



Republic of the Philippines  
PROVINCE OF ISABELA

P.A. NO: 2839

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

**PURCHASE ORDER**

P.O. No. : 24-12-10186

Date : December 9, 2024

Supplier: Gcmed Pharmaceutical Distributor

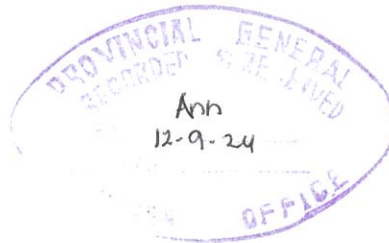
Address: Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N

Gentlemen:

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

Place of Delivery : PGSO (Cauayan District Hospital) Delivery Term : \_\_\_\_\_ Charge \_\_\_\_\_  
Date of Delivery : Seven (7) days after receipt of P.O. Payment Term: \_\_\_\_\_ Check \_\_\_\_\_

Item No.	Unit	Quantity	Description		Amount
1	box	3	Fecal Occult Blood (FOBT) 50's	15,229.45	45,688.35
2	box	3	Anti HCV (Abbott)	12,100.00	36,300.00
3	box	3	Dengue, (IgG/IgM)	13,789.00	41,367.00
4	box	3	Salmonella Typhidot	13,360.00	40,080.00
5	bottle	5	Blood Typing Sera Anti A, 10ml	1,883.00	9,415.00
6	bottle	5	Blood Typing Sera Anti B, 10ml	1,830.00	9,150.00
7	bottle	5	Blood Typing Sera Anti D, 10ml	1,667.50	8,337.50
8	bottle	3	LISS	1,500.00	4,500.00
9	piece	20	Torniquet	23.70	474.00
10	tray	10	Blood Collecting Tube Yellow Top 4mlx100s	1,320.00	13,200.00
11	tray	10	Blood Collecting Tube Lavander Top 3mlx100s	1,320.00	13,200.00
12	tray	10	Blood Collecting Tube Lavander Top EDTA Microtainer 0.5mlx100s	1,320.00	13,200.00
13	box	5	Dengue NS1 x 10s	13,300.00	66,500.00
14	box	3	DIL A 20 liters	29,750.00	89,250.00
15	box	5	HBSAG x 30s (Abbott)	2,472.50	12,362.50
16	bottle	3	LYA 1 Lyse, 200ml	21,100.00	63,300.00
17	bottle	3	LYA 2 Lyse, 500ml	24,000.00	72,000.00
18	bottle	3	LYA 3 Lyse, 1000ml	24,000.00	72,000.00
19	box	3	Solution Pack (Isepak)	38,250.00	114,750.00
20	box	10	Urine Strips x 100s, 4 parameters	653.25	6,532.50
21	piece	3	Halogen Lamp	28,365.00	85,095.00
22	set	1	BC 5D	38,500.00	38,500.00



**Total Amount** Eight Hundred Fifty Five Thousand Two Hundred One Pesos & 85/100 Php 855,201.85

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

Very truly yours,

**RODOLFO T. ALBANO III**  
Governor

Conforme: \_\_\_\_\_  
Gcmed Pharmaceutical Distributor  
(Signature over printed Name)  
12-13-24  
(Date)

In case of negotiated purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.  
Approved per Sanggunian Resolution No.: \_\_\_\_\_

Certified Correct: \_\_\_\_\_ Date: \_\_\_\_\_