioner's Mobile Number _____ Baby's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown Type of Blood Specimen: _____ Skin: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Other _____ Philippine National Comprehensive Newborn Screening System		Name of Parent/Guardian _____ Number and Street _____ Barangay, City _____ Province _____ Zip code _____ Contact No. of Parent/Guardian _____ Additional Contact No. of Parent/Guardian _____ CCHC screening: _____ Newborn Health Screening: _____		

(BACK)

ADHESIVE BACKING

INSTRUCTIONS FOR HEEL PRICK SPECIMEN COLLECTION

With heel pain pen, COMPLETE all information requested on form. Write LEGIBLY.

- See diagram below for puncture site. Avoid previous puncture sites or crevices of the heel.
- Warm infant's heel for about 2 minutes to increase blood flow.
- Disinfect puncture site with 70% alcohol. Dry skin with sterile gauze.
- Puncture the heel at 90° angle, perpendicular using a sterile lancet with a 2 mm tip. When the first drop of blood is dry, the second drop may be collected by direct finger prick.
- Allow the second drop to form.
- Drop the blood onto the circle. Allow the blood to completely saturate. The blood will soak through the back of the filter card. DO NOT APPLY BLLOOD TO BOTH SIDES.
- Fill all four circles.
- Do not touch filter paper portion. Skin cells will prevent saturation.
- Allow blood spots to air dry thoroughly for at least four hours at room temperature. Keep away from direct sunlight and heat. Never refrigerate or freeze filter paper or absorbent.

NOTE: Specimens may be UNSATISFACTORY for reporting if:

- The circles are not completely filled.
- The specimen is contaminated (due to touching of blood).
- The specimen is not allowed to dry thoroughly.
- The specimen is contaminated.

10. When submitting one or more specimens, alternate forms so that blood spots in adjacent forms are not in contact.

11. Always keep specimen collection forms in a cool dry place to prevent moisture absorption prior to mailing or while waiting prior to use.

12. Mail filter paper forms within 24 hours to the designated Newborn Screening Center.

Puncture puncture site is indicated by shaded areas on heel.

CE IVD ISO 13485
ELECTREX
MAYAGUAYAN UNIVERSITY

ISO 9001:02

Approved by
ANNA LEA G. ELIZAGA, MD, FPPS
Unit Head