

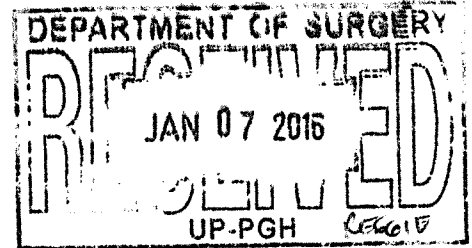
FILE COPY



University of the Philippines Manila
The Health Sciences Center
SPECIAL BIDS & AWARDS COMMITTEE 2
BAC Office, PGH Compound
Taft Avenue, Manila
Tel. Nos.: 554-8400 loc. 3014 to 3016



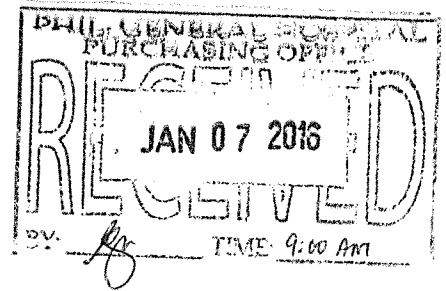
NOTICE OF AWARD



28 December 2015

FERNANDO MEDICAL ENTERPRISES, INC.
3/F MHI Building, No. 2-A New York Street
Immaculate Concepcion, Cubao, Quezon City
Tel. No. 727-1521 / 727-1532

Attention: **Mr. EDUARD M. MAISOG**
Account Executive



Dear Sir:

We are happy to notify you that your bid dated 5 November 2015 but awarded on 10 December 2015 for the **SUPPLY, DELIVERY, TESTING & COMMISSIONING OF FORCED-AIR PATIENT WARMING DEVICES** under Bid No. **PUR15-09-1394** for the Contract Price amounting to **EIGHT HUNDRED EIGHTY EIGHT THOUSAND PESOS & 00/100 (PHP888,000.00) ONLY** as corrected and modified in accordance with Instructions to Bidders is hereby accepted.

You are hereby to provide within **TEN (10) DAYS** the performance security in the form of: (a) Cash, Certified Check, Cashier's Check, Manager's Check, Bank Draft or Irrevocable Letter of Credit confirmed by a reputable local bank at 5% of the total amount of award which amounts to **FORTY FOUR THOUSAND FOUR HUNDRED PESOS & 00/100 (PHP44,400.00) ONLY**; or (b) 30% of the total amount of award in the form of Security Bond callable upon demand issued by any reputable surety or insurance company in the amount of **TWO HUNDRED SIXTY SIX THOUSAND FOUR HUNDRED PESOS & 00/100 (PHP266,400.00) ONLY** to be submitted to the BAC Office. **Failure to provide the performance security shall constitute sufficient ground for the cancellation of the award and forfeiture of the bid security.**

TCVS, DEPARTMENT OF SURGERY

Item No.	Qty.	Unit	Item Description	Unit Cost (PhP)	Total Cost (PhP)
1	6	unit	FORCED-AIR PATIENT WARMING DEVICES Brand: <u>Covidien</u> Model: <u>Warmtouch WT6000</u> Country of Origin: <u>Malaysia</u> Brand new, not reconditioned including its parts & accessories Note: Please refer to the attached document for the complete specifications	148,000.00	888,000.00
TOTAL AMOUNT OF AWARD				888,000.00	

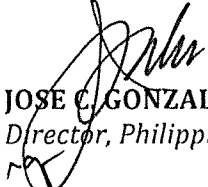
Forced-Air Patient Warming Devices

[Handwritten Signature]
1/5/16

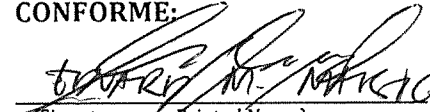
TERMS AND CONDITIONS:

1. Delivery should be done within one hundred twenty (120) calendar days commencing on the 3rd working day of notification through confirmed fax that the approved Purchase Order / Contract is already available for pick-up.
2. The system must be delivered ready to use. Cables, connectors, adapters and accessories not specified but are essential for the unit to function must be provided free.
3. Warranty: Two (2) years on parts and on service.
4. Warranty period shall commence from the date of acceptance by the end-user after installation, testing and commissioning.
5. Provide a service unit within 72 hours of notification in case the equipment need servicing during the warranty period.
6. Provide free regular quarterly preventive maintenance and calibration during the warranty period.
7. Technical Specialist: Must include on-site technical training for the doctors and at least one (1) staff from the Office of the Engineering and Technical Services (OETS).
8. Operations training for end-user and troubleshooting training for Biomedical Engineers.
9. All components must be of the same brand from the same manufacturer unless otherwise specified as "Third Party."
10. Undertakes to make available a technical person within twenty four (24) hours from notice by the University to ensure that the required repair are promptly attended to and to ensure the availability of parts should the same be required also. In case of failure to respond to the notice for repair or replacement of defective parts, an extension of the warranty period of twice the number of days of delay will be imposed due to the failure to respond.
11. Must guarantee that diagnostic technician will be able to assess the unit within 24 hours upon notification.
12. Provide Operator's & Service's Manual (in English language) upon delivery.
13. Compliance with Republic Act No. 9184 and other applicable laws.

Very truly yours,


JOSE C. GONZALES, M.D. DEC 29 2015
Director, Philippine General Hospital

CONFORME:


(Signature over Printed Name)
ACCOUNT EXECUTIVE
(Designation)
1/5/16
(Date)

Forced-Air Patient Warming Device
\\cme

BID PRICES/BILL OF QUANTITIES

Bid No.: PUR 15-09-1394

Date : 05 November 2015

Unit : SUPPLY AND INSTALLATION OF PATIENT WARMING DEVICE-(SINGLE BID)

ITEM NO.	QTY/UNIT	PARTICULARS	UNIT PRICE (In figure)	UNIT PRICE (In words)	TOTAL PRICE	APPROVED BUDGET (per unit/pc.)
1	6 Unit	COVIDIEN Warmtouch Convective Patient Warming Unit Brand new, not reconditioned Including its Parts & Accessories Malaysia	₱ 148,000.00	One Hundred Forty Eight Thousand Pesos Only	₱ 888,000.00	₱ 250,000.00
Total Bid			₱ 888,000.00			
Total Budget			₱ 1,500,000.00			

[Handwritten signature]
m/b/1

Signature of Representative

Name of the Representative

Position

Company

Address

Telephone/ Fax/ E-mail

[Handwritten signature]
EDUARD M. MAISOG
ACCOUNT EXECUTIVE
FERNANDO MEDICAL ENTERPRISES INC. (FMEDI)

2nd Floor MHI Bldg., No-2A New York St. Immaculate Conception, Cubao, Quezon City
727-1521/727-1532 Fax 727-1489

[Stamp: F M E I]
FERNANDO MEDICAL ENTERPRISES, INC.
[Signature]
EDUARD M. MAISOG
Account Executive

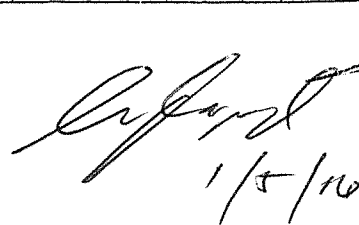
[Handwritten signature]
[Handwritten initials]

1-4
A

BIDFORM
(Technical Specification)

Bid No. : PUR15-09-1394
 Date : 05 November 2015
 Unit : SUPPLY AND INSTALLATION OF PATIENT WARMING DEVICE - (SINGLE-BID)

AGENCY SPECIFICATIONS	Offered Specifications	References (Include Supporting Documents)	Comments/Remarks (clarify inclusion/exclusion)	EVALUATED BY: NAME OF END-USER/REPRESENTATIVE
1. Quiet, easy to use, safe with quick temperature response	a. Quiet, easy to use, safe with quick temperature response	see attached brochure	see attached brochure	Copy of see attached brochure
2. Adjustable airflow, precise temperature delivery	b. Adjustable airflow, precise temperature delivery	see attached brochure	see attached brochure	
3. At least two (2) airflow settings and hose end temperature sensing for precise temperature delivery	c. At least two (2) airflow settings and hose end temperature sensing for precise temperature delivery	see attached brochure	see attached brochure	Copy of see attached brochure
4. At least three (3) temperature settings and adjustable airflow	d. At least three (3) temperature settings and adjustable airflow	see attached brochure	see attached brochure	
5. Compatible with adult and pediatric blankets	e. Compatible with adult and pediatric blankets	see attached brochure	see attached brochure	Copy of see attached brochure
6. With high efficiency 0.2um filter	f. With high efficiency 0.2um filter	see attached brochure	see attached brochure	
7. Tracks and reports therapy duration, over temperature information, calibration, hours used (via built in meter)	g. Tracks and reports therapy duration, over temperature information, calibration, hours used (via built in meter)	see attached brochure	see attached brochure	Copy of see attached brochure
8. 5.2 kg (11.5 pounds)	h. 5.2 kg (11.5 pounds)	see attached brochure	see attached brochure	


 1/1/16
 EDUARDO M. MAISOG
 Account Executive

I hereby certify that the statement of compliance to the foregoing technical specifications are true and correct, otherwise, if found to be false either during bid evaluation or post-qualification, the same shall give rise to automatic disqualification of our bid.


 EDUARDO M. MAISOG
 Signature Over Printed Name of Authorized Representative
 Date Oct. 30, 2015

Name of Company/Bidder

FERNANDO MEDICAL ENTERPRISES INC.

ADDITIONAL SHEET FOR ADDITIONAL TECHNICAL SPECIFICATIONS

Bid No. : PUR15-09-1394

Date : 05 November 2015

Unit : SUPPLY AND INSTALLATION OF PATIENT WARMING DEVICE - (SINGLE-BID)

	Required Specifications	Offered Specifications	References (Include Supporting Documents)	Comments/Remarks (clarify inclusion/exclusion)	EVALUATED BY: NAME OF END-USER/REPRESENTATIVE
	fault codes	i. with thermal protection See threshold (49C to 55C)		Attached Brochures	<i>[Signature]</i>
	3. Power supply: 220 - 240 VAC	j. Maximum contact surface temperature (44.1C)		Attached Brochure	<i>[Signature]</i>

[Signature]
 1/5/16
 EDUARDO M. MAISOG
 Account Executive

By: I hereby certify that the statement of compliance to the foregoing technical specifications are true and correct, otherwise, if found to be false either during bid evaluation or post-qualification, the same shall give rise to automatic disqualification of our bid.

FERNANDO MEDICAL ENTERPRISES INC.
 Name of Company/Bidder
[Signature]
 EDUARDO M. MAISOG
 Signature Over Printed Name of Authorized Representative
 Oct. 30, 2015
 Date