

PURCHASE ORDER

Province of Davao de Oro
Agency/Procuring Entity

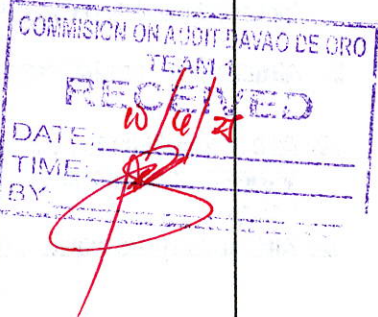
SEP 22 2025

Supplier: DIAGNOSTIKA PILIPINAS, INC.	PO Number: 25091124
Address:	Date: 09/05/25
E-mail Address:	Mode of Procurement PB
Tel. No.:	PR Number: 25-C0482
TIN:	

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

Place of Delivery: PGSO WAREHOUSE	Delivery Term:
Date of Delivery: 10 DAYS	Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
1	39990N	TEST/S	700.00	ACTIVATED PARTIAL THROMBOPLASTIN TIME (100 TEST)	300.00	210,000.00
2	39989N	TEST/S	50.00	ACTIVATED PARTIAL THROMBOPLASTIN TIME (50 TEST)	300.00	15,000.00
3	39994N	TEST/S	700.00	PROTHROMBIN TIME (100 TEST)	310.00	217,000.00
4	39993N	TEST/S	50.00	PROTHROMBIN TIME (50 TEST)	310.00	15,500.00
<p>TERMS OF REFERENCE (Machine-Reagent- Tie-up) COAGULATION TEST A. On the Reagents 1. The Supplier shall: a. Supplier shall provide all reagents, controls, calibrators and supplies such as pipettor, blue top, syringes and others with an expiration date at least 1 year upon delivery within the prescribed time, with MSDS (Material Safety Data Sheet), ISO or Certificate of Product Registration whichever is applicable and valid within the current year. For slow moving reagents, it should be replaced at least 3 months prior to the expiry date free of charge.; b. Include an additional number of tests shall be added from the procured number of tests to cover for the</p>						



Total Amount in Words:	0251177282
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In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Conform	Very truly
 Signature over printed name of Date 9/26/25	ENGR. RAUL G. MABANGLO Governor Authorized Official

GENERAL
OBR No.: 0801-09-85-103
Responsibility Center:
Amount: 457,500.00

(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be
Approved per Sanggunian Resolution _____
Certified _____ Date _____

PURCHASE ORDER

Province of Davao de Oro
Agency/Procuring Entity

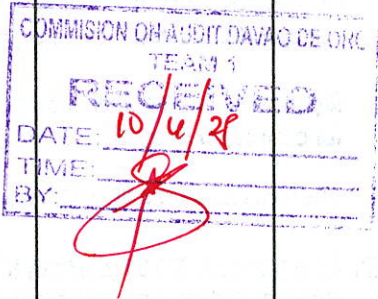
SEP 22 2025

Supplier: DIAGNOSTIKA PILIPINAS, INC.	PO Number: 25091124
Address:	Date: 09/05/25
E-mail Address:	Mode of Procurement PB
Tel. No.:	PR Number: 25-C0482
TIN:	

Gentlemen:
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No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
				<p>following:</p> <p>i. Daily running of controls and calibrations (Normal, Low, High or whichever is indicated in the (IFU) instructions for use).</p> <p>ii. Daily start-up and auto-clean consumption</p> <p>c. Transact all deliveries during office hours except for emergency deliveries which shall follow the proper protocol in this regard.</p> <p>d. Provide controls (normal, low, high) until such time the reagents procured are fully consumed.</p> <p>B. On the Machine</p> <p>1. The Supplier shall:</p> <p>a. Provide One (1) brand new unit coagulation (multi-channel) analyzer with UPS/AVR to each hospital laboratory namely DdOPH Montevista, DdOPH Pantukan, DdOPH Laak and DdOPH Maragusan (Point of Care Test or Semi-Automated) compatible with the above reagents.</p> <p>b. Ensure that all necessary repairs during the contract period shall be free of charge.</p> <p>c. Provide 24/7 technical support, and four (4) to eight (8) hours on-site response time in case of equipment breakdown. If for any reason, the machine/s are not fixed within eight (8) hours and there is an urgent need</p>		



Amount As Read 457,500.00
As Calculated 457,500.00

Total Amount in Words: Four Hundred Fifty Seven Thousand Five Hundred Pesos Only	0251177282	457,500.00
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Conform	 Signature over printed name of 9/26/25 Date	Very truly	 ENGR. RAUL G. MABANGLO Governor Authorized Official
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GENERAL
OBR No.: 07001-07-25-103
Responsibility Center:
Amount: 457,500.00

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Approved per Sanggunian Resolution _____
Certified _____ Date _____

PURCHASE ORDER

Province of Davao de Oro
Agency/Procuring Entity

SEP 22 2025

Supplier: DIAGNOSTIKA PILIPINAS, INC.	PO Number: 25091124
Address:	Date: 09/05/25
E-mail Address:	Mode of Procurement PB
Tel. No.:	PR Number: 25-C0482
TIN:	

Gentlemen:
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Place of Delivery: PGSO WAREHOUSE	Delivery Term:
Date of Delivery: 10 DAYS	Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
				<p>undertake to keep said equipment and accessories in the same condition and to faithfully comply with the rules and regulations imposed by the Supplier for the proper use and care of the loaned equipment and accessories;</p> <p>b. Inform the Supplier within a period of ten (10) calendar days from possession of any defect in the loaned equipment and accessories. After ten (10) days period, it shall be assumed that the loaned equipment and accessories was delivered in good order and condition;</p> <p>c. Be billed on a monthly basis based on the number of test completed.</p> <p>d. The requisitioning office through their clinical laboratory shall certify the correctness and validate the number of test completed.</p> <p>e. Be billed at the current time and material rate and to fully pay all repair cost for damages caused by reason set out below:</p> <p>i. Spills, abuse, miss-used of and improper operation of the equipment;</p> <p>ii. Failure to provide specific operational environment such as, but not limited to, stable power supply, good air conditioning, clean and tidy room;</p> <p>iii. Maintenance or modification to the equipment performed by personnel not authorized by Supplier;</p>		

COMMISSION ON AUDIT DAVAO DE ORO
TEAM 1
RECEIVED
DATE 10/14/25
TIME
BY

Amount As Read	457,500.00
As Calculated	457,500.00

Total Amount in Words: Four Hundred Fifty Seven Thousand Five Hundred Pesos Only	0251177282	457,500.00
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Conform	Very truly
<p>Signature over printed name of</p> <p>Date 9/22/25</p>	<p>ENGR. RAUL G. MABANGLO</p> <p>Governor</p> <p>Authorized Official</p>

GENERAL
OBR No.: 07801-09-28-103
Responsibility Center:
Amount: 457,500.00

(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be

Approved per Sanggunian Resolution _____ Date _____

Certified _____

PURCHASE ORDER

Province of Davao de Oro
Agency/Procuring Entity

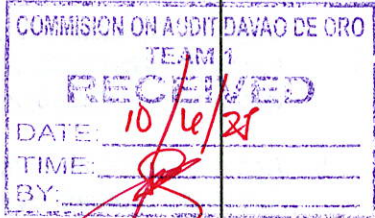
SEP 22 2025

Supplier: DIAGNOSTIKA PILIPINAS, INC.	PO Number: 25091124
Address:	Date: 09/05/25
E-mail Address:	Mode of Procurement PB
Tel. No.:	PR Number: 25-C0482
TIN:	

Gentlemen:
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No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
				<div>iv. Failure due to non-performance of routine maintenance as outlined in the operational manual;</div> <div>v. Use of reagents, samples or other consumables not in accordance with the Supplier's specifications;</div> <div>vi. Any part connected to the main unit of the equipment such as printer, uninterrupted power supply (UPS), computer and the like which do not carry the Supplier's brand name or are not supplied by the Supplier.</div> <div>3. Machine-Reagent-Tie-Up is for a maximum period of three (3) years.</div> <div>a. Price of the cost per test shall be valid within one year.</div> <div>b. The prices of the cost per test shall depend on the number requested. The more test requested the lesser shall be the price.</div> <div>c. Please note that computation of cost per test shall include costs for calibrations, controls and other consumables involved from the blood collection/ sampling to testing until a quality result is generated.</div> <div>d. After the expiration of the period, the Supplier shall allow the requesting hospital to consume the remaining reagents prior to pull-out of the machine.</div> <div>FOR THE USE OF VARIOUS HOSPITALS (COAGULATION TESTS: PROTHROMBIN</div>		



Amount As Read 457,500.00
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Total Amount in Words: Four Hundred Fifty Seven Thousand Five Hundred Pesos Only	0251177282	457,500.00
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GENERAL
OBR No.: 0701-07-25-103
Responsibility Center:
Amount: 457,500.00

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Certified Date

PURCHASE ORDER
Province of Davao de Oro
Agency/Procuring Entity

SEP 22 2025

Supplier: DIAGNOSTIKA PILIPINAS, INC.	PO Number: 25091124
Address:	Date: 09/05/25
E-mail Address:	Mode of Procurement PB
Tel. No.:	PR Number: 25-C0482
TIN:	

Gentlemen:
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Place of Delivery: PGSO WAREHOUSE	Delivery Term:
Date of Delivery: 10 DAYS	Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
				TIME AND ACTIVATED PARTIAL THROMBOPLASTIN TIME) 3RD QUARTER THE AWARD IS BASED ON ABSTRACT NO. 2509025 UNDER BID NO.B-25-0171 OPENED ON August 20, 2025 <div>COMMISSION ON AUDIT DAVAO DE ORO TEAM 1 RECEIVED DATE: 10/4/25 TIME: BY:</div>		
Amount As Read 457,500.00 As Calculated 457,500.00						

Total Amount in Words; Four Hundred Fifty Seven Thousand Five Hundred Pesos Only	457,500.00
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Conform Signature over printed name of 9/24/25 Date	Very truly ENGR. RAUL G. MABANGLO Governor Authorized Official
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GENERAL
OBR No.: 0301-09-25-103
Responsibility Center:
Amount: 457,500.00

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Date