



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

**NOTICE OF AWARD**

**FEB 03 2021**

**MR. JOHN ROWENTZ S. GIANAN**  
District Sales Manager  
**Lifeline Diagnostic Supplies, Inc.**  
1225 Quezon Ave., Brgy.  
Sta. Cruz, Quezon City  
Tel. No.: (02) 8376-5917  
Fax No.: (02) 8372-1675/98  
Email Address: [info@lifelinediag.com](mailto:info@lifelinediag.com)  
[johnrowentz\\_gianan@lifelinediag.com](mailto:johnrowentz_gianan@lifelinediag.com)

Dear Mr. Gianan,

This is to inform you that your Quotation for the Procurement of Modular Enzyme Immuno Assay (EIA) for Transfusion Transmissible Infections (TTI's) with Machine Tie-up under NP No. 2020-036-A undertaken through Negotiated Procurement (Two-Failed Biddings) your proposal was found to be acceptable with a Total Contract Price of **Five Million Five Hundred Twenty-Nine Thousand Eighty-Seven Philippine Pesos and Sixty-Eight Centavos (PhP5,529,087.68)** inclusive of local taxes, for the item listed below:

Item No.	Item Description	Quantity	Unit	Total Amount (PhP)
1	Modular Enzyme Immuno Assay (EIA) for Transfusion Transmissible Infections (TTI's) with Machine Tie-up	1	Lot	5,529,087.68

You are hereby requested to indicate your concurrence of the award by signing this NOA on the space below and return the same to the Procurement Service on or before FEB 08 2021.

You are also required to post the Performance Security in an amount not less than the required percentage of the total contract price in accordance with the following schedule:

Form of Performance Security	Amount of Performance Security (Equal to Percentage of the Total Contract price)
a) Cash or cashier's/manager's check issued by a Universal or Commercial Bank	Five percent (5%)
b) Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank.	
c) Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security.	Thirty percent (30%)

You are required, **within ten (10) calendar days** from receipt of this Notice to submit a Performance Security and enter into contract with the Department of Health by signing the Contract Agreement Form which will be provided to you once you submit your performance security. Failure to do so shall constitute a sufficient ground for the cancellation of this award and forfeiture of the bid security.

By Authority of the Secretary of Health:

**NESTOR F. SANTIAGO, JR., MD, MPH, MSHA, CESO II**  
Assistant Secretary of Health  
Public Health Services Team

Conforme:

**JOHN ROWENTZ S. GIANAN**  
Printed Name and Signature of Representative  
Name of Bidder: **LIFELINE DIAGNOSTICS SUPPLIES INC.**  
Date: **02/09/21**